



DEPARTMENT OF PHARMACY

**RUMC Pharmacy Residency Programs
Manual**

2024-2025

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Introduction

PURPOSE STATEMENT

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

PHILOSOPHY AND GOALS

Philosophy

The pharmacy 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, their 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 contributing to the profession of pharmacy.

A basic tenet of our philosophy of training is that while being experientially based and focused, the residency program does 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; however, residents are critical to our department's vitality and professional development.

PGY1 Residency 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 program is 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 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 resident are extended whenever appropriate, feasible, and mutually agreed upon by the resident, Residency Program Director (RPD), and Senior Director of Pharmacy. 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 are 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, clinical service implementation efforts, and interdepartmental activities.

To achieve this, the program provides:

- Experiences to develop expertise in the identification, resolution and prevention of pharmacotherapeutic problems to achieve desired therapeutic outcomes
- Opportunities to formulate concepts from accumulated knowledge and experience and to apply and extrapolate these concepts to the improvement of pharmacy services and professional practice
- Opportunities to gain insight into the formulation of research questions and in the methodology involved in answering the questions
- Insight into the management of a Department of Pharmacy in a large academic medical center and how clinical services are documented and justified
- Opportunities to develop teaching and communication skills in designated areas of practice
- Conferences, lectures, and selected practice experiences designed to give a proper perspective of pharmacy practice as it relates to the total health care needs of patients
- An awareness and experience in integrating the goals and objectives of pharmacy services with hospital-wide and/or health system goals and objectives
- Experience and development of pre-determined levels of competence in applying professional knowledge through direct interactions with other health professionals and patients
- A means of providing for the continued development of pharmacy staff through educational and professional example/leadership
- Resources to facilitate positive mental well-being including access to the Rush Center for Clinical Wellness and Rush Employee Assistance Program and organized monthly wellness activities by the residency wellness committee and resident wellness chair.

EQUITY, DIVERSITY AND INCLUSION STATEMENT

Our program believes that diversity is critical to creating an environment of excellence. At Rush, we believe diversity strengthens us. We aim to foster diversity amongst our pharmacy residents for the purpose of teamwork, education, and provision of exceptional patient care. Diversity includes all aspects of an individual's identity including but not limited to race/ethnicity, gender identity, age, sexual orientation, physical abilities, socioeconomic status, religion, place of origin, and other life experiences. Today more than ever, cultural competence is a necessity to deliver the best possible care for patients, and we believe that this principle begins with fostering diversity within our residency. Our health system is dedicated to creating programs that foster health equity for our patients and equal opportunities to our staff. Our culture of respect and accountability reflects a commitment to diversity, equity and inclusion in everything we do. Chicago is home to an incredibly diverse population, and at Rush, we believe excellence is for everyone.

Structure and Rotation Outline

STRUCTURE OF THE PGY1 TRADITIONAL RESIDENCY PROGRAM

12-month (52 weeks) duration with the following rotations/requirements:

Required Rotations (total 34 weeks)

- Orientation (6 weeks)
- Adult internal medicine (4 weeks)
- Adult intensive care (4 weeks)
 - Medical intensive care unit (MICU),
 - Surgical intensive care unit (SICU), or
 - Neuroscience intensive care unit (NSICU)
- Adult infectious disease (ID) (4 weeks)
 - Adult ID Consults (2 weeks)
 - Antimicrobial Stewardship (2 weeks)
- Pediatrics (4 weeks)
 - General pediatrics, or
 - Pediatric intensive care unit (PICU), or
 - Neonatal intensive care unit (NICU), or
 - Pediatric hematology-oncology
- Immunology (4 weeks)
 - Malignant hematology, or
 - Solid organ transplant (SOT)
- Operational Practice Management (4 weeks)
- Clinical Leadership Rotation (4 weeks)

Elective Rotations (total 16 weeks)

At least two elective rotations must be in patient care clinical settings (denoted by *) to meet the ASHP requirement of over 50% of the year spent in patient-centered medication management experiences.

Elective rotations may be more or less than 4 weeks in duration, depending on whether there is vacation time scheduled, or if the resident has spent time in the rotation previously. (For example, if the resident has completed a rotation in the MICU, a 2-3-week rotation in another ICU might be acceptable, if the preceptor is willing and able.)

