

INTERNAL MEDICINE RESIDENCY REQUIREMENTS CHECKLIST

The resident is expected to complete the following list of activities within the residency year. Progress with completion of these activities is reviewed quarterly by the Residency Program Director (RPD), and successful completion of all items is required before a residency certificate is awarded.

Credentials

- Documentation of completed PGY1 Pharmacy Residency
- Oklahoma Intern License (if full licensure not yet obtained)
- Oklahoma Pharmacist License
- Oklahoma Pharmacist Preceptor License
- Basic Life Support (BLS) Certification
- Oklahoma Immunization Certification (optional, discuss with RPD)

General Documentation

- Entering Resident Self-Assessment Form
- Residency Training Plan, Quarterly Updates, and Quarterly Self-Evaluations
- PharmAcademic learning experience, preceptor, and self evaluations
- Resident Duty Hours Attestations
- Internal Medicine Disease State Appendix Completion (see appendix B)
- Residency Portfolio
Portfolio should include documentation of activities in patient care (progress/clinical notes, team inservices, formal DI responses), practice management, teaching, and research/scholarship.
- Successful completion of goals and objectives selected for residency
80% of objectives must be assessed as 'Achieved for Residency.' Of that 80%, all of the objectives pertaining to patient care must be achieved for the residency (competency area R1). The remaining 20% must be assessed at a minimum of 'Satisfactory Progress'.
- Exit Survey

Learning Experiences

- Successfully complete all rotation assignments and evaluation documentation:
 - Orientation activities (concentrated experience, up to 1 month)
 - Internal medicine (4 months, rotation)
 - Internal medicine subspecialties (2 months, rotation)
 - Ambulatory care (1 month rotation or 6-month longitudinal)
 - Research & Scholarship (1 month, rotation)
 - Electives (2 months)
 - Leadership & Practice Management (longitudinal)
 - Research & Scholarship (longitudinal)
 - Teaching (longitudinal)
 - Longitudinal Staffing Rotation [average of one weekend staffing shift (Saturday and Sunday) every 3 weeks from July-June]

Practice Management/Leadership/Professional Development

- Complete one medication use evaluation (MUE) and present findings to the relevant institutional committee
- Complete one of the following activities:
 - Develop a drug monograph and present findings to the relevant institutional committee
 - Prepare or revise a treatment guideline or protocol and present to the relevant institutional committee
- Participate in monthly medication error reporting as assigned

- Interview 3 pharmacist leaders and write a reflection
- Read selected leadership articles and discuss with residency program director/coordinator (optional)
- Join and contribute to an institutional committee, if available (e.g., medication safety)
- Serve on an educational committee at the College of Pharmacy (e.g., assessment committee)
- Participate in the recruitment and evaluation of PGY1 Pharmacy and PGY2 Internal Medicine residency candidates

Teaching

- Lead 2 pharmacotherapy review sessions for IM preceptors (one each half of the residency year)
- Present one topic or journal club at an internal medicine (or subspecialty) session (e.g., ACCP PRN; Infectious Diseases Conference)
- Deliver one resident grand rounds presentation to pharmacy residents and preceptors
- Successfully complete the minimum required teaching activities for PGY2 residents (see teaching policy) OR the OUCOP Advanced Teaching Skills for Residents certificate program

Research & Scholarship

- Present one poster/abstract of original research at a national meeting
- Present original research at a regional residency conference
- Complete one original research project
- Prepare a research project manuscript in a format suitable for submission for publication
- Complete one review of a manuscript in the peer-review process of publication
- Optional: prepare at least one article (in addition to preparing a research manuscript) for publication (e.g., case report, review article, newsletter)

Appendix A: PGY2 Internal Medicine—ASHP Required Residency Goals

Eighty percent (80%) of the objectives must be assessed as achieved for the residency. Of that 80%, all of the objectives pertaining to patient care must be achieved for the residency (competency area R1). The remaining 20% must be assessed at a minimum of satisfactory progress.

