



PGY2 Pediatric Pharmacy residency with added Critical Care PSP Designation Status **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 Program Director, and successful completion of all items is required before a residency certificate is awarded.

Credentials:

- Oklahoma Pharmacist License
- Oklahoma Pharmacist Preceptor License
- Basic Life Support Certification
- Complete PALS certification (if not already certified)

General Documentation:

- EPIC I-Vents, progress notes, and other notes focused in patient care activities (OU Health)
- Entering resident interest and self-evaluation
- Residency training plan, quarterly updates, and quarterly self-evaluation
- PharmAcademic learning experience evaluations: Self-evaluation, preceptor evaluation, and learning experience evaluations for each rotation experience
- Resident Duty Hours Log (i.e., document in PharmAcademic)
- Residency Portfolio: *The portfolio should include documentation of all patient care activities (e.g., de-identified progress notes, in-services), teaching activities (See Teaching section), and scholarship activities (e.g., research proposal, IRB approval letter)*
- Achievement of PGY2 Pediatric Residency Goals: Eighty percent (80%) must be assessed as achieved for the residency. The remaining 20% must be assessed at a minimum of satisfactory progress (**Appendix A**)
- Summary Checklist (To be completed prior to final evaluation)
- Exit Survey

Required rotations: Successful completion of all rotation requirements and documentation

Month Long Rotations:

- Orientation (if applicable)—1 month
- General Pediatrics I—1 month
- PICU—1 month
- Neonatal ICU—2 months (NICU 1 and NICU II)
- Pediatric Hematology/Oncology—1 month
- CICU—1 month
- Research
- Clinical toxicology/poison control
- Critical Care Selective Rotations: Residents must complete 2 of the following rotations (1) PICU II, (2) CICU II (3) Emergency Medicine (OCH), (4) NICU III
- Electives— Residents must complete 1 additional elective including (1) Nephrology, (2) Stem cell transplant, (3) Infectious disease, (4) Hematology/oncology clinic, (5) Emergency Medicine (OUMC) (*only during 4th quarter of the residency*), (6) Cystic fibrosis clinic, (7) Other (May also elect to repeat one of the required or critical care selective rotations as above)

Longitudinal Rotations:

- Research Longitudinal Rotation (July-June)
- Longitudinal Teaching Rotation (July-June)
- Longitudinal Pharmacy Practice Management (July-June)
- Longitudinal Staffing Rotation (average of one weekend staffing shift every 3 weeks and one half-day per month in distribution side from July-June)

Practice Foundation

- Completion of required pediatric disease topics from the PSP in critical care (**Appendix B**)

Practice Management and Staffing

- Attend P&T Committee meetings (when issue concerning pediatric is discussed/as assigned) and other OU Health Inc. committees related to improving medication efficacy and safety in children
- Participate in formulary management project with pediatric patients focused in pediatric/neonatal critical care
- Complete a pediatric-focused medication use evaluation focused in pediatric/neonatal critical care
- Complete Contemporary Pediatric Pharmacy Practice (CPPP) in-patient checklist [during longitudinal staffing rotation]

Teaching

For teaching and precepting requirements please see **Appendix C**

Research

- Completion of one original research project in collaboration with Research Committee focused in pediatric/neonatal critical (See Resident Research Policy)
- Submission of research question/project proposal to OU Health Pharmacy Leadership and Residency Review Committee
- Completion of research curriculum (self-directed readings, OUHSC IRB training, and Resident Rounds research series)
- Presentation of research abstract for the PPA Annual Meeting and the Oklahoma Pharmacy Residency Research Conference
- Presentation of research platform presentation at the PPA Annual Meeting and the Oklahoma Pharmacy Residency Research Conference
- Turn in complete manuscript in a format suitable for publication
- Presentation of research at the Department of Pediatrics Research Day (and/or alternative national meeting)
- Complete 2 reviews of manuscripts in the peer-review process of publication
- Compile list of potential topics for review article/case report or etc. that could be submitted as a manuscript for publication that would contribute to the body of pediatric literature

