RUSH UNIVERSITY MEDICAL CENTER

DEPARTMENT OF PHARMACY
PGYI Residency Program Manual (Abbreviated)
2020-2021

PURPOSE STATEMENT

Pharmacists completing the PGY1 traditional and nontraditional residency programs at Rush will build on pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PHILOSOPHY AND GOALS

Philosophy

The PGY1 traditional and nontraditional residency programs provide in-depth professional, patient directed training and experience at the post-graduate level. They offer the resident the opportunity and stimulus to develop, to the highest degree attainable, his/her professional expertise as a clinical practitioner, emphasizing skills required to optimally deliver pharmaceutical care. In addition, the resident will be exposed to the management of a pharmacy department and gain insight into the responsibility one has toward accepting leadership and making a contribution back to the profession of pharmacy.

A basic tenet of our philosophy of training is that while being experientially based and focused, our residency programs do not exist exclusively to provide service to the department or hospital per se. All service components of the department's program can function in the absence of residents' participation. Residents are critical to our department's vitality and professional development.

Goals

The residents are expected to contribute substantially to the achievement of the department's mission through active and innovative participation in assigned projects which also meet residency training objectives. We do not believe that these are mutually exclusive.

An overarching goal of the residency training programs are the development of a personal philosophy of practice which will facilitate the provision of pharmaceutical care in their respective careers. This is guided by critical thought and patient advocacy in all aspects of drug therapy.

The residency programs are designed to comply with the officially published accreditation standards of the American Society of Health-System Pharmacists (ASHP) (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residency-accreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB). Efforts to provide the specific training and guidance that is optimal for a particular resident are extended whenever appropriate, feasible and mutually agreed upon by the resident, Residency Program Director (RPD) and Pharmacy Director. A demonstrable desire to learn, a sincere career

commitment to pharmacy practice, and a dedication to fully meeting all objectives and requirements of the program and the department are basic expectations of all residents.

Residents are expected to actively and directly participate in a balanced array of clinical and practice management activities during required assignments. This participation will take the form of weekend/holiday presence and/or projects directly related to the provision of patient care services and/or participation in Department of Pharmacy programs.

Preceptors are responsible for assuring that this participation provides the resident with a high degree of project and/or patient specific case management involvement. Projects are assigned or selected with the dual purpose of benefit to patients and learning/experiential value to the resident. Appropriate guidance and instruction is provided by the preceptor while the resident is participating in such activities, as well as during learning experiences such as lectures, conferences, in-services and seminars. Other relevant activities include departmental evaluation, planning, and clinical service implementation efforts, and interdepartmental activities.

STRUCTURE OF THE PGY1 RESIDENCY PROGRAMS

Required rotations:

1. Orientation
2. Adult internal medicine (4 weeks)
3. Adult intensive care (4 weeks)
4. Adult infectious disease (4 weeks)
5. Practice management (4 weeks)
6. Pediatrics (4 weeks)
7. Formulary Management (4 weeks)
8. Immunology, either hematology/oncology or solid organ transplant (4 weeks)
9. Practice Obligation (12 or 24 month longitudinal)
10. On-call/Rapid Response (12 or 24 month longitudinal)
11. Research project (12 or 24 month longitudinal)
12. Elective rotations (16 weeks)
13. Grand Rounds presentations (12 or 24 month longitudinal)

Other required activities of the PGY1 residency program

1. Technician CE program given once by each PGY1
2. Completion of one medication utilization evaluation (MUE)
3. Development and/or updating of a policy or guideline utilizing best practices

Elective Rotations (16 weeks)
(At least one elective rotation must be in patient care clinical settings to meet the ASHP requirement of over 50% of the program spent in patient-centered medication management experiences)

1. Ambulatory care
2. Hematology/oncology (this or solid organ transplant is required)

3. Solid organ transplant (this or hematology/oncology is required)
4. Emergency medicine
5. Informatics
6. Neurology
7. Bone marrow transplant
8. Cardiology
9. Cardiac ICU
10. Heart Faliure
11. Anticoagulation Clinic
12. Specialty Pharmacy
13. Medicine II
14. Critical Care II

The nontraditional PGY1 residency program (2 positions) contains these same components in the residency, but is extended over 2 years. Rotations are scheduled in 3 month blocks alternating with 3 months of staffing, scheduled on the overnight shift. The nontraditional residents rotate back and forth with one resident on rotations and one resident staffing concurrently. This pattern continues for the duration of the 2 year residency program.

CHIEF RESIDENT

The Pharmacy Chief Resident serves as a liaison between the residents and other members of the Department of Pharmacy, including residency program directors and management. The Chief Resident is also expected to be a role model for other residents, first and second year. In addition to the duties and responsibilities outlined in the job description, the Chief Resident will participate in other departmental activities as requested by the Director, or PGY1 and PGY2 Residency Programs Directors (RPDs).

