

Department of Pharmacy

Pediatric PGY2 Pharmacy Residency Program Manual

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 RUMC pediatric pharmacy residency program is to provide the resident with a comprehensive and in-depth understanding of age-related pharmacotherapy in the pediatric population. Residents will be exposed to multiple pediatric populations within an interdisciplinary setting to allow them to become independent clinicians. Residents 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)	Repeat of any required rotation (2-4 weeks)
General Pediatrics (4 weeks)	Pediatric antimicrobial stewardship (2-4 weeks)
Pediatric Hematology/Oncology (4 weeks)	Pediatric administration (2-4 weeks)
Pediatric Intensive Care Unit I (4 weeks)	Pediatric medication safety / informatics (4 weeks)
Pediatric Intensive Care Unit II (4 weeks)	Investigational drug service (2 weeks)
Neonatal Intensive Care Unit I (4 weeks)	Ambulatory care (Offsite; 4 weeks)
Neonatal Intensive Care Unit II (4 weeks)	Parenteral Nutrition (Offsite; 4 weeks)
Pediatric Infectious Disease (4 weeks)	Pediatric transplant (Offsite; 4 weeks)
Pediatric Emergency Department (2-4 weeks)	Pediatric bone marrow transplant (Offsite; 4 weeks)

Longitudinal experiences:

- Each resident will perform one medication utilization evaluation (MUE) during their residency year. MUE topics will be assigned in July. Residents will be assigned a preceptor with expertise in the drug being evaluated. A timeline for completion and presentation will be determined at the beginning of the residency year. Results of the MUE will be presented at the MUE Committee and Pharmacy & Therapeutics (P&T) Committee.
- 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 A05 pediatric pharmacy satellite. In addition, the on-call program will provide exposure to both the pediatric and adult population.
- The resident will spend one afternoon per week in the Pediatric Epilepsy Clinic.

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 Advocacy Group (PPAG) Annual Meeting
- Medication Utilization Evaluation (MUE) with presentation at MUE Committee & P&T Committee
- Two ACPE-accredited grand rounds presentations (patient case, disease state/clinical controversy, and/or M&M presentation)
- Drug Monograph with presentation at the P&T Committee
- 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)
- Involvement in development of at least one new EPIC build/Alaris build
- On-call program
- Staffing in the A05 Pharmacy Pediatric Satellite (weekends & holidays)
- Committee membership
- Precepting IPPE, APPE and PGY1 pharmacy residents
- Didactic lecture experience (potential opportunities may include Pediatric Medical Resident Noon Conference, College of Pharmacy, Doctorate of Nurse Practitioner Program)
- In-service/Case presentations/journal clubs as required per rotational experiences
- PALS/ACLS certification
- Maintenance of residency binder

Optional activities of the PGY2 residency program:

- Teaching certificate program (if not completed during PGY1 program)
- Poster presentation of MUE results or research at ASHP Midyear Clinical Meeting
- ACCP Pediatric PRN Journal Club (application required)
- Involvement in a national organizational committee
- Volunteer activity (Rush Premie Picnic, Rush departmental/hospital volunteer activities, March of Dimes, etc.)

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.

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.

Committee Membership: The resident will be assigned to one or more 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 Mediation 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.

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.

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. pharmacology course, pediatric grand rounds, pediatric medical resident noon report). 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 binder: All residents will be expected to keep a residency binder of completed projects, lectures, presentations and written policies. The resident will periodically, at least quarterly, review the binder with the RPD. Any of the following, which has received written critique, should accompany each document as well.

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.

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

Evaluation: Structured evaluations using PharmAcademic are conducted throughout the residency program to provide feedback resident's performance. Orientation to PharmAcademic will be conducted during July of the residency year. Informal feedback will be provided throughout the year

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. Two lab coats will be ordered for the resident in July.

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 or unable to return pages in a timely fashion. This process will be reviewed during orientation.

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.

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). All employees are allowed \$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). Reimbursement forms are located online and need to be signed by a manager and submitted with the proof of attendance and proof of payment within 30 days of the event. Compensation will be provided after the meeting occurred.

Health insurance: Benefit information can be accessed at the following website:
<http://www.jobsatrush.com/benefits.htm>

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.

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, 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.

- Absence due to minor illness is considered part of PTO. The resident is expected to communicate absence to RPD and preceptor whom they are working with. Weekend sick calls should be communicated to RPD and central pharmacy.
- The resident will be allotted 5 days for CE/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.
- Residents will utilize PTO for interviewing after the first of the year. Residents are expected to make preceptors aware of all dates that they will be off and to arrange for absence well ahead of time with preceptors and the RPD.
- 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.

Overtime/Duty hours: 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.

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 60 days after the first day of the residency. If not obtained within 60 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)

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 Pediatrics 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):

- *Competency Area #1: Patient Care:*
 - Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to pediatric patients following a consistent patient care process.
- *Competency Area #2: Advancing Practice and Improving patient care*
 - Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.
- *Competency Area #3: Leadership & Management*
 - Goal R3.2: Demonstrate management skills in the provision of care for pediatric patients.
- *Competency Area #4: Competency Area R4: Teaching, Education, and Dissemination of Knowledge*
 - Goal R4.1: Provide effective medication and practice-related education to pediatric patients, caregivers, health care professionals, students, and the public (individuals and groups).
- *Competency Area #5: Management of Medical Emergencies*
 - Goal R5.1: Demonstrate understanding of the management of pediatric medical emergencies.

2. Successful completion of the Rush Core Patient & Topic Assessment Form - PGY2 Pediatric Pharmacy Residency

3. Research project completed and manuscript of publishable quality submitted to RPD

4. Completion of all longitudinal experiences