Appendix A: PGY2 Pediatric Pharmacy—ASHP Required Residency Goals

Eighty percent (80%) must be assessed as achieved for the residency. 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 comprehensive medication management to pediatric patients following a consistent patient care process	R1.1.1 – Interact effectively with health care teams to manage pediatric patients’ medication therapy R1.1.2 - Interact effectively with pediatric patients, family members, and caregivers R1.1.3 - Collect information on which to base safe and effective medication therapy for pediatric patients R1.1.4 - Analyze and assess information on which to base safe and effective medication therapy for pediatric patients R1.1.5 - Design and/or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for pediatric patients R1.1.6 - Ensure implementation of therapeutic regimens and monitoring plans (care plans) for pediatric patients by taking appropriate follow-up actions R1.1.7 – For pediatric patients, document direct patient care activities appropriately in the medical record or where appropriate R1.1.8 - Demonstrate responsibility to patients
R1.2 - Ensure continuity of care during patient transitions of pediatric patients between care settings	R1.2.1 - Manage transitions of care effectively for pediatric patients
R1.3 – Manage and facilitate delivery of medications to support safe and effective drug therapy for pediatric patients	R1.3.1 - Prepare and dispense medications for pediatric patients following best practices and the organization’s policies and procedures R1.3.2 - Manage aspects of the medication-use process related to formulary management for pediatric patients R1.3.3 – Facilitate aspects of the medication-use process for pediatric patients
Competency Area R2: Advancing Practice and Improving Patient Care	
R2.1 - Demonstrate ability to manage formulary and medication-use processes for pediatric 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 pediatric patients including proposals for medication-safety technology improvements R2.1.2 - Participate in a medication-use evaluation or quality improvement audit related to care for pediatric patients R2.1.3 – Participate in the review of medication event reporting and monitoring related to care for pediatric patients R2.1.4 – Identify opportunities for improvement of the medication-use system related to care for pediatric patients
R2.2 - Demonstrate ability to conduct a quality improvement or research project	R2.2.1 - Identify and/or demonstrate understanding of a specific project topic to improve care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy R2.2.2 - Develop a plan or research protocol for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy R2.2.3 – Collect and evaluate data for a practice quality improvement or research project for the care of pediatric patients or a topic for advancing the pharmacy profession or pediatric pharmacy R2.2.4 – Implement a quality improvement or research project to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy R2.2.5 – Assess changes made to improve care of pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy R2.2.6 – Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for pediatric patients or for a topic for advancing the pharmacy profession or pediatric pharmacy at a local, regional, or national conference