Residents interested in the Chief Resident position will apply with a written letter of intent after the start of the residency year. The selection shall be made by the Residency Advisory Committee (RAC) and will be based upon the following criteria

1. Communication style and ability to articulate professionally
2. Ability to problem solve and deal with conflict
3. Leadership qualities
4. Time management skills
5. Ability to work well and get along with others

COMMITTEE ASSIGNMENTS

Each resident will be expected to participate in a committee for the year. These committees are:

- Pharmacy, Nutrition and Therapeutics (PNT)
- Chemotherapy subcommittee of PNT
- Medication Utilization Evaluation subcommittee of PNT
- Antibiotic stewardship subcommittee of PNT
- Anticoagulation subcommittee of PNT
- Resident Revitalization Committee
- Stroke Committee
- Pharmacy-Nursing Committee

EVALUATION

Structured evaluations using PharmAcademic are 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.

Evaluations are of several types:

1. Informal, verbal communications between residents and preceptors should occur on a frequent basis. Documentation of these communications is not expected. These communications are important for early detection and resolution of problems and for identification (and mutual acceptance) of problems which **cannot** be resolved.

2. Written feedback on handouts, documents, powerpoint presentations, etc. These should be kept in an electronic residency notebook, within PharmAcademic. These are important for you to reflect upon throughout the year and will be needed for ASHP accreditation survey purposes.

3. Mid-rotation evaluations are optional, but encouraged, at least in a limited way (i.e. snapshot) through PharmAcademic. These can be scheduled spontaneously anytime throughout the year by a preceptor to document the evaluation of a particular skill or issue.

4. Evaluations are required at the end of each rotation (summative), as well as preceptor evaluations, again through PharmAcademic. Residents will also do a self-evaluation after some rotations. These online evaluations form the basis of a private evaluation session held with the resident and preceptor (and, if necessary, the RPD) to formally review the resident's performance and the rotation's effectiveness. It is imperative that these evaluations are completed on the last day of each rotation or within the following week. *It is the responsibility of both the preceptor and the residents to accomplish this.* For rotations of two weeks duration or shorter, a mid-rotation evaluation is not necessary. All evaluations through PharmAcademic are maintained by the RPD for ongoing review and appropriate feed-back and counseling to both residents and preceptors.

5. Longitudinal rotations (staffing, project) will have an evaluation scheduled quarterly.

6. Quarterly evaluations will be performed with the RPD, each resident and his/her mentor throughout the year. The RPD will review the rotation evaluations of each resident, as well as other information pertaining to ongoing responsibilities such as resident's research project, quality assurance/improvement projects, weekend responsibilities, etc. Each resident will fill out a self-evaluation quarterly, too. The RPD will meet with the resident and his/her mentor, to discuss the resident's progress each quarter and determine whether he/she is meeting goals for the year.

ILLINOIS PHARMACY RESIDENCY CONFERENCE (ILPRC)

Each PGY1 resident is required to attend and present their major project at the Illinois Pharmacy Residency Conference (ILPRC) as a requirement of the PGY1 residency program. The ILPRC is held each spring at a different location in Illinois. **Registration and abstract submission is due February 1st.** Presentation powerpoint files will be due approximately 6 weeks prior the conference. The resident will present their research to the department, in practice for the ILPRC, as a required presentation, several weeks prior to the conference.

LICENSES

All residents are required to have their current Illinois 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. This information must be kept current for accreditation purposes. 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 after graduation. Please see departmental policy on licensure, which includes expectation for obtaining license. If reciprocation or score transfer is necessary, the procedure should be initiated as soon as possible after graduation from pharmacy school and/or residency match.

LONGITUDINAL LEARNING EXPERIENCES

There are a few longitudinal experiences each resident will be engaged in. They are the research project, on call, Grand Rounds presentations and the practice obligation (staffing).

The resident will choose a research project in July and work all year with one or two research advisors. The staffing component will occur every fourth weekend in the central pharmacy or in a decentralized role on an adult medical/surgical unit, in addition to a four hour shift one weeknight evening every other week (nontraditional residents are excluded from evening staffing every other week). Grand Rounds will be evaluated as a longitudinal learning experience for presentations. The on call program will be evaluated separately from the staffing component to focus on items such as handling drug specific problems, codes, strokes codes, drug information questions and hand-off communication.

