



**Department of Pharmacy
PGY2 Critical Care Residency Program
2017-2018**

The Critical Care PGY2 Residency Program at Rush is an ASHP-accredited one year residency established to provide specialty training for residents interested in the area of critical care.

ASHP 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 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 or other advanced practice settings (ie. critical care). Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advance practice patient care, academic or other specialized positions, along with board certification.

Goals: The primary goal of the program is to develop independent clinicians with a core set of clinical, administrative, teaching and research skills to be able to design and deliver care for critically ill patients in an acute care setting. This overarching goal will be completed through exposure to a variety of experiential opportunities where the resident will serve as an integral member of the rounding team by participating in medication therapy management, answering clinical questions and serving as a drug information resource to the healthcare team. Additionally, the clinical experience is supplemented by the resident on-call program, where the resident will provide in-house service for emergency response and drug information. 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).

Required rotations (4 weeks in duration):

- Medical ICU (MICU I)
- Medical ICU (MICU II)
- Cardiac ICU (CICU)
- Surgical ICU (SICU I)
- Neuroscience ICU (NSICU I)
- Emergency Medicine (ED)
- Cardiovascular ICU (CVICU)
- Surgical ICU (SICU II) or Neuroscience ICU (NSICU II)

Elective rotations (limited to 1 offsite rotation per year):

- Repeat of any required rotation
- Antimicrobial Stewardship
- Pediatric Intensive Care Unit (PICU)
- Critical Care Administration/Research
- Trauma/Burn Intensive Care Unit (*offsite*)

Longitudinal experience

- Professional development and personal leadership

Other required activities of the PGY2 residency program:

- Precept IPPE, APPE and pharmacy practice residents
- Research project/manuscript development
- Case presentations/journal clubs
- Medication Utilization Evaluation (MUE)
- Practice guideline or policy update or development
- Drug Monograph, if available (or oversight of PGY1)
- On-call program
 - Staffing

On-Call Program: The resident will be expected to take overnight call in the medical center approximately one out of every 14 nights. Responsibilities during call include, but are not limited to, pharmacokinetic drug monitoring, response to drug information questions, emergency response, approval of restricted antimicrobials.

Staffing: The resident will be required to work two 8-hour shifts every fourth weekend and staff for 4 hours while on-call averaging call one night every 2 weeks. The assigned location for staffing will be in either an adult or critical care satellite in order to expand the resident's knowledge and exposure to different patient populations. The resident is expected to be on-time to his or her work site. Tardiness will not be permitted. If the resident would like to take a weekend off, the resident must switch weekends with another resident or pharmacist. Trading of shifts must be verified with the approval of a manager.

Pharmacy Grand Rounds: During the course of the year, the resident will be expected to complete a minimum of 2 Pharmacy Grand Rounds Presentations. The resident may be expected to do an additional journal club or case presentation while on rotation. This will be determined by each individual clinical specialist while the resident is on rotation. All patient cases, journal clubs and disease state presentations will include a thorough review of the appropriate literature. Presentations should be 45 minutes in length. The resident is required to submit their slides to a preceptor for review at least **7 "business days"** prior to their presentation. Residents will be evaluated by clinical specialists and fellow residents in PharmAcademic.

Critical Care/Emergency Medicine Journal Club or Clinical Case Conference

The resident is expected to facilitate either four (4) CC/EM journal club(s) or Clinical Case Conference(s) during their residency training. When leading the journal club, the resident is expected to select the lead reviewers, coordinate the room reservation, disseminating the articles, and finalizing the format for group discussion. The lead reviewers are responsible for selecting the journal articles for discussion.

Typical Monthly Schedule:

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

MRG=Medicine Grand Rounds; PGR=Pharmacy Grand Rounds; CC/EMJC=Critical Care/Emergency Medicine Journal Club

Research Project: The PGY2 resident will be expected to complete a longitudinal research project, of publishable quality, in collaboration with a preceptor serving as a mentor. The project will be of the resident’s choice and involve a critical care concept. The resident will complete IRB training during orientation. The project will be presented at the Great Lakes Residency Conference in April or another regional platform. Registration and abstract submission must be completed in January/February. PowerPoint files must be uploaded to the GLPRC website by early April. During the month of April, the resident will have the opportunity to present his or her slides and received feedback to the department. Please see the website, www.glprc.com, for additional details. Following Great Lakes and manuscript preparation, the residents are urged to submit for publication in an appropriate journal. *IRB approval is expected prior to Dec. 1st, otherwise the Research block will be reassigned as a clinical rotation block.*

Note- A Medication Use Evaluation (MUE) may be assigned is applicable to the area of critical care practice with the goal to improve critical care services. The PGY2 CC resident would be expected to complete the MUE and present the results initially to the MUE Subcommittee and then at a following Pharmacy, Nutrition & Therapeutics meeting.

