



Department of Pharmacy
PGY2 Health-System Pharmacy Administration and Leadership
Residency Program Manual (Abbreviated)
2021-2022

The Health-System Pharmacy Administration and Leadership (HSPAL) PGY2 Residency Program is a one-year residency established to provide specialty training for residents interested in pharmacy and hospital administration. The PGY2 program at Rush has one PGY2 HSPAL resident and additional PGY2 residents in critical care, emergency medicine, hematology/oncology, internal medicine, pediatrics 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 pharmacy leaders who excel as both clinicians and leaders in an academic medical setting. This overarching goal will be completed through exposure to a variety of opportunities where the resident will serve as a leader by participating in various administrative projects and rotations. The resident will have vast opportunities to develop skills in project management and department leadership through both hospital and system-wide pharmacy projects. 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).

Residency Structure

Required rotations: <ul style="list-style-type: none">• Orientation – 4 weeks• Clinical Operations/Formulary Management• Inpatient Pharmacy Operations• Medication Safety• Practice Management• Pharmacy Leadership• Pharmacy Residency Recruitment	Elective rotations: <ul style="list-style-type: none">• Ambulatory/Retail Operations• Hospital Operations• Outpatient Oncology Administration• Pharmacy Informatics• Sterile Products
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Longitudinal rotations:

- Weekend/holiday staffing as the pharmacist in charge
- Weekday evening clinical staffing
- Pharmacy administrator on-call
- Grand rounds

Activities of the PGY2 residency program:

- Precept IPPE, APPE and PGY1 pharmacy residents
- Research project/manuscript development
- Development of or updating of a practice guideline or policy
- Drug Monograph (or oversight of PGY1, if available)/Cost Savings Project
- Committee membership

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. Examples Include:

- Pharmacy, Nutrition, and Therapeutics (PNT) Committee
- Nursing-Pharmacy Committee

Department Meetings: The resident is expected to attend all departmental staff meetings, unless excused by the residency program director.

Mentor: The resident will be assigned a mentor from the Department of Pharmacy at the beginning of the year. This mentor should be a pharmacy leader 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 17 residents. Advance notice to the Pharmacy Department is expected by the resident of their grand rounds so that attendance is optimal. RedCap is used to provide feedback.

Typical Monthly Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Rotation service	2 Rotation service	3 Rotation service	4 Rotation service	5 Rotation service	6 Staffing
7 Staffing	8 Rotation service	9 Rotation service <i>1p – PGR</i>	10 Rotation service	11 Rotation service 4p-8p Staffing	12 Rotation service	13
14	15 Rotation service PAOC	16 Rotation service <i>1p-PGR</i> PAOC	17 Rotation service PAOC	18 Rotation service PAOC	19 Rotation service PAOC	20
21	22 Rotation service 4p-8p Staffing	23 Rotation service <i>1p-PGR</i>	24 Rotation service	25 Rotation service	26 Rotation service	27 Off
28	29 Rotation service	30 Rotation service <i>1p – PGR</i>				

PGR=Pharmacy Grand Rounds; PAOC=Pharmacy Administrator on Call

Residency Advisory Committee: The Residency Advisory Committee (RAC) is made up of all Residency Program Directors (RPD), a subset of pharmacists 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 pharmacists 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 \$52,470 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.

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 RPD 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 workday.
- 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 RPD.

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.jobstrush.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.

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. Achievement of 100% of the R1 goals from the accreditation standard
2. Achievement of at least 80% of all remaining R 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, local or national specialty meeting)
7. 100% completion of PharmAcademic evaluations with at least 90% completed within 7 days of the due date

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).