



RUSH UNIVERSITY MEDICAL CENTER

Department of Pharmacy

Pediatric PGY2 Pharmacy Residency Program Manual (Abbreviated)

The Pediatric PGY2 Pharmacy Residency Program is a one-year residency established to provide specialty training for residents interested in pediatrics. The program offers multidisciplinary and comprehensive care.

Purpose Statement: PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) 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. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Goals: The goal of the Rush University Medical Center (RUMC) Pediatric PGY2 Pharmacy Residency Program is to provide the resident with a comprehensive and in-depth understanding of age-related pharmacotherapy in the pediatric population. The resident will be exposed to multiple pediatric populations within an interdisciplinary setting to allow them to become independent clinicians. The resident will be able to develop critical thinking and problem-solving skills within pediatric pharmacotherapy through active participation in required and elective patient care rotations and a multitude of other learning opportunities. In addition, the resident will learn how to appropriately review, prepare, and dispense pediatric medications in a safe and efficient manner. Upon completion of this program, the participant will be able to independently conduct practice based research and lead practice based quality initiatives.

The residency program is designed to comply with the published accreditation standards of the American Society of Health-Systems Pharmacists (ASHP). See the associated document entitled “Core Patient Assessment/Topic Competency Form – PGY2 Pediatric Pharmacy Residency” for details regarding specific patient cases/topics to be covered during the residents PGY2 pediatric residency year.

Structure of the PGY2 Residency Program: The residency will be 12 months in duration and consist of the following learning experiences.

Required Rotations	Elective Rotations <i>(limited to two offsite rotations)</i>
Orientation (4 weeks)	Pediatric Antimicrobial Stewardship (2-4 weeks)
Pediatric Intensive Care Unit I (4 weeks)	Pediatric Administration (2-4 weeks)
Pediatric Intensive Care Unit II (4 weeks)	Pediatric Medication Safety/Informatics (2-4 weeks)
Neonatal Intensive Care Unit I (4 weeks)	Pediatric Investigational Drug Service (2-4 weeks)
Neonatal Intensive Care Unit II (4 weeks)	Pediatric Parenteral Nutrition (2-4 weeks)
General Pediatrics I (4 weeks)	Pediatric Solid Organ Transplant (offsite 4 weeks)
Hematology/Oncology I (4 weeks)	Pediatric Ambulatory Care (onsite 2 weeks; offsite 4 weeks)
Pediatric Infectious Disease (4 weeks)	Advanced Required Rotation (2-4 weeks)
Pediatric Ambulatory Care (2 weeks)	
Pediatric Emergency Department (4 weeks)	

Longitudinal experiences:

- The resident will spend one afternoon per week in the Pediatric Epilepsy Ambulatory Clinic.
- The staffing component will occur every fourth weekend in the A05 Pediatric Pharmacy Satellite.
- The in-house on-call program will provide exposure to both the pediatric and adult population.
- The resident will choose a research project in July and work all year with one or two research advisors.

Required activities of the PGY2 residency program:

- One formal research project with manuscript of publishable quality
- Platform presentation of research project at the Pediatric Pharmacy Association (PPA) Annual Meeting
- Medication Utilization Evaluation (MUE) with presentation at MUE Committee & PNT Committee
- Two ACPE-accredited pharmacy grand rounds presentations (patient case, disease state/issue/controversy, and/or M&M presentation)
- Development or updating of a practice guideline or policy related to pediatrics
- Completion of one newsletter article (Pharmacy Department Newsletter or PICU Medication Safety Newsletter)
- Technology/automation project (i.e. Involvement in development of at least one new EPIC build/Alaris build)
- On-call program
- Staffing in the A05 Pharmacy Pediatric Satellite (every 4th weekend; 1 major & 1 minor holiday)
- Committee membership
- Involvement in a disease prevention/wellness promotion program (i.e. Rush Premie Picnic, Flu Clinic, Poison Prevention Week activity)
- Precepting IPPE, APPE and PGY1 pharmacy residents
- One didactic lecture experience (potential opportunities may include Pediatric Medical Resident Noon Conference, College of Pharmacy, Rush Student Topic Discussion, Doctorate of Nurse Practitioner Program)
- In-service/case presentations/journal clubs as required per rotational experiences
- PALS/ACLS certification
- Maintenance of residency notebook/binder