Appendix A Continued

Educational Outcome	Educational Goal(s)*
Competency Area R3: Leadership and Management	
R3.1 - Demonstrate leadership skills for self-development in the provision of care for pediatric patients	R3.1.1 - Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for pediatric patients R3.1.2 - Apply a process of on-going self-evaluation and personal performance improvement in the provision of care for pediatric patients
R3.2 - Demonstrate management skills in the provision of care for pediatric patients	R3.2.1 – Contribute to pediatric pharmacy department management R3.2.2 – Contribute the pediatric pharmacist’s perspective to technology and automation systems decisions R3.2.3 - Manages one’s own practice effectively
Competency Area R4: Teaching, Education, and Dissemination of Knowledge	
R4.1 – Provide effective medication and practice-related education to pediatric patients, caregivers, health care professionals, students, and the public (individuals and groups)	R4.1.1 – Establish oneself as an organizational expert for pediatric pharmacy-related information and resources R4.1.2 – Ensure appropriate pediatric pharmacy resources are available R4.1.3 – Design effective educational activities related to the care of pediatric patients R4.1.4 – Use effective presentation and teaching skills to deliver education related to pediatric pharmacy R4.1.5 – Use effective written communication to disseminate knowledge related to pediatric pharmacy R4.1.6 – Appropriately assess effectiveness of education related to pediatric pharmacy R4.1.7 – Provides effective patient and caregiver education
R4.2 - Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals about the care of pediatric patients	R4.2.1 - When engaged in teaching about the care of pediatric patients, 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 care of pediatric patients
Competency Area R5: Management of Medical Emergencies	
R5.1 – Demonstrate understanding of the management of pediatric medical emergencies	R5.1.1 – Demonstrate understanding of the management of pediatric medical emergencies according to the organization’s policies and procedures
Competency Area E1: Academia	
E1.1 – Demonstrate understanding of key elements of the academic environment and faculty roles within it	E1.1.1 – Demonstrates understanding of key elements of the academic environment and faculty roles within it
E1.2 – Exercise case-based and other teaching skills essential to pharmacy faculty	E1.2.1 – Develop and deliver cases for workshops and exercises for laboratory experiences E1.2.2 – Compare and contrast methods to prevent and respond to academic and profession dishonesty and adhere to copyright issues
E1.3 – Develops and practices a philosophy of teaching	E1.3.1 - Develop or update a teaching philosophy statement E1.3.2 - Prepare a practice-based teaching activity E1.3.3 - Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation E1.3.4 - Effectively document one’s teaching philosophy, skills, and experiences in a teaching portfolio
Competency Area E4: Added Skills for Pediatric Pharmacy Scholarship	
E4.1 – Contribute to the presentation and publication of pediatric pharmacy research	E4.1.1 – Design an effective poster for the presentation of a specific topic E4.1.2 – Exercise skill in responding to questions occurring during the presentation of a poster E4.1.3 – Submit completed project for publication E4.1.4 – Contribute to the peer review of a pediatric pharmacy professional’s article submitted for publication or presentation

Appendix B: PGY2 Pediatric Specialty Pathway--Critical Care

The resident will demonstrate an understanding of the mechanism of action, pharmacokinetics, pharmacodynamics, pharmacogenomics, pharmacoeconomics, usual regimen (dose, schedule, form, route, and method of administration), indications, contraindications, interactions, adverse reactions, and therapeutics of medications and non-traditional therapies, where relevant, that are applicable to the diseases and conditions listed below.

“Required patient experience” identify those disorders/topic areas where the resident must have direct patient care experience. Topics in the **“Required case-based or topic discussion”** column indicate areas where the resident must have EITHER direct patient care experience OR demonstrate knowledge through a case-based or topic discussion. Topics in the **“Elective patient experience and/or case-based or topic discussion”** column are suggested for discussion, but can be considered optional. Programs should track progress on the topic areas throughout the residency year.

System	Topics	Encounter Type	Date	Resident Initials	Preceptor Initials
Cardiovascular	Arrhythmias				
	Congenital Heart Disease				
	Heart Failure				
	Hypertension				
	Patent Ductus Arteriosus				
	Post-op Cardiac Surgical Management				
	Pulmonary Hypertension				
	Kawasaki Disease				
	Ventricular Assist Devices				
	Advanced Arrhythmias				
Critical Care	Vasoplegic Shock				
	Acute Respiratory Distress				
	Acid-Base Disturbances				
	ECMO				
	Fluid and Electrolyte Disorders				
	Hyperglycemia of Critical Illness				
	Neuromuscular Blockade				
	Pediatric Advanced Life Support (PALS)				
	PK/PD Alterations in Critical Illness				
	Rapid Sequence Intubation				
	Sedation and Analgesia				
	Cardiogenic Shock				
	Septic Shock				
	Sleep Management in Critical Illness				
	Status Asthmaticus				
	Status Epilepticus				
	Trauma				
	Traumatic Brain Injury				
	Neonatal Opioid Withdrawal Syndrome (NOWS)				
	Iatrogenic Withdrawal Syndrome (IWS)				
Critical Care	Burns				
	Medically Induced Coma (TBI or Status Epilepticus)				
	Near Drowning				
	Toxicologic Emergencies				
	Organ Donor Management				
Endocrine and Metabolic	Palliative Care				
	Adrenocortical Insufficiency				
	Diabetes Insipidus				
	Diabetes Mellitus (T1DM and T2DM)				
	Diabetic Ketoacidosis				
	Pituitary Disorders				
	Syndrome of Inappropriate Antidiuretic Hormone				
	Growth Hormone Deficiency				
	Thyroid Disease				
Metabolic Disorders					
GI and Hepatology	Constipation				
	Diarrhea				
	GERD				
	Nausea and Vomiting				
	Ulcers				
	Abdominal Compartment Syndrome				
	Acute Pancreatitis				
	Appendicitis				
	Cholestatic Jaundice				
	Hemorrhage				
	Hepatic Dose Adjustment				
	Hepatitis				
	Ileus				