Educational Goals	Educational Objective(s)*
Competency Area R1: Patient Care	
R1.1 – In collaboration with the health care team, provide safe and effective patient care to internal medicine patients following a consistent patient care process.	R1.1.1 – Interact effectively with health care teams to manage internal medicine patients' medication therapy. R1.1.2 – Interact effectively with internal medicine patients, family members, and caregivers. R1.1.3 – Collect information on which to base safe and effective medication therapy for internal medicine patients. R1.1.4 – Analyze and assess information on which to base safe and effective medication therapy for internal medicine patients. R1.1.5 – Evaluate biomedical literature in the management of internal medicine patients' medication therapy. R1.1.6 – Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for internal medicine patients. R1.1.7 – Ensure implementation of therapeutic regimens and monitoring plans (care plans) for internal medicine patients by taking appropriate follow-up actions. R1.1.8 – For internal medicine patients, document direct patient care activities appropriately in the medical record or where appropriate. R1.1.9 – Demonstrate responsibility to internal medicine patients.
R1.2 - Ensure continuity of care during internal medicine patient transitions between care settings.	R1.2.1 – Manage transitions of care effectively for internal medicine patients.
Competency Area R2: Advancing Practice and Improving Patient Care	
R2.1 - Demonstrate ability to manage formulary and medication-use processes for internal medicine patients, as applicable to the organization.	R2.1.1 – Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of internal medicine patients. R2.1.2 – Participate in medication event reporting and monitoring related to care for internal medicine patients. R2.1.3 – Identify opportunities for improvement of the medication-use system related to care for internal medicine patients. R2.1.4 – Manage aspects of the medication-use process related to formulary management for internal medicine patients. R2.1.5 – Contribute to the work of an organizational committee or work group concerned with the improvement of medication use policies or guidelines.
R2.2 - Demonstrate ability to conduct a quality improvement or research project	R2.2.1 – Identify or refine a specific project topic to improve patient care of internal medicine patients, or a topic for advancing internal medicine pharmacy practice. R2.2.2 – Develop a plan or research protocol for a practice quality improvement or research project for the care of internal medicine patients, or a topic for advancing the pharmacy profession or internal medicine pharmacy practice. R2.2.3 – Collect and evaluate data for a practice quality improvement or research project for the care of internal medicine patients or for a topic for advancing the pharmacy profession or internal medicine pharmacy practice. R2.2.4 – Implement quality improvement or research project to improve care of internal medicine patients or implement an idea/project intended to advance the pharmacy profession or internal medicine pharmacy practice. R2.2.5 – Assess the implemented project and determine whether changes are required. R2.2.6 – Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for internal medicine patients or for a topic for advancing the pharmacy profession or internal medicine pharmacy practice at a local, regional, or national conference. (The presentation can be virtual.)

Appendix A Continued

Educational Outcome	Educational Goal(s)*
Competency Area R3: Leadership and Management	
R3.1 - Demonstrate leadership skills for successful self-development in the provision of care for internal medicine patients.	R3.1.1 – Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for internal medicine patients. R3.1.2 – Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for internal medicine patients.
R3.2 - Demonstrate management skills in the provision of care for internal medicine patients.	R3.2.1 – Contribute to internal medicine departmental management R3.2.2 – Manage one’s own internal medicine practice effectively.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge	
R4.1 – Provide effective medication and practice-related education to internal medicine patients, caregivers, health care professionals, students, and the public (individuals and groups).	R4.1.1 – Design effective educational activities related to internal medicine. R4.1.2 – Use effective presentation and teaching skills to deliver education related to internal medicine. R4.1.3 – Use effective written communication to disseminate knowledge related to internal medicine. R4.1.4 – Appropriately assess effectiveness of education related to internal medicine.
R4.2 - Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in internal medicine.	R4.2.1 – When engaged in teaching related to internal medicine, select a preceptor role that meets learners’ educational needs. R4.2.2 – Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to internal medicine.
Competency Area E5: Added Skills for Contributing to the Body of Internal Medicine Knowledge	
E5.1 – Contribute to the dissemination of knowledge of internal medicine.	E5.1.1 – Design an effective poster for the presentation of a specific topic. E5.1.2 – Exercise skill in responding to questions occurring during the presentation of a poster. E5.1.3 – Participate in the peer review of an internal medicine pharmacy professional’s article submitted for publication or presentation.