Mentor: The resident will be expected to select a mentor from the department 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 and facilitate feedback all resident quarterly evaluations.

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

Pager Responsibility: Each resident will be assigned a Rush pager. The resident will be responsible for carrying his or her pager when they are on Rush premises. The resident will be expected to sign his or her pager out as unavailable or to another pharmacist when out of town (e.g., In order to change status on the pager, dial 85-*pager number, status 2, status 6). This process will be reviewed during orientation.

Professional Attire: The resident will be expected to wear his or her Rush ID badge at all times while in the medical center. In addition, professional attire, including lab coats while on the floors, will be required. Compliance with the department's dress code will be enforced. The resident may wear hospital issued scrubs (both top and bottom) while on-call and post-call.

**NOTE: Two lab coats will be ordered for the resident in July

Salary: The resident will be paid \$47,300 annually (checks issued every other Friday for direct deposit). Paychecks may be deposited via direct deposit, which can be set up through the payroll department. The resident will receive a paycheck every other Friday.

Travel Reimbursement: Out-of-town travel must be requested in advance and approved by the residency program director. A travel authorization form must be submitted to the appropriate personnel as well. The form is located on the K: drive in the travel folder. Residents are reimbursed 90% of all meeting registration fees through LEAP, up to \$1000 *per calendar year*. The cost of transportation and lodging will be reimbursed up to a total of \$2,000 for the residency year from a separate fund.

Note- Attendance at the Society of Critical Care Medicine (SCCM) annual meeting will be required. Attendance at additional professional conferences will be optional based on remaining stipend funds available.

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). The reimbursement LEAP form will be located on the K drive (K/Residents/LEAP form). Documentation from the meeting will need to be submitted; therefore, compensation will be provided after the meeting has occurred.

Vacation: The resident will be entitled to approximately 24 days of paid time off (PTO). The resident must take approximately 8-10 days off prior to January 1, 2017. 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 10 business days prior to the date to allow for appropriate coverage while the resident is away.

- The resident will be allotted 7 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 take all 24 days of PTO prior to the end of residency.
- Residents not permitted to use any PTO during the final two weeks of residency unless permitted by the residency director.

Sick Leave/Leave of Absence: Absence due to illness will be considered as PTO. The resident will be expected to contact the program director and preceptor if he or she is sick. If the resident calls in sick on a weekend, he or she must contact the central pharmacy and pharmacy supervisor on-call (PAOC).

- Day shift: call at least 2 hours prior to starting time

- Evening shift: call at least 3 hours prior to starting time
- Rotations: call and page rotation preceptor and program director

The resident will be considered a full-time employee in the Department of Pharmacy. He or she will have the same rights to leave of absence as all other employees. The medical center fully complies with all federal and state laws relating to employee leave of absence. The resident should contact Employee Relations with any questions (ext. 2-5916).

Parking Information: Rush University Medical Center provides parking facilities for employees. Additional parking information including rates can be obtained by calling the Parking Garage Office at ext. 2-6594.

Rush University Bookstore: The Rush University Bookstore will be open Monday through Friday, from 8:30 am – 5 pm. Books are sold at a 10% discount. A Rush affiliated ID must be present at the time of purchase to receive the discount.

Health Insurance: Please refer to orientation materials distributed during hospital orientation or materials located in Human Resources (4th floor of the Academic Facility) for more information.

Licensure: If licensed, the PGY2 shall supply a printed copy of their license for display on the first day of employment. If an employee's license is pending, they shall provide the Department of Pharmacy with evidence of application for licensure. All residents must have their authorization to test (ATT) to take the Illinois Law exam by the first day of the residency program and scheduled to take the exam ideally prior to the start of the residency but no later than July 15th. It is optimal that the residents be licensed by August 1st in order to begin fulfilling weekend staffing responsibilities. Time off from orientation can be arranged to take either the law exam, as applicable. If the individual will not have an Illinois Pharmacist license on the first day of employment he/she shall obtain an Illinois pharmacy technician license prior to their first day of employment.

1. If a resident fails to receive proper licensure or documentation that licensure is forthcoming by August 1st, the resident must notify the Residency Program Director or Director of Pharmacy as soon as possible so that alternate weekend staffing arrangements can be made.
2. Direct supervision by a licensed pharmacist is required during all staffing, on call and clinical rounding activities until proper licensure is obtained.
3. PGY-2 Residents will be expected to obtain Illinois licensure no later than 90 days from the respective start dates of each program, per ASHP requirement.
4. If a resident still has not obtained Illinois licensure by 120 days from the start of the residency program, this will be grounds for dismissal from the residency program. Extenuating circumstances may be presented for consideration to stay in the program. Due to the ASHP requirements that a resident be licensed for at least 2/3 of his/her residency, a resident absolutely must be licensed by the time a 1/3 of the residency is over, or will be dismissed from the program. If extenuating circumstances do exist for a resident to be unlicensed past 90 days, the resident will have to extend the training program past 12 months in order to meet the expectation of 2/3 of the residency being licensed (see residency manual for support of residency extension)

Overtime/Duty Hours: The resident will be expected to commit his or her full-time to the residency. Working in other positions outside of the medical center will not be permitted. The resident may volunteer for open shifts within the department; these must be approved by a program director. The resident will not be eligible for overtime salary or wages if he or she works an extra shift; straight pay (pharmacist salary) will be compensated.

