



Department of Pharmacy
PGY2 Emergency Medicine Residency Program Manual (Abbreviated)
2017-2018

The Emergency Medicine PGY2 Residency Program is a one year residency established to provide specialty training for residents interested in emergency medicine. The PGY2 program at Rush has one PGY2 emergency medicine resident and additional PGY2 residents in critical care, infectious diseases, hematology/oncology, and solid organ transplant.

Purpose Statement: PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area, if available.

Goals: The primary goal of the program is to graduate compassionate emergency medicine pharmacists who excel as both clinicians and scholars in an academic medical setting. This overarching goal will be completed through exposure to a variety of opportunities where the resident will serve as an integral member of interdisciplinary healthcare teams by participating in medication therapy management, answering key clinical questions and serving as a resource to the healthcare team. The resident will have an opportunity to enhance teaching abilities through didactic lectures to other disciplines in the medical center as well as at colleges of pharmacy, self and peer evaluation and being a preceptor to first year pharmacy residents and doctor of pharmacy students. The program will also develop research skills through completion of a longitudinal research project and manuscript preparation.

The residency program is designed to comply with the published accreditation standards of the American Society of Health-Systems Pharmacists (ASHP). See *Appendix B* for details regarding topics covered during the residents PGY2 Emergency Medicine residency year.

Required rotations (total 44 weeks):

- Orientation – 4 weeks
- Emergency Medicine (24 weeks):
 - Includes trauma (offsite)
- Toxicology – 4 weeks
- Medical Intensive Care Unit – 4 weeks
- Pediatric Intensive Care Unit – 4 weeks
- Research – 4 weeks

Elective rotations:

- Cardiac Surgery Intensive Care Unit – 4 weeks
- Surgical Intensive Care Unit – 4 weeks
- Neurosciences Intensive Care Unit – 4 weeks
- Cardiac Intensive Care Unit – 4 weeks

Longitudinal rotations:

- Staffing/On-call
- Grand Rounds
- Research

Activities of the PGY2 residency program:

- Precept IPPE, APPE and PGY1 pharmacy residents
- Research project/manuscript development
- Case presentations/journal clubs
- Medication Utilization Evaluation (MUE)
- Development of or updating of a practice guideline or policy related to critical care
- Drug Monograph (or oversight of PGY1, if available)
- On-call program
- Committee membership
- Staffing

Committee Assignments: The resident will be assigned to a committee for the year (see list below). The resident will be expected to attend regularly scheduled meetings of the assigned committee.

- Stroke Performance Improvement (SPI)
- Emergency Management Committee
- Medication Use Evaluation (MUE)
- Medication Safety
- Anticoagulation Committee
- Emergency Resuscitation Committee (ERC)

Department Meetings: The resident is expected to attend all departmental staff meetings, unless excused by the residency program director.

Mentor: The resident will be expected to select a mentor from the Department of Pharmacy at the beginning of the year. This mentor should be a clinical specialist practicing in the resident's area of interest. The resident's mentor will be expected to attend all resident quarterly evaluations.

Pharmacy Grand Rounds: Pharmacy Grand Rounds are held weekly. The resident presenting will rotate through all of the 14 residents. Advance notice to the Pharmacy Department is expected by the resident of their grand rounds so that attendance is optimal. PharmAcademic is used to provide preceptor feedback.

Typical Monthly Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Rotation service On-call	2 Post-call	3 Rotation service <i>12n-MGR</i>	4 Rotation service	5 Rotation service	6 Staffing
7 Staffing	8 Rotation service	9 Rotation service <i>12n – PGR</i>	10 Rotation service <i>12n- MGR</i>	11 Rotation service	12 Rotation service	13 Off
14 Off	15 Rotation service	16 Rotation service On-call	17 Post-call	18 Rotation service <i>1pm- CC/EMGR</i>	19 Rotation service	20 Off
21 Off	22 Rotation service	23 Rotation service <i>12n-PGR</i>	24 Rotation service <i>12n-MGR</i>	25 Rotation service	26 Rotation service	27 Off
28 On-call	29 Post-call	30 Rotation service <i>12n – PGR</i>				

MRG=Medicine Grand Rounds; PGR=Pharmacy Grand Rounds; CC/EMGR=Critical Care/EM Grand Rounds

Residency Advisory Committee: The Residency Advisory Committee (RAC) is comprised of the PGY1 Residency program director, PGY2 Residency program directors, a subset of clinical specialists, Associate Director of Clinical Services and the Chief Resident. The purpose of the RAC is to oversee the structure and requirements of the PGY1 and PGY2 residency programs and assist the program directors with maintaining ASHP accreditation. Decisions made by the RAC will be relayed to clinical specialists for a final decision. Goals of the RAC include:

- Maintain appropriate structure and organization of PGY1 and PGY2 residency programs
- Assist in the updating and development of changes to the programs
- Assist in the evaluation of potential candidates
- Provide guidance in planning the residency rotation schedule
- Establish a minimum standard for individuals wishing to precept residents
- Assist with any other issues which program directors deem necessary

Salary: The resident will be paid approximately \$48,000 annually. Checks are issued every other Friday via direct deposit, which is set up through the payroll department.

Teaching Responsibilities: The resident will be expected to provide inservices to medical and nursing staff during his or her rotations. In addition, he or she may participate in lectures to the students at various colleges of pharmacy and within the medical center (e.g., perfusion course, pharmacology course, emergency medicine grand rounds, advanced nursing critical care course). The resident will also be expected to precept IPPE and APPE students while on rotation. The program director will facilitate orientation and training of these students. Completion of a teaching certificate is optional (if not completed during PGY1 residency training).