Appendix B: PGY2 Internal Medicine Pharmacy Residency—ASHP Required Internal Medicine Disease States

The list of topics below represents core areas or diseases that graduates of PGY2 Internal Medicine programs are expected to have adequate knowledge of to provide patient care. The primary method for PGY2 Internal Medicine programs to help residents achieve patient care competence in providing comprehensive medication management is to provide residents with sufficient experience providing patient care for common disease states and conditions.

For this purpose, residents are required to have direct patient care experience for disease states listed in the first column, “Required – Direct Patient Care Experience”. Topics in the second column, “Required Case-Based Application Acceptable”, may be covered by direct patient care or by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments. Topics in the third column, “Elective”, are considered optional topics or diseases states that programs may include if applicable to the program’s patient population. Elective areas may be covered by direct patient care or by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments.

TOPIC AREAS	REQUIRED Direct Patient Care Experience Required		REQUIRED Case-Based Application Acceptable		ELECTIVE	
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
Cardiovascular	Acute coronary syndromes (STEMI, NSTEMI, unstable angina)		Advanced Cardiac Life Support (ACLS)		Aneurysm	
	Atrial arrhythmias		Basic Life Support (BLS)		Drug-induced cardiac disease	
	Atherosclerotic cardiovascular disease, primary prevention		Peripheral arterial (atherosclerotic) disease			
	Atherosclerotic cardiovascular disease, secondary prevention		Pulmonary arterial hypertension			
	Cardiogenic/hypovolemic shock		Valvular heart disease			
	Heart failure, acute decompensated & chronic		Ventricular arrhythmias			
	Hypertensive crises					
	Stroke (ischemic, hemorrhagic, and transient ischemic attack)					
Venous embolism and thrombosis						

*Quantify number of patients seen or list 1 of the following acceptable activities with the date of completion: didactic discussion, reading assignment (add reference), case presentation, or written assignment.

Appendix B Continued

TOPIC AREAS	REQUIRED		REQUIRED		ELECTIVE	
	Direct Patient Care Experience Required		Case-Based Application Acceptable			
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
Critical Care	Drug/alcohol overdose/withdrawal		Pharmacokinetic and pharmacodynamic considerations		Acute respiratory distress syndrome	
			Stress ulcer prophylaxis		Hemodynamic support	
					Pain, agitation, and delirium in ICU patient	
					Respiratory support	
Endocrine	Diabetes mellitus, Type 1		Adrenal gland disorders (e.g., adrenal insufficiency, hypercortisolism)		Diabetes insipidus (renal/electrolyte)	
	Diabetes mellitus, Type 2		Hyperglycemic crises (diabetic ketoacidosis [DKA], hyperosmolar hyperglycemic state [HHS])		Drug-induced endocrine disorders	
	Syndrome of inappropriate antidiuretic hormone secretion (SIADH)		Parathyroid disorders		Transgender health	
	Thyroid disorders					
Gastrointestinal	Cirrhosis, end-stage liver disease, and complications (e.g., portal hypertension, ascites, spontaneous bacterial peritonitis, varices, hepatic encephalopathy, hepatorenal syndrome)		Gastroesophageal reflux disease		Celiac disease	
	Constipation		Motility disorders		Drug-induced hepatic disorders	
	Diarrhea (including traveler's diarrhea)				Irritable bowel syndrome	
	Hepatitis (including viral)				Nonalcoholic steatohepatitis	
	Inflammatory bowel disease (Crohn's disease, ulcerative colitis)					

*Quantify number of patients seen or list 1 of the following acceptable activities with the date of completion: didactic discussion, reading assignment (add reference), case presentation, or written assignment.