	Inflammatory Bowel Syndrome				
	Liver Failure				
	Short Bowel Syndrome				
	Venocclusive Management				
General Pediatrics	Dehydration				
	Enteral Nutrition				
General Pediatrics	Immunizations				
	Maintenance Fluids				
	Pain Management				
	Parenteral Nutrition (Neonates, Infants, Children)				
	Developmental Pharmacokinetics				
	Infant Formulas				
	Nutritional Supplements				
	Oral Rehydration				
	Pharmacogenomics				
Hematology	Anemia				
	Anticoagulation				
	Disseminated Intravascular Coagulopathy				
	Anemia of Critical Illness				
	Hemophagitic Lymphohistiocytosis				
	Hemophilia				
	Idiopathic Thrombocytopenic Purpura				
	Methemoglobinemia				
	Sickle Cell Disease				
	Acute Chest Syndrome				
	Blood Loss and Blood Component Replacement				
	Drug-Induced Thrombocytopenia				
	Exchange Transfusion				
	Splenic Sequestration				
Infectious Disease	Antimicrobial Stewardship				
	Antibiotic Prophylaxis				
	Catheter-Related Infection				
	C. Diff Associated Diarrhea				
	Fever				
	Fungal Infections				
	Meningitis				
	Osteomyelitis				
	Pneumonia				
	Sepsis				
Infectious Disease	Shunt Infections				
	Surgical Site Infections				
	Urinary Tract Infections				
	Viral Encephalitis				
	Acquired Immune Deficiency Syndrome/HIV				
	Cellulitis				
	Complicated Intra-Abdominal Infections				
	Conjunctivitis				
	Croup				
	Endocarditis				
	Epiglottitis				
	Impetigo				
	Otitis Media				
	Parasitic Infection				
	Septic Arthritis				
	Sexually Transmitted Diseases				
	Strep Throat				
	Tuberculosis				
	Wound Infections				
	Pandemic Diseases				
Neonatology	Apnea With Bradycardia				
	Bronchopulmonary Dysplasia (BPD)				
	Hyperbilirubinemia				
	Hypoglycemia				
	Intraventricular Hemorrhage				
	Necrotizing Enterocolitis (NEC)				
	Neonatal Abstinence Syndrome (NAS)				
	Neonatal Resuscitation				
	Neonatal Seizures				
	Neonatal Sepsis				
	Nutrition				
	Persistent Pulmonary Hypertension				