Optional activities of the PGY2 residency program:

- Teaching certificate program (if not completed during PGY1 program)
- Research certificate program
- Participation in Leadership Lecture Series
- Drug Monograph with presentation at the PNT Committee
- Poster presentation of MUE results or research at professional meeting poster session (i.e. ASHP Midyear Clinical Meeting, ACCP Virtual Poster Symposium, Rush Quality Fair, etc.)
- ACCP Pediatric PRN Journal Club (application required)
- Involvement in a national organization committee
- Volunteer activity (Rush departmental/hospital volunteer activities, etc.)
- Department wellness events

Committee Membership: The resident will be assigned to one of the following committees for the year (see list below). The resident will be expected to attend regularly scheduled meetings of the assigned committee and assist with preparation of materials for presentation at the meeting.

- Department of Pediatrics Safety/Quality Meeting
- PICU & General Pediatrics QA/Safety Meeting
- PICU Medication Safety Committee
- NICU Medication Administration Improvement Committee
- Antimicrobial Stewardship Subcommittee
- Chemotherapy Subcommittee

Department Meetings: The resident is expected to attend all department staff meetings, unless excused by the resident 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 pharmacy residents. Advance notice to the Pharmacy Department is expected by the resident of their grand rounds to ensure 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 <i>1p- PGR</i>	3 Rotation service	4 Rotation service	5 Rotation service <i>12p-PedGR</i>	6 Staffing
7 Staffing	8 Rotation service	9 Rotation service <i>1p- PGR</i>	10 Rotation service	11 Rotation service	12 Rotation service <i>12p-PedGR</i>	13 Off
14 Off	15 Rotation service	16 Rotation service On-call <i>1p- PGR</i>	17 Post-call	18 Rotation service	19 Rotation service <i>12p-PedGR</i>	20 Off
21 Off	22 Rotation service	23 Rotation service <i>1p- PGR</i>	24 Rotation service	25 Rotation service	26 Rotation service <i>12p-PedGR</i>	27 Off
28 On-call	29 Post-call	30 Rotation service <i>1p- PGR</i>				

- PedGR=Department of Pediatrics Grand Rounds; PGR=Pharmacy Grand Rounds
- *PNC = Peds Medical Resident Noon Conference (as time allows & topic appropriate): Mon-Fri 11:45a-1pm

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, and the Chief Resident. The goals of the RAC are to oversee 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 include:

- Maintain appropriate structure and organization of PGY1 and PGY2 residency programs
- Assist in the updating and/or development of changes to the programs
- Assist in the evaluation of candidate applications
- Provide guidance to PRD and the clinical specialists in planning of the residency rotation schedule
- Assist in establishing a minimum standard for individuals who wish to participate in the precepting of residents
- Assist with any other issues that the RPDs or RAC deems necessary

Salary: The resident will be paid approximately \$49,500 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 in-services on specific rotations to medical and nursing personnel. Participation in certain workshops or lectures may be an option for each resident at various

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 resident (if not completed during PGY1 residency training), 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 certification. The resident should carefully read through the teaching certificate responsibility before accepting a position in the program.

Residency End of Year 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.

Residency Notebook/Binder: All residents will be expected to keep an electronic residency binder of completed projects, lectures, presentations and written policies. The resident will periodically, at least quarterly, review the binder with the residency mentor and RPD.

Paid time off/Holidays/Interview Time/CE days: 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 take all 22 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.