Appendix B Continued

TOPIC AREAS	REQUIRED		REQUIRED		ELECTIVE	
	Direct Patient Care Experience Required		Case-Based Application Acceptable		Topic	Experience Description*
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
	Nausea/vomiting, simple (e.g., acute viral gastroenteritis, overindulgence, motion sickness)					
	Nausea & vomiting, complex (e.g., postoperative, chemotherapy-induced)					
	Pancreatitis (acute, chronic, and drug-induced)					
	Upper gastrointestinal bleeding					
Genitourinary	Benign prostatic hyperplasia		NA		Sexual dysfunction	
	Urinary incontinence					
Geriatrics	Medication use in older adults (e.g., polypharmacy, potentially inappropriate medications [PIMs], Beers criteria, dose deescalation)		NA		NA	
Hematologic	Anemias (e.g., iron deficiency, vitamin B12 deficiency, folic acid deficiency, chronic disease/inflammation)		Coagulation disorders (e.g., hemophilia, von Willebrand disease, antiphospholipid syndrome, clotting factor deficiencies)		Aplastic anemia	
	Drug-induced hematologic disorders		Disseminated intravascular coagulation		Porphyrias	
	Reversal of anticoagulants		Platelet disorders (e.g., idiopathic thrombocytopenic purpura, thrombotic thrombocytopenic purpura)			
			Sickle cell disease			
Immunologic	Allergies/drug hypersensitivities (e.g., anaphylaxis, desensitization)		Stevens-Johnson syndrome		Angioedema	
			Systemic lupus erythematosus		Immunodeficiency diseases	

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Appendix B Continued

TOPIC AREAS	REQUIRED		REQUIRED		ELECTIVE	
	Direct Patient Care Experience Required		Case-Based Application Acceptable			
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
			Toxic epidermal necrolysis		Solid organ transplantation (e.g., heart, liver, lung, kidney, including immunosuppressive therapy)	
Infectious Diseases	Antimicrobial stewardship and infection prevention		Bacterial resistance		Spirochetal diseases (e.g., treponematosi s, leptospirosis)	
	Bloodstream and catheter-related infections		Fungal infections, superficial (e.g., vulvovaginal and esophageal candidiasis, dermatophytoses)		Tickborne illnesses (e.g., Lyme borreliosis, Ehrlichiosis, Rocky Mountain spotted fever, relapsing fever)	
	Bone and joint infections (e.g., osteomyelitis, prosthetic joint infections)		Immunizations (including vaccines, toxoids, and other immunobiologics)		Prostatitis	
	Central nervous system infections (e.g., meningitis, encephalitis, brain abscess)		Microbiological testing (including rapid diagnostic tests)		Sexually transmitted infections (e.g., syphilis, gonorrhea, chlamydia, trichomoniasis, human papilloma virus, pelvic inflammatory disease; refer to CDC Guidelines)	
	Fungal infections, invasive (e.g., hematogenous candidiasis, aspergillosis)				Upper respiratory tract infections (e.g., otitis media, sinusitis, pharyngitis, bronchitis)	
	Gastrointestinal infections (infectious diarrhea, C. difficile, enterotoxigenic infections)				Viral infections (e.g., Varicella, cytomegalovirus, Herpes simplex, measles [rubeola], mumps, rabies)	
	Human immunodeficiency virus infection					
	Infective endocarditis					
	Infections in immunocompromised patients (e.g., febrile neutropenia, opportunistic infections in AIDS)					
	Influenza virus infection					

*Quantify number of patients seen or list 1 of the following acceptable activities with the date of completion: didactic discussion, reading assignment (add reference), case presentation, or written assignment.