MENTOR

Each resident will choose a mentor from the Department of Pharmacy. This mentor may be a pharmacist with a practice area the resident is interested in, a pharmacist who the resident is doing research with, or simply someone whom the resident feels comfortable with. The resident-mentor relationship is relatively informal, requiring no set meetings. However, the resident's mentor will sit in with the resident and the RPD for each of the resident's quarterly evaluations.

ON CALL PROGRAM/CODE AND RAPID RESPONSE TEAM

Residents, both 1st and 2nd year, will participate in an in-house on call program. This will include being in the hospital for 24 hours followed by a day off before returning to the hospital the following day.

There will be a suitable training session set up at the beginning of the year. The schedule for being on call will be decided amongst the residents. The on call program must be maintained

365 days/year. Consequently, the on call program around ASHP Midyear and the Illinois Residency conference will need to be managed separately in order to optimize the days the resident attends the respective meeting, while also meeting the on call obligation to patient care and the hospital.

OVERTIME/DUTY HOURS

For the duration of the residency, residents are expected to commit their full professional attention to the residency. ***Working in other positions outside the Department is not permitted.***

If there are open shifts within the Rush Dept of Pharmacy, a resident may consider working these, but it must be approved by the RPD first. Residents are not eligible for overtime salaries or wages when they choose to work an extra shift. Pay will be given at a pharmacist supplemental rate.

Each resident is expected to work a MINIMUM OF 40 hours per week as per a schedule established by the RPD or the rotation preceptor.

Duty hours are defined as: *"….all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented structured process. Duty hours do NOT include: reading, studying and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor."* (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635)

The limit of duty hours is consistent with ASHP accreditation terms that went into effect in July of 2013, in that 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, a10 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. Our current staffing and on call schedule meet these expectations. In addition, there is a two hour duty free period built into each on call shift to allow each resident on call to rest.

A process will be available for the resident to document duty hours monthly in order to assure compliance with this requirement.

PHARMACY GRAND ROUNDS

Pharmacy Grand Rounds are held weekly. The resident presenting will rotate through all of the 15 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 document evaluations of Grand Rounds.

PRACTICE OBLIGATION (STAFFING)/ON CALL

Each resident is required to work two 8-hour shifts every fourth weekend, one 4 hour shift one weekday evening every other week and be on call in rotation with all the residents (nontraditional residents are exempt from working evening staffing every other week). The assigned location for weekend staffing will be either in an adult or pediatric environment, depending on where the resident is trained. The PGY1 resident will work mostly in a distributive position early in the year, then progress to a decentralized role in the second half of the year.

Residents should be at their work site on the weekends at the scheduled time. Tardiness will not be permitted. Humanity® is a computer software program that is used to see schedules and to request time off or to trade shifts with another resident or pharmacist. Access and orientation to this software program will occur in July.

If a resident desires a particular weekend off, he/she must notify the pharmacy manager at least six weeks in advance. Alternatively, the resident may trade with another resident or pharmacist, in order to get a particular day off, as long as the resident will be working in an environment that he/she has been trained in. Any trading of shifts must be with the approval of a manager. If a resident desires a prolonged vacation (such as a full week off), this request should also be made as far in advance as possible, so the preceptor for that rotation is made aware.

The on call program will be utilized to provide clinical coverage overnight in addition to the night pharmacists. There will be set expectations communicated to the resident and an on call room provided for the overnight on call responsibility.

PRESENTATIONS

Each PGY1 resident will complete at a minimum the following during the course of the year in Pharmacy Grand Rounds:

- □ 1 patient case
- □ 1 journal club, topic discussion, or morbidity and mortality presentation

Other presentations during the course of the year include:

- □ A formal presentation of research project in preparation for Illinois Pharmacy Residency Conference (ILPRC)
- □ Technician CE presentation
- □ Additional presentations may be required within specific rotations, but may not be expected to be presented in front of the department as the aforementioned presentations area
- □ Additional lectures may be available within the Rush University College of Nursing, Medicine, and/or at the various nearby schools of pharmacy

All patient cases, journal clubs, morbidity and mortality, and disease state/issue presentations will include a thorough review of the appropriate literature and slides. Presentations should last at least 30-40 minutes long, with the exception of the presentation for ILPRC, which is required to be between 18-22 minutes in length.

During the month of July and early August, a clinical specialist and/or PGY2 resident will provide a presentation of the quality expected for a PGY1 resident. This will provide an opportunity for someone with more presentation experience to model a presentation for new PGY1 residents.