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 is required at all times. Compliance to the department's dress code will be enforced. Scrubs may only be worn during on-call hours or as appropriate depending on rotational experience. 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: Consult the Rush Pharmacy Department Travel Policy, which outlines the process for requesting and obtaining travel approval. 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 toward continuing education programs (i.e. registration for local and national meetings may be submitted for reimbursement). Documentation of proof of attendance is required (i.e. CEU certification, copy event name tag, copy of workbook cover received on the day of the event). The form for reimbursement of these activities is available through Link online. *This should be signed by a manager and submitted (emailed) with the proof of attendance and proof of payment within 30 days of the event in order to receive reimbursement.*

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: Benefit information can be accessed at the following website:

<http://www.jobsatrush.com/benefits.htm>

Licensure: 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. If the resident does not have pharmacist license by the beginning of the residency, he/she must have a valid Illinois technician license. All registered pharmacists are required to have their current license by 90 days after the first day of the residency. If not obtained within 90 days, the resident will be terminated from the residency program. Key orientation activities will take place between July 3rd and July 7th; therefore, exams should not be scheduled during that time. A copy of the resident's pharmacy license should be provided to the Administrative Assistant to the Pharmacy Department.

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)

Staffing Requirements: The resident will be required to work two 8-hour staffing shifts every fourth weekend in addition to the on-call requirement. The resident will also be required to work two official hospital holidays: one major holiday (Thanksgiving Day, Christmas Day, New Year's Day) and one minor holiday (Labor Day, Fourth of July, Memorial Day). The assigned location for weekend/holiday staffing will be in the A05 Pediatric Pharmacy Satellite. The resident should be on-time to his/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 pediatric pharmacist. Trading of shifts must be approved by the Residency Program Director and the A05 Pediatric Pharmacy Satellite Manager.

On-Call Program: The in-house, overnight on-call program provides 24/7 clinical pharmacist coverage to the medical center. The resident will be expected to take overnight call in the medical center approximately one out of every 14 nights. The on-call program serves both the pediatric and adult population at Rush. Responsibilities during call include, but are not limited to: pharmacokinetic drug monitoring, response to drug information questions, emergency response, and approval of adult restricted antimicrobials. Expectations and an in-depth orientation for overnight call will be provided in July.

Overtime/Duty hours (Moonlighting): Residents are expected to commit their full professional attention to the residency. ***Working in other positions outside the Department are not permitted.*** Residents may consider picking up open shifts within the Rush Department of Pharmacy, if approved by the RPD first.

The limit of duty hours is consistent with ASHP accreditation and ACGME terms that went into effect in July of 2013. The hours at the hospital in the residency program is limited to 80 hours per week, averaged over a four week period. Residents must be provided one day in seven free, averaged over a four-week period. Adequate time for rest and personal activities must be provided. This should consist of a minimum of 8 hours, but ideally, a 10-hour time period provided between all daily duty periods. For programs with on call programs, there should be a minimum of 14 hours free following an on call shift. This is consistent with the recommendations provided in the [ASHP Duty-Hour Requirements for Pharmacy Residencies](#). The resident will document duty hours monthly utilizing a custom evaluation tool in PharmAcademic.

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.

The requirements for successful completion of the residency program have been updated in all documents to be the following:

1. Achievement of 100% of the R1 goals from the accreditation standard
2. Achievement of at least 80% of all R2-R4 goals from the accreditation standard
3. Fulfillment of pharmacy practice service weekend and holiday coverage
4. Successful completion of the primary research project
 - a. The research project must be presented in a final written form, manuscript format, to the residency RPD and the residency research advisor (if different) AND be acknowledged as successful, prior to receiving the residency certificate
5. Successful completion of a medication use evaluation or quality project
 - a. This project must be presented in a final written form and to an interdisciplinary committee AND be acknowledged as successful by the RPD
6. Successful completion of all required presentations
 - a. Grand rounds I
 - b. Grand rounds II
 - c. Presentation of research project outside of Rush (e.g., ILPRC, GLPRC, local or national specialty meeting)
7. 100% completion of PharmAcademic evaluations with at least 90% completed within 7 days of the due date
8. Other requirements specific to the PGY2 Pediatric Residency include:
 - a. Successful completion of one didactic lecture
 - b. Successful completion of one technology/automation project
 - c. Development or updating of a practice guideline or policy
 - d. Successful completion of one newsletter article

Achievement for the residency (ACHR) for 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).