Appendix B Continued

TOPIC AREAS	REQUIRED		REQUIRED		ELECTIVE	
	Direct Patient Care Experience Required		Case-Based Application Acceptable		Topic	Experience Description*
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
	Intra-abdominal infections (peritonitis, abscess, appendicitis, etc.)					
	Lower respiratory tract infections					
	Sepsis and septic shock					
	Skin and soft tissue infections					
	Tuberculosis					
	Urinary tract infections (complicated and uncomplicated)					
Musculoskeletal and Connective Tissue Disorders	Gout/Hyperuricemia		Osteoarthritis		Mixed connective tissue disease	
			Osteoporosis		Myopathies (e.g., dermatomyositis, polymyositis)	
			Rhabdomyolysis			
			Rheumatoid arthritis			
Neurological	Epilepsy		Status epilepticus		Fibromyalgia	
	Neurocognitive disorders (e.g., Alzheimer disease, vascular and frontotemporal dementia)				Multiple sclerosis	
	Pain, neuropathic (e.g., diabetic, post-herpetic)					
	Pain, nociceptive (acute and chronic)					
	Parkinson disease					
	Peripheral neuropathy					
Nutritional Disorders	Overweight and obesity		Nutrition support		Malabsorptive syndrome	
Oncology	Oncologic emergencies (e.g., tumor lysis syndrome, hypercalcemia, coagulopathy)		NA		NA	

*Quantify number of patients seen or list 1 of the following acceptable activities with the date of completion: didactic discussion, reading assignment (add reference), case presentation, or written assignment.

Appendix B Continued

TOPIC AREAS	REQUIRED		REQUIRED		ELECTIVE	
	Direct Patient Care Experience Required		Case-Based Application Acceptable			
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
	Supportive care (e.g., preventing/ treating complications associated with malignancy or treatment, myelosuppression, nausea/vomiting, pain, mucositis, secondary malignancies)		NA		NA	
Psychiatric and Behavioral Disorders	Alcohol use disorder		Bipolar disorders (e.g., mania, bipolar depression, maintenance therapy)		Attention deficit disorders (with or without hyperactivity)	
	Anxiety disorders (e.g., generalized anxiety, panic, social anxiety disorder)		Schizophrenia		Obsessive-compulsive disorders	
	Depressive disorders (e.g., major depressive disorder)		Substance abuse (e.g., hallucinogens, stimulants, depressants, performance-enhancing drugs)		Posttraumatic stress disorder (PTSD)	
	Delirium/acute agitation (non-ICU)					
	Opioid use disorder					
	Sleep disorders (e.g., insomnia.)					
	Tobacco/nicotine use disorder (including smoking cessation)					
Renal	Acid-base disorders		Chronic kidney disease and complications (anemia, bone & mineral disorders)		Fluid balance	
	Acute kidney injury (prerenal, intrinsic, and postrenal)		Dialysis and renal replacement therapies			
	Drug dosing considerations in renal dysfunction and renal replacement therapy					
	Drug-induced renal disorders					

*Quantify number of patients seen or list 1 of the following acceptable activities with the date of completion: didactic discussion, reading assignment (add reference), case presentation, or written assignment.

Appendix B Continued

TOPIC AREAS	REQUIRED		REQUIRED		ELECTIVE	
	Direct Patient Care Experience Required		Case-Based Application Acceptable			
	Topic	Number of Patients Seen	Topic	Experience Description*	Topic	Experience Description*
	Electrolyte abnormalities (sodium, potassium, calcium, phosphorus, magnesium)					
	Evaluation of renal function					
Respiratory	Asthma		NA		Cystic fibrosis	
	Chronic obstructive airway disease (other than asthma)				Drug-induced respiratory disorders	
					Interstitial lung disease	
					Obstructive sleep apnea	

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