The resident must work a minimum of 40 hours per week and adhere to the schedule assigned by his or her preceptor. During orientation, hours will be assigned by satellite supervisors to accommodate

for various training times. The resident must be away from the medical center for at least 8 hours, and ideally 10 hours, in between duty hours.

The duty hours, consistent with ASHP and ACGME, will be limited to 80 hours per week, averaged over a 4 week work period. Residents must be provided one day off out of seven, averaged over a 4 week period.

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.

Residency Advisory Committee: The Residency Advisory Committee (RAC) is comprised of the PGY1 Residency program director, PGY2 Residency program directors, a subset of clinical pharmacy specialists, Corporate Director of Pharmacy and the Chief Pharmacy 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 Critical Care RAC (*composed of the PGY2 CC and PGY2 EM RPDs and clinical team*) for a final decision. Goals of the RAC and Critical Care RAC include the following:

- 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

Residency Annual Portfolio: 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.

Teaching Responsibilities: The resident will be expected to provide in-services 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, 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.

Residents' Self-Evaluation of Their Attainment of Goals and Objectives

1. Residents will complete the same summative evaluation instruments as the preceptors at the end of each learning experience or at quarterly intervals for longitudinal learning experiences.
2. Residents will complete the same formative evaluation instruments completed by preceptors on the same schedule.
3. Residents will check the appropriate rating to indicate progress during the learning experience, and should provide narrative comments for selected goals as appropriate. Not all goals need to be commented on. *Comments should not be simply a list of accomplished activities, but should include self-awareness of improved/altered performance based on rotation experiences and/or feedback from the preceptor or others on the rotation. Comments such as "I was encouraged to check on lab results twice daily and this allowed me to intervene on medication use issues in a more timely fashion" are a good example of what should be documented in a self-evaluation.*
4. Residents must have evaluation instruments completed to be used in evaluation sessions with preceptors. They will be reviewed and discussed with preceptors, and should be signed and dated by the resident and the preceptor.

5. Evaluations will be done in a timely manner, i.e. within week of the end of the learning experience.

Residents' Evaluation of the Preceptor and Learning Experience

1. Residents will complete evaluations within a week of the end of each learning experience or quarterly for longitudinal learning experiences.
2. Completed evaluations will be discussed with preceptors, and signed and dated by each.
3. Completed, signed evaluations will be forwarded to the residency RPD for review.

Evaluations that contain an unduly number of "1" or "2" scores or have a distinct imbalance between how the preceptor feels the resident has done and how the resident self-evaluates the experience, shall be red flags to further discuss the issues that may be preventing the resident from being successful on the particular learning experience and the remainder of the residency. Action plans to address problem areas will be developed and implemented as soon as possible. There should be no documentation of "1" or "2" scores in the second half of the residency year. As the resident will also evaluate the preceptor, these comments/suggestions are reviewed by the RPD to deem if any action is needed to assist the preceptor in development of the 4 skills [*Direct instruction, Modeling, Coaching, and Facilitating*].

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 (on medical center premises and during Rush sponsored activities)
- 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 expectations (*ex: unsuccessful passing of 2 required rotations*)

If any of the above situations occur, the appropriate disciplinary actions will be taken. The normal steps in a disciplinary action process are as follows:

1. Residents will be given verbal counseling by their advisor* and RPD if they fail to meet the above requirements for the first time. They will be counseled on the actions necessary to rectify the situation involved. This verbal counseling will also be documented in their personnel file by the RPD. The residency advisor and Corporate Director must be informed of the action if they are not directly involved.
2. If a resident fails to correct his/her behavior, the RPD and the advisor will meet together and jointly decide an appropriate disciplinary action (such as an additional project, removing from certain activities or working after normal hours, etc.) This action will be documented again in the personnel file and will be immediately communicated to the Clinical Specialists group and Corporate Pharmacy Director. No approval is required from the Clinical Specialists group if the disciplinary action does not affect the Hospital Service. If the disciplinary action would affect Hospital Services, the appropriate service managers should be consulted and the action be first approved by the Clinical Specialist group.
3. If a resident still fails to correct his/her behavior or meet the specific disciplinary action requirement, the RPD and the advisor can jointly recommend the resident be withdrawn from the program. This action will require the approval of the Clinical Specialists and the Corporate Pharmacy Director.

**Residency "advisor" could be resident's mentor, main project preceptor, or other individual who has established a positive relationship with the resident.*