



Department of Pharmacy
PGY2 Critical Care Residency Program Manual (Abbreviated)
2020-2021

The Critical Care PGY2 Residency Program is a one year residency established to provide specialty training for residents interested in critical care medicine. The PGY2 program at Rush has one PGY2 critical care resident and additional PGY2 residents in emergency medicine, pediatrics, 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 critical care 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).

Required rotations (4 weeks in duration):

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

Elective rotations (vary in duration):

- Repeat any of the required rotations
- Antimicrobial Stewardship
- Pediatric ICU (PICU)
- Trauma or Burn ICU (offsite)
- Clinical Toxicology (offsite)
- Clinical Nutrition

Longitudinal rotations:

- Weekend/On-call
- Grand Rounds
- Research Project

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)
- Medication Use Evaluation (MUE)
- 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 made up of the Program Director, a subset of the Clinical Specialists, PGY2 program directors and the chief resident. The goals of the RAC are to oversee more directly the structure and requirements of the PGY1 and PGY2 residency programs and assist the program directors with maintaining requirements for ASHP accreditation. Goals of the RAC are as follows:

1. Maintain appropriate structure and organization of the PGY1 and PGY2 programs
2. Assist in the updating and/or development of changes to the program
3. Assist in evaluation of candidate applications
4. Provide guidance to RPD and the clinical specialists for planning of the residency rotation schedule
5. Assist in establishing a minimum standard for individuals who wish to participate in the precepting of residents
6. Any other issues that the RPDs or RAC deems 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: Residents will provide in-services on specific rotations to medical and nursing personnel. Participation in certain workshops or lectures may be an option for each resident at the schools of pharmacy Rush has affiliations with. In addition, there will be introductory pharmacy experience (IPPE) students that will be assigned to the residents intermittently throughout the year. The RPD will facilitate orientation and expectation to the precepting of the IPPE course with the residents.

There will be more options for further teaching available at the Chicago colleges of pharmacy, Rush University and possibly the Rush College of Nursing. Be sure to express interest in additional teaching opportunities to the RPD during each quarterly evaluation, or sooner.

A teaching certificate will be an option for residents, through University of Illinois. Details will be provided in a separate document and a designated meeting will occur during the orientation month to review the process to obtain the teaching certificate. The resident should carefully read through the teaching certificate responsibilities before accepting a position in the program.

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.jobsatrush.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: Structured evaluations using PharmAcademic will be conducted throughout the residency program to provide feedback regarding both resident's performance and effectiveness of training. Orientation to PharmAcademic will be conducted during July of each residency year. It is important to complete these evaluations in a timely manner so that comments are useful for subsequent rotations, both for preceptor and resident. A ***"timely manner" is defined as within one week of the completion of the learning experience.*** Residents and preceptors should complete their respective evaluations independently, and then meet in person within a week of the end of the rotation to discuss the evaluation.

All required goals and objectives (as indicated by an "R" below) will be taught and evaluated at multiple points and during multiple learning experiences during the residency year. The extent to which these goals and objectives must be achieved for the residency in order to successfully complete the program is outlined below.

1. The resident must achieve **100%** of the R1 goals from the accreditation standard
 - Achievement for the residency (ACHR) for R1 goals is defined as achievement of a given goal in **two separate learning experiences** as evaluated by an individual preceptor (a "4" or "5" on the PharmAcademic evaluation scale).
2. The resident must achieve **80%** of the goals under remaining "R" outcomes
3. Development of a manuscript of publishable quality from the major research project
4. Completion of longitudinal experiences
 - a. Critical Care
 - i. Medication Utilization Evaluation (MUE), *if available*
 - ii. Development/update a guideline or policy related to specialty residency
 - iii. Drug Monograph (or oversight of PGY1, *if available*)

Achievement for the residency (ACHR) for non-R1 goals is defined as achievement of a given goal in **a single learning experience** as evaluated by an individual preceptor (a "4" or "5" on the PharmAcademic evaluation scale).