Residency Annual Report: The resident will be expected to provide an annual report of all completed projects at the end of the year. The report will be utilized to document the cost-effectiveness of a resident versus a full-time pharmacist. The report can be managed and submitted electronically at the end of the year.

Staffing/Sick Leave/Leave of Absence/Overtime/Duty Hours: The resident will be entitled to approximately 22 days of paid time off (PTO). The resident must take approximately 8-10 days off prior to January 1. This can be taken at any time based on PTO accrual with the approval of the program director and preceptor whose rotation the resident is currently on. It will be expected that the resident request time off well in advance to allow for appropriate coverage.

- The resident will be allotted 5 days for professional meetings (not taken from PTO bank).
- Official hospital holidays will be considered PTO time, unless the holiday falls on the resident's scheduled work weekend/on-call/post-call day.
- The resident is strongly encouraged to use all PTO prior to the end of residency.
- Residents are not permitted to use PTO during the final two weeks of residency unless approved by the residency director.

Professional Attire: Scrubs are not permitted on days the resident conducts a formal presentation or attends an interdisciplinary meeting. Two lab coats will be ordered for the resident in July.

Travel Reimbursement: The policy outlines the process for requesting and obtaining travel approval. In contrast to the policy, residents are reimbursed up to \$1,500 for travel.

LEAP: LEAP (Linking Education and Performance) will allow each resident \$1000 annually (Jan-Dec) to be used towards continuing education programs (e.g., registration for local and national meetings may be submitted for reimbursement). Documentation from the meeting will need to be submitted; therefore, compensation will be provided after the meeting has occurred.

Parking Information: The medical center provides both sheltered and non-sheltered parking facilities. Additional parking information including rates can be obtained by calling the Parking Garage Office at ext. 2-6594.

Health Insurance: Access benefit information at: <http://www.jobstrush.com/benefits.htm>.

Licensure: All registered pharmacists are required to have their current license by 90 days after the first day of the residency. If the resident does not have pharmacist license by the beginning of the residency, he/she must have a valid Illinois technician license. All residents are expected to be licensed as a pharmacist in Illinois and are encouraged to get their dates for testing as soon as possible. If reciprocity or score transfer is necessary, the procedure should be initiated as soon as possible after graduation from pharmacy school and/or moving to Chicago. Key orientation activities will take place between July 3rd and July 7th, therefore, exams should not be scheduled during that time.

Confidential Information: The resident will be exposed to a variety of confidential information throughout the year. Such information must be kept private and comply with HIPAA standards. The resident will receive HIPAA training during the orientation month.

Resident Dismissal Policy: Residents are expected to conduct themselves in a professional manner and to follow all pertinent university, medical center and departmental policy and procedures.

A resident may be dismissed from the residency if he/she:

- fails to present themselves in a professional manner
- fails to follow policy and procedures
- fails to get licensed by the date that is reflected in the departmental policy on licensure
- fails to perform at a level consistent with residency program expectations (i.e. consistent poor evaluations without evidence of improvement)

Successful Completion of the Residency: The resident must complete the following activities in a manner that is acceptable to the program director and any pertinent residency preceptors, prior to receiving the certificate reflecting the successful completion of the residency program.

1. All required goals and objectives (as indicated by an “R”) from the *ASHP Educational Outcomes, Goals, and Objectives for PGY2 Pharmacy Residencies in Emergency Medicine* will be taught and evaluated during multiple learning experiences throughout the residency year. The resident must achieve 80% of all goals for the residency program.

Additionally, the RPD and preceptors of the program have identified the following goals as requiring 100% achievement from the accreditation standard (achievement is defined as a “5” on the PharmAcademic evaluation scale as evaluated by an individual preceptor or consensus from the RAC):

<i>Outcome R1</i>	<i>Demonstrate leadership and practice management skills.</i>
Goal R1.3	Contribute to the management activities in the emergency department setting.
Goal R1.6	Demonstrate ownership of and responsibility for the welfare of the patient by performing all necessary aspects of the medication-use system.
<i>Outcome R2</i>	<i>Optimize the outcomes of emergency medicine patients by providing evidence-based medication therapy as an integral part of an interdisciplinary team.</i>
Goal R2.1	Establish collaborative professional relationships with other members of the interdisciplinary emergency medicine team.
Goal R2.2	Prioritize the delivery of care to patients within the emergency department setting.
Goal R2.4	Collect and analyze pertinent patient information.
Goal R2.7	Recommend regimens and monitoring plans for patients in the emergency department setting.
<i>Outcome R3</i>	<i>Demonstrate excellence in the provision of training, including preceptorship, or educational activities for health care professionals and health care professionals in training.</i>
Goal R3.1	Provide effective education or training to health care professionals and health care professionals in training.
<i>Outcome R5</i>	<i>Develop an evidence-based approach when providing emergency medicine medication-related information.</i>
Goal R5.1	Provide concise, applicable, comprehensive, and timely responses to formalized requests for drug information pertaining to emergency medicine from patients, healthcare providers, and the public.
<i>Outcome R6</i>	<i>Participate in the management of medical emergencies.</i>
Goal R6.1	Participate in the management of medical emergencies.

2. Research project/manuscript development
3. Completion of longitudinal experiences
 - Pharmacy Grand Rounds presentations (2)
 - Medication Utilization Evaluation (MUE)
 - Development or updating of a guideline or policy related to emergency medicine
 - Drug Monograph (or oversight of PGY1, *if available*)