RESEARCH PROJECT

DATES TO ADHERE TO FOR RESIDENCY PROJECT (these may change subject to the Rush research committee)

July 31st	Select residency project
Mid-August	IRB training
August 31st	Completion of first draft of residency project proposal with subsequent presentation to preceptors for feedback
September 30th	Submission of project to IRB Deadline for submitting poster abstracts for ASHP MCM and/or for Dec Vizient mtg
October-November	While awaiting IRB approval, continue research project and organizing data collection tool and spreadsheet
November 30th	Data collection for project initiated Completion of poster for Vizient and/or ASHP midyear meeting
December	Work on research project
January 31st	Abstract submitted to ILPRC
February-March	Continue research and data collection for project. Start statistics. Complete IPRC Presentation with research project results submitted online
April 1st (approx.)	Submission of PowerPoint file to ILPRC website
April 30th (approx.)	Utilize feedback from ILPRC to modify research project and work on manuscript
June 1st	Draft of residency project manuscript to research advisor(s)
June 15th	Completion of project manuscript to the satisfaction of RPD and project advisor in order to receive residency certificate

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

RESIDENCY END OF THE YEAR REPORT

At the end of the year, the resident will provide a summary report of all projects completed. The intent of this report is to be able to express the cost-effectiveness of having a resident as opposed to having a full time pharmacist in the same position. The RPD can provide examples of this report.

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)

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*, primary preceptor or 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. The remedy or disciplinary actions will be decided solely by the involved residency advisor, primary preceptor or RPD. This verbal counseling will also be documented in their personnel file by the involved residency advisor, primary preceptor or RPD. The residency advisor and Pharmacy Director must be informed of the action if they are not directly involved. It is not necessary to inform the Clinical Specialists group at this stage.

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 against the resident (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 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 Pharmacy Director. The Clinical Specialists will first review the recommendation. If they agree with the recommendation, it will forward the recommendation to the RPD and Pharmacy Director. No action of dismissal will be taken against the resident until the final approval of these two individuals.

4. If the RPD feels that the action recommended by the residency advisor/RPD and approved by the Clinical Specialists is appropriate, then the disciplinary action of dismissal will be taken by the Pharmacy Director and RPD.

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

SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM

The PGY1 resident must complete the following activities in a manner that is acceptable to the RPD and any pertinent residency preceptors, prior to receiving the certificate reflecting the successful completion of the residency program. For the traditional resident, this will take place over one year. For the nontraditional resident, this will take place over two years.

All ASHP PGY1 goals and objectives that are indicated as "R" are required to be evaluated at some point during the residency program. However, there are some goals that Rush has identified as being required for successful completion of the residency.

1. The following goals and objectives from the accreditation standard must be achieved by the Rush resident. Achievement is defined as the consensus of the Clinical Specialists that the resident has successfully met these goals and objectives)

Outcome R1: Patient Care	
R1.1	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high risk medication regimens and multiple medications following a consistent patient care process.
R1.3	Prepare, dispense and manage medications to support safe and effective drug therapy for patients.
Outcome R2: Advancing Practice and Improving Patient Care	
R2.2	Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
Outcome R3: Leadership and Management	
R3.1	Demonstrate leadership skills.
Outcome R4: Teaching Education and Dissemination of Knowledge	
R4.1	Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups). .

2. Successful completion of the residency 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
3. Complete assignments from of all longitudinal experiences
    a. MUE
    b. Policy or guideline
4. Successful completion of all required presentations, including presentation at ILPRC
5. Provision of one CE program to the pharmacy technicians
6. End of year summary of resident activities.

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 the 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. More independent student precepting to meet the obligation of the teaching certificate can occur, usually in the latter half of the residency program.

TRAVEL (AND REIMBURSEMENT FOR)

Out-of-town travel on behalf of the institution or by assignment must be requested in advance and signed off by the manager, whether or not any reimbursement for the travel is requested. This travel authorization must be submitted well in advance of any trip. For the Midyear meeting and the ILPRC, funding is provided to help offset the expense of travel, room and registration, but may not fully cover all expenses. Reimbursement requests must be accompanied by appropriate receipts.

Reimbursement available for travel/lodging is $1000 for the year. Registration costs are covered by RUMC's LEAP program and reimbursement forms must be submitted within at least 30 days of attending the CE program (forms online).

VACATION (PTO) and CE days

Each resident is entitled to approximately 22 days of vacation during the residency year. This is dependent on the day of hire and accrues at a rate throughout the year with each pay period.

PTO cannot be taken until the resident has accrued the time through working. PTO can be scheduled pending approval from the RPD, supervisor where the resident is scheduled to work, and the preceptor whose rotation the vacation impacts. ***It is imperative that the resident request time off well in advance of schedule preparation by the managers.***

PGY1 residents are allotted 5 days for continuing education programming during their residency year. This can all be taken at the midyear, or divided up, some at the midyear and some for the ILPRC. If a resident runs out of CE days, then PTO will need to be used if a mandatory meeting is scheduled.

Updated 10/2020 for residency website