



DEPARTMENT OF PHARMACY

PGY2 Oncology Residency Program (Abbreviated) 2018-2019

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 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 (when board certification for the practice area exists).

Residency Goal Statements and Educational Objectives

The residency program is designed to comply with the officially published accreditation standards of the American Society of Health-System Pharmacists (ASHP). 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 Corporate 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.

The goals of the RUMC PGY2 Oncology Residency Program are listed below. Many of the goals will be met during multiple different learning opportunities throughout the year. However, for each goal, a specific site or preceptor has been identified as providing the opportunity to meet that goal. The goals will be achieved through required rotations, research, seminars, a writing project, and self-learning and discussions with other practitioners. Some objectives will be evaluated by preceptors while others will be self-evaluated by the residents.

Residents are expected to actively and directly participate in a balanced array of clinical and practice management activities during required assignments. This participation may 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.

STRUCTURE OF THE PGY2 RESIDENCY PROGRAM

12 month duration with the following required rotations:

1. Adult Hematology/Oncology (4 weeks)
2. Pediatric Hematology/Oncology (2-4 weeks)
3. Stem Cell Transplant (4 weeks)
4. Outpatient Infusion Pharmacy/Investigational Drug Service (4 weeks)
5. Outpatient Hematology/Oncology Clinics (6 weeks)
6. Management/Leadership (12 month longitudinal)

7. Practice Obligation (12 month longitudinal)

Other required activities of the PGY2 residency program

1. Responsible for participating in Chemotherapy Subcommittee
2. Research project
3. Drug utilization evaluation
4. Presentations as outlined in separate presentation expectation document
5. Development and/or updating of a policy or guideline (part of the Management/Leadership)
6. Participation in an event to raise awareness of a specific health issue (i.e. American Heart Association walk or Breast Cancer walk)

Elective Rotation

(At least one elective rotation must be in patient care clinical settings to meet the goal of over 50% of the year spent in patient-centered medication management experiences)

1. Infectious Diseases
2. Oncology Informatics
3. Gynecology/Oncology
4. Pain and Palliative Care
5. Hematology Consults
6. Medical Oncology
7. Repeat any of the required rotations

ATTIRE

Two labcoats will be ordered for you. Delivery takes approximately 3-4 weeks. You will be notified when they are ready at the laundry. The coats are your responsibility.

HEALTH INSURANCE

Refer to orientation materials obtained during hospital orientation, or from the Human Resources location on the Rush Intranet.

HEMATOLOGY/ONCOLOGY PHARMACY ASSOCIATION CONFERENCE (HOPA)

Each hematology/oncology resident is required to attend and present their major project. HOPA rotates locations and is typically held in March annually. **Abstract submission is due December 15th.** The resident will review their research poster, with the RPD and any other pertinent individuals several weeks prior to the conference. Consideration should be given to arranging for lodging at HOPA in the fall of the residency year for the following spring. See the website, www.hoparx.org, for more details. The resident is highly encouraged to apply for the travel grant to present his/her abstract at HOPA.

INTERVIEWING

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.

IRB

Please see file folder on the shared K drive labeled “residency research project resource guide” within the Resident s folder: K/Residents/IRB documents

LEAP

LEAP stands for Linking Education and Performance. All employees are allowed \$1000 annually to be used toward continuing education programs. In order to receive compensation, proof of attendance is required (i.e. CEU certification, copy event name tag, copy of workbook cover received on the day of the event). Not acceptable is a computer printout of materials or registration confirmation. The form for reimbursement of these activities is kept on the K drive (K/Residents/LEAP form), but is also available from the RPD. This should be signed by a manager and submitted with the proof of attendance and proof of payment within 30 days of the event.