	Respiratory Distress Syndrome				
Neonatology	Drugs in Pregnancy and Lactation				
	Hypoxic Ischemic Encephalopathy (HIE)				
	Initial Fluid Management/Requirements in Neonates				
	Ophthalmia Neonatorum				
	Retinopathy of Prematurity (ROP)				
	Hyperinsulinemia				
	Newborn Screening				
	Osteopenia of Prematurity and Rickets				
Nephrology	Dialysis (CRRT /HD/PD)				
	Drug Dosing in Dialysis (CRRT/HD/PD)				
	Renal Dose Adjustment				
	Renal Failure and Acute Kidney Injury				
	Drug-Induced Kidney Diseases				
	Contrast-Induced Nephropathy				
	Hemolytic Uremic Syndrome				
	Interstitial Nephritis				
	Renal Tubular Acidosis				
	Rhabdomyolysis				
Neurology and Psychiatry	Critical Illness polyneuropathy				
	Delirium				
	Targeted Temp Management/Induced Hypothermia				
	Attention Deficit Disorder				
	Autism				
	Bipolar Disorder				
	Depression				
	EEG or Bispectral Monitoring				
	Enuresis				
	Epilepsy				
	Febrile Seizures				
	Headache				
	Infantile Spasm				
	Ketogenic Diets				
	Spinal Cord Injury				
Neurology and Psychiatry	Subarachnoid/Intracerebral Hemorrhage				
	Ventriculostomies				
	Non-Infectious Encephalitis (NMDA)				
	Medicinal Marijuana				
	Paroxysmal Sympathetic Hyperactivity (PSH)				
Obstetrics	Diabetes				
	Intrauterine Infections				
	Pre-eclampsia/Eclampsia				
	Premature Labor				
	Premature Rupture of Membranes				
	Prenatal Care/Nutrition				
	Maternal Fetal Medicine				
	TORCH Screening				
Oncology	CNS Malignancies				
	Ewing Sarcoma				
	Febrile Neutropenia				
	Hodgkin's Disease				
	Leukemia (ALL, AML)				
	Lymphoma				
	Oncologic Emergencies				
	Osteosarcoma				
	Retinoblastoma				
	Rhabdomyosarcoma				
	Tumor Lysis Syndrome				
	Wilm's Tumor				
	CAR-T Receptor Therapy Associated Cytokine Storm				
Pheochromocytoma					
Pulmonary	Asthma				
	Bronchiolitis				
	Non-Invasive Mechanical Ventilation				
	Respiratory Syncytial Virus (RSV)				
	Tracheitis				
	Ventilators				
Pulmonary	Cystic Fibrosis and Associated Complications				
	Obstructive Sleep Apnea				
	Pneumothorax and Hemothorax				
	Acute Pulmonary Embolism (PE)				

	Diffuse Alveolar Hemorrhage				
Rheumatology and Immunology	Interstitial Arthritis				
	Juvenile Rheumatoid Arthritis				
	Lupus				
	Multisystem Inflammatory Disease (MISC)				
Transplant	Immunocompromised Host				
	Acute Rejection in Solid Organ Transplantation				
	Bone Marrow Transplant				
	Graft vs. Host Disease				
	Heart Transplant				
	Kidney Transplant				
	Liver Transplant				
	Lung Transplant				
	Post-Transplant Lymphoproliferative Disease (PTLD)				
	Small Bowel Transplant				
Medication Administration Considerations	Alternate routes for enteral administration (e.g., J-tube, G-tube)				
	Communication skills with pediatric patients and their families				
	Medication adherence				
	Extravasation management				
	Intravascular devices (e.g., arterial line, umbilical artery catheter, intrajugular line, peripherally inserted central catheter)				
	Aerosolized medications				
Medication safety	KIDs List				
	IV smart pump technology				
	ASHP-PPA guidelines for providing pediatric pharmacy services				
	NCPDP recommendations and guidance for standardizing the dosing designations on prescription labels of oral liquid medications				

