



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 (OUMC), (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 (OCH) (*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)
- Longitudinal Code Blue Rotation (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 | | | | |

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|---------------------------|--|--|--|--|--|
| | 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 | | | | |

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|---------------------------------|---|--|--|--|--|
| | 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) | | | | |

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|---|---|--|--|--|--|
| | 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

Advanced Teaching and Precepting Skills for Residents (Certificate)

| Required Teaching Areas | ^a Required (R) CAGOs Assessed ^b [Elective CA options] | ^c Options to meet Required Areas |
|---|--|---|
| Didactic lectures | R4.1.1, R4.1.2, R4.1.3, R4.1.4 (Oncology R4.1.2 to R4.1.5; Pediatrics R4.1.3 to R4.1.6) ^b [Elective CA E1] | Select 1 of the following options: <ul style="list-style-type: none"> • Deliver 2 formal original lectures in OUCOP (elective or required curriculum) • Deliver 1 formal original lecture in OUCOP (elective or required curriculum) and 1 original lecture to interprofessional learners (CE level presentation with mentor feedback on slides, assessment questions, presentation style). |
| Small group facilitation | R4.1.2, (Oncology R4.1.3; Pediatrics R4.1.4) R4.2.2 ^b [Elective CA E1] | Select 1 of the following options: <ul style="list-style-type: none"> • Facilitate 2 small group sessions (Module 1; 3 hours/session) • Facilitate 2 topic discussions or 2 patient discussions with APPE students or PGY1 residents * all options assessed via checklist/rubric to provide formal feedback to resident |
| Clinical skill evaluation (grading and feedback) | R4.1.4 (Oncology R4.1.5; Pediatrics R4.1.6) ^b [Elective CA E1] | Select 1 of the following options: <ul style="list-style-type: none"> • 2 lab sessions in Pharmacy Practice VI focused on counseling • Preceptor at 2 interprofessional clinics for IPPE/APPE students • Preceptor at 2 health-fairs/co-curricular activities for IPPE or interprofessional students • Evaluate and provide feedback to APPE student or PGY1 resident during 2 medication history or patient counseling sessions *all options assessed via checklist/rubric to provide formal feedback to resident |
| Seminar Course evaluator | R4.1.4 (Oncology R4.1.5; Pediatrics R4.1.6) | 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 |
| Teaching retreat | R4.1.1, R4.1.2, R4.1.3, R4.1.4 (Oncology R4.1.2 to R4.1.5; Pediatrics R4.1.3 to R4.1.6) ^b [Elective CA E1] | <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 (Oncology R4.2, Pediatrics R4.3) | Attendance and participation at all teaching/precepting related sessions during resident rounds |
| ^d Completion or refinement of teaching/precepting philosophy | ^b [Elective CA E1] | 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). |
| ^d Completion of teaching portfolio | ^b [Elective CA E1] | 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)

^cdesignated options/activities to meet minimum requirements in the teaching areas

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