LICENSES (see pharmacy policy ADM1)

All registered pharmacists are required to have their current license posted in the Pharmacy Department. If the resident does not have pharmacist license in the state of Illinois by August 1st, he/she must have a valid Illinois technician license. This information must be kept current for accreditation purposes. Please turn in the large copy, not the wallet-sized license, to Sara Wilke, Pharm.D. All residents are expected to be licensed as a pharmacist in Illinois. Please see departmental policy on licensure, which includes expectation for obtaining license within 90 days of starting PGY2 Oncology residency. 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 resident fails to receive proper licensure or documentation that the licensure is forthcoming by August 1st, he/she must notify the Residency Program Director and the Director of Pharmacy. Direct supervision by a licensed pharmacist will be required during all staffing and clinical rounding activities until proper licensure is obtained. Additional time will be added to the end of the PGY2 Oncology residency if licensure is not obtained by August 1st (i.e. ending in July versus June).

Resident may retake the exam 1 more time and pass to continue to be in the residency. Resident is expected to be licensed for 2/3 of the residency year. If the resident is unable to obtain licensure in Illinois within 90 days, by November 1st, the resident will be terminated from the residency program.

COMMITTEE ASSIGNMENTS

The oncology resident will be assigned to the Chemotherapy P&T subcommittee to become a member for the duration of the residency year.

In addition to Rush committee assignments, residents are encouraged to become involved in a committee within either the University HealthSystem Consortium (UHC) or HOPA. Processes for application for membership to either committee will be reviewed by the RPD during the first few weeks of the residency.

EARLY COMMITMENT

Refer to the RUMC Department of Pharmacy Policy and Procedure on Early Commitment for PGY1 Residents to a PGY2 Residency.

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.

LONGITUDINAL LEARNING EXPERIENCES

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

Each resident will perform one drug utilization evaluation (DUE) project over the course of two months. The residents and what month their DUE is assigned will be known in July. Whenever possible, the subject of the DUE will be assigned well in advance. This project will be directed and completed in conjunction with a pharmacist who has an expertise in the drug being evaluated. There may be additional DUE's completed through the year, depending on different rotation requirements.

The two 12 month learning experiences are the research project and practice obligation (on-call, 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 an adult medical/surgical or pediatric pharmacy satellite. In addition, the on call program will be evaluated within the staffing component.

MEETINGS

Whenever there are departmental staff meetings, the resident is expected to attend unless there are extreme circumstances that would prevent one from doing so. The resident should attend daily Huddle at 2:30pm at T08 Pharmacy Satellite or CFA.

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 are 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 on a satellite or in CFA. Pay will be given at straight time at a pharmacist rate.

The limit of duty hours is consistent with ASHP accreditation and ACGME terms that go into effect in July of 2013, in 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.

ON CALL PROGRAM

See practice obligation and policy for the on call program

PRACTICE OBLIGATION (STAFFING)/ON CALL

Each PGY2 resident is required to work two 8-hour shifts every fourth weekend and be on call every 14th night, in rotation with the other 13 residents. The assigned location for weekend staffing will cover the

acute care units and distribution with preference placed on covering the hematology/oncology/SCT patients when feasible. The resident will work in a combined distributive and clinical position. There are times during the year when the resident weekend schedule may be altered. This will occur in association with weekends that all residents are obligated to be out of town. For example, the weekend following the ASHP midyear will be taken out of the weekend rotation since all residents will be away.

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 oncall responsibility. Further details on the oncall program will be discussed separately.

PRESENTATIONS

Each PGY2 resident will complete at a minimum of the following during the course of the year:

- 1 patient case
- A presentation focusing on a disease state/issue. This presentation should be prepared with the intent of providing CE to the department
- Additional presentations may be required in specific rotations, but may not be expected to be presented in front of the department as the aforementioned presentations area

All patient cases, journal clubs and disease state/issue presentations will include a thorough review of the appropriate literature and slides. A handout that is not a copy of the slides should be prepared at least once during the residency year to give a resident the opportunity for the development of a concise and organized handout. Presentations should last 40 minutes long.

Presentations for non-pharmacy department audiences, such as Heme/onc fellow grand rounds, may be substituted for one of the above listed presentations with the approval of the RPD.