Appendix C: PGY2 Longitudinal Teaching/Precepting Experience

Teaching Areas	^a Required (R) CAGOs Assessed ^b [Elective CA options]	Minimum Required Teaching Activities for PGY2 Residents	Required Teaching Activities for the Advanced Teaching Certificate
Didactic lectures	R4.1.1, R4.1.2, R4.1.3, R4.1.4 (<u>Oncology R4.1.2 to R4.1.5</u> ; <u>Pediatrics R4.1.3 to R4.1.6</u>) ^b [Elective CA EI]	<u>Deliver 2 formal presentations. Options include:</u> <ul style="list-style-type: none"> • 2 CE level presentations with mentor feedback on slides, assessment questions, presentation style. At least one of these presentations should be 1 hour in length. • Deliver 2 formal original lectures at OUCOP (elective or required curriculum). • Deliver 1 CE level presentation and 1 lecture at OUCOP as described above. 	Deliver 2 formal original lectures in OUCOP (elective or required curriculum)
Small group facilitation	R4.1.2, (<u>Oncology R4.1.3</u> ; <u>Pediatrics R4.1.4</u>) R4.2.2 ^b [Elective CA EI]	Not required ^c	Facilitate 2 small group sessions (Module 1; 3 hours/session) *assessed via checklist/rubric to provide formal feedback to resident
Clinical skill evaluation (grading and feedback)	R4.1.4 (<u>Oncology R4.1.5</u> ; <u>Pediatrics R4.1.6</u>) ^b [Elective CA EI]	Not required ^c	<u>Select 1 of the following options:</u> <ul style="list-style-type: none"> • 2 lab sessions in Pharmacy Practice VI focused on counseling • Evaluate and provide feedback to APPE student or PGY1 resident during 2 medication history or patient counseling sessions *both options assessed via checklist/rubric to provide formal feedback to resident
Seminar Course evaluator	R4.1.4 (<u>Oncology R4.1.5</u> ; <u>Pediatrics R4.1.6</u>)	Not required	Grader for 1 session of the Seminar Course (resident will be assigned topics in practice area and paired with a faculty mentor)
Primary preceptor	R4.2.1, R4.2.2	Preceptor for at least one P4 APPE student during one-month rotation	Preceptor for at least one P4 APPE student during one-month rotation
Teaching retreat	R4.1.1, R4.1.2, R4.1.3, R4.1.4 (<u>Oncology R4.1.2 to R4.1.5</u> ; <u>Pediatrics R4.1.3 to R4.1.6</u>) ^b [Elective CA EI]	<ul style="list-style-type: none"> • Attendance and participation at OUCOP Teaching Retreat in July/August of each academic year • Submission of requested teaching materials for review 	<ul style="list-style-type: none"> • Attendance and participation at OUCOP Teaching Retreat in July/August of each academic year • Submission of requested teaching materials for review
Teaching sessions during Resident Rounds series	R4.1 (<u>Oncology R4.2</u> , <u>Pediatrics R4.3</u>)	Attendance and participation at <u>select</u> teaching/precepting related sessions during resident rounds	Attendance and participation at <u>all</u> teaching/precepting related sessions during resident rounds
^d Completion or refinement of teaching/precepting philosophy	^b [Elective CA EI]	Not required	Submit teaching/precepting philosophy November 1 for feedback prior to midyear interviews; complete revised philosophy by June 1 of each academic year (emphasis can be on precepting philosophy if not pursuing an academic position).
^c Completion of teaching portfolio	^b [Elective CA EI]	Not required (teaching activities will be documented in the residency portfolio only)	Completes teaching portfolio by June 1 of each academic year

CAGOs, competency areas, goals and objectives; **CA**, competency area; **OUCOP**, OU College of Pharmacy

^aCAGOs required for PGY2 programs and formally assessed for longitudinal teaching/precepting experiences through PharmAcademic

^bElective competency area for selection of goals/objectives to add specificity or meet career interests and provide targeted feedback (optional, provided all teaching/precepting requirement areas met and assessed through required CAGOs)

^cFormal assessment (i.e. graded with a rubric in a classroom setting) not required. Equivalent activities are expected to take place during the month as primary preceptor.

^dTeaching areas that can be achieved by Residency Program Director through the residency requirements checklist instead of assessment through PharmAcademic