PROFESSIONAL ORGANIZATION MEMBERSHIP

Each resident is required to be a participating member of ASHP and HOPA. Attendance at the meetings/conferences during the residency year is encouraged.

RESEARCH PROJECT

Each resident is expected to complete a major project, producing a paper of publishable quality. The residents are urged to submit the paper for publication in an appropriate journal.

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
 - Must obtain pharmacy licensure within 90 days of starting PGY2 Oncology residency
- fails to perform at a level consistent with residency expectations; lack of consistent 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 Corporate 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 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. 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 Corporate 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.*

SALARY

Each resident will be paid \$ 47,300 annually (check issued every other Friday for direct deposit). Paychecks are now all paperless, with a direct deposit process set up for you when you go through orientation with Human Resources.

SICK LEAVE/LEAVE OF ABSENCE

Absence due to minor illness is considered part of paid time off (PTO). Residents are expected to call the RPD and any preceptor or supervisors to whom they are assigned. If the resident calls in sick for a weekend, he/she needs to contact the central pharmacy (2-3655) *as soon as possible* to allow time to arrange for someone else to cover the satellite.

Day Shift:	Call at least 2 (two) hours before scheduled starting time.
P.M. Shift (after 9am):	Call at least three hours before scheduled starting time.
Rotations:	Call (page) rotation preceptor and RPD

Residents are considered full time salaried employees in the Department of Pharmacy. They have access to leave of absence rights as any other employee, with some alterations due to the limited time of the residency program.

The Medical Center fully complies with all federal and state laws relating to employee leaves of absences and employees with questions should consult Employee Relations at 2-5916.

The types of leave available at Rush are as follows:

- FMLA (Family/Medical Leave), such as birth, adoption of a child, or an employee's serious medical condition, or a serious medical condition of a employee's spouse, parent or child.
- Personal leave, such as for educational reasons, compelling personal circumstances, or non-FMLA qualifying medical leave
- Military leave for active or reserve duty
- Humanitarian leave to work in organizations such as the peace corp
- Victims' Economic Security and Safety Act, which addresses a leave for an employee who is a victim of domestic violence

Details of the aforementioned types of leaves can be obtained by reviewing the Human Resources Policy, at Rush or by contacting Human Resources at 2-5916.

While participants in the Rush residency program have access to these benefits, the time off requested would have to be weighed very carefully in relation to the one year duration of the residency program. Extension of the residency program past the anticipated end date of June 30 of the year following the start of the residency could be accommodated, but only up to 2 months time. If a leave were necessary to extend the residency training program past August of the following year, careful consideration would have to be made to whether the resident should step out of the residency program and reapply when the reason for the leave of absence is resolved.

SUCCESSFUL COMPLETION OF THE RESIDENCY PROGRAM

The PGY2 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.

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

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 we have 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 IPE course with the residents.

There will be more options for further teaching available at the Midwestern University College of Pharmacy, Rosalind Franklin University of Medicine and Science, Rush University and possibly the Rush

College of Nursing and Rush Medical School. 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 at Chicago. Details will be provided in a separate document.

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 appropriate VP, whether or not any reimbursement for the travel is requested. This travel authorization form must be submitted well in advance of any trip (can be found on the K drive, in the travel folder). The amount of reimbursement may not exceed the amount authorized on the “before trip” travel approval forms. For the Midyear meeting and HOPA funding is provided to help offset the expense of travel, room and registration. Reimbursement requests must be accompanied by appropriate receipts.

Amount of reimbursement varies from year to year, and will be addressed by the RPD or Corporate Director prior to the scheduled activity. Reasonable expense for travel and lodging only will be covered. Registration costs are covered by RUMC’s LEAP program and reimbursement forms must be submitted within 30 days of attending the CE program (forms online on LINK website).

VACATION

Each resident is entitled to 22 working days of vacation. This can be scheduled anytime pending approval from the RPD 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 (2 weeks minimum).***