- Ambulatory Care (Rush University Internists) *
- Malignant Hematology (if Solid Organ Transplant was taken as required immunology rotation)*
- Solid Organ Transplant (if Malignant Hematology was taken as required immunology rotation)*
- Emergency Medicine*
- Neurology*
- CICU*

- Specialty Pharmacy*
- Medicine II*
- ICU II*
- Bone Marrow Transplant (if successfully completed malignant hematology rotation) *
- Malignant Hematology II*
- Pediatric Heme/Onc*
- Pediatric ID*
- Informatics
- Heart Failure*
- Cardiac Consults*
- Mission Trip

Longitudinal Obligations (12 months)

- Practice Obligation
 - Staff every 4th weekend (16 hours)
 - Staff the central pharmacy once every other week (Mon-Thurs) (4 hours)
- On call/rapid response team (RRT)
- Research project
- Medication Use Evaluation
- Grand Rounds
 - 2 presentations

Elective Activities

- Leadership lecture series
- Teaching certificate
- Research certificate

STRUCTURE OF THE PGY1 NONTRADITIONAL RESIDENCY PROGRAM

The nontraditional PGY1 residency program contains the same components as the traditional PGY1 residency but is extended over 2 years. Rotations are scheduled in 3-month blocks alternating with 3 months of staffing, scheduled on the night 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.

Differences in the nontraditional program:

- Nontraditional resident is NOT required to staff weekday evenings
- Nontraditional resident will be on call and staff every 4th weekend only during those months on rotations
- Research project may be completed in one year, or may be extended over two years
- Nontraditional residents will be trained to evaluate and verify pediatric orders at some point in their training years in order to participate in pediatric order verification overnight

Typical PGY1 Monthly Schedule

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1 Rotation	2 Rotation 1p: Pharmacy Grand Rounds 5-9p: Evening Staffing	3 Rotation 12n: Medicine Grand Rounds	4 Rotation	5 Rotation 12noon: Weekly resident meeting	6 Weekend staffing (day or evening shift)
7 Weekend staffing (day or evening shift)	8 Rotation	9 Rotation 1p: Pharmacy Grand Rounds	10 Rotation 12n: Medicine Grand Rounds	11 Rotation	12 Rotation	13 7a: On call
14 7a: Post Call	15 Rotation	16 Rotation 1p: Pharmacy Grand Rounds	17 Rotation 12n: Medicine Grand Rounds	18 Rotation 5-9p: Evening Staffing	19 Rotation 12 noon: Weekly resident meeting	20 Off
21 Off	22 Rotation	23 Rotation 1p: Pharmacy Grand Rounds	24 Rotation 12n: Medicine Grand Rounds	25 Rotation 5p: On Call	26 7a: Post call	27 Off

STRUCTURE OF THE PGY2 CRITICAL CARE RESIDENCY PROGRAM

12-months (52 weeks) duration with the following rotations/requirements

Required Rotations (each 4 weeks in duration)

- Orientation (unless early committed resident)
- Adult ICU (AICU)
- Medical ICU (MICU I)
- Medical ICU (MICU II)
- Surgical ICU (SICU I)
- Neuroscience ICU (NSICU I)
- Cardiac ICU (CICU)
- Cardiovascular Surgery ICU (CVICU)
- Emergency Medicine (EM)

Elective Rotations, on-site (each 4 weeks in duration unless otherwise specified)

- Surgical ICU (SICU II)
- Neuroscience ICU (NSICU II)
- Infectious Diseases/Antimicrobial Stewardship
- Clinical nutrition (1 week)
- Pediatric Intensive Care Unit (PICU) (2-4 weeks)

Elective Rotations, off-site (limited to 2, each 2-4 weeks)

- Trauma– University of Chicago Medicine
- Toxicology – Illinois Poison Center

Longitudinal Experiences

- Professional development and personal leadership
- Practice Obligation
 - Staff every 4th weekend (16 hours)
- On call/rapid response team (RRT)
- Research project
- Medication Use Evaluation
- Grand Rounds
- CC journal club

Elective Activities

- Leadership lecture series
- Teaching certificate
- Research certificate

Typical Critical Care Monthly Schedule

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

MGR=Medicine Grand Rounds; PGR=Pharmacy Grand Rounds

STRUCTURE OF THE PGY2 EMERGENCY MEDICINE RESIDENCY PROGRAM

12-months (52 weeks) duration with the following rotations/requirements

Required Rotations (total 44 weeks)

- Orientation (4 weeks)
- Emergency Medicine I, II, III (12 weeks)
- Emergency Medicine – Prehospital Care (2-4 weeks)
- Emergency Medicine – Clinical Ownership (4 weeks)
- Trauma (off-site) (4 weeks)
- Toxicology (off-site) (4 weeks)
- Medical Intensive Care Unit (4 weeks)
- Pediatric Intensive Care Unit (4 weeks)

Elective Rotations (2-4, each 2-4 weeks in duration)

- Cardiac Surgery Intensive Care Unit (CVICU)
- Surgical Intensive Care Unit (SICU)
- Neurosciences Intensive Care Unit (NSICU)
- Cardiac Intensive Care Unit (CICU)

Longitudinal Experiences

- Weekend Staffing/On Call
- Research Project
- Grand Rounds

Elective Activities

- Leadership lecture series
- Teaching certificate
- Research certificate

Typical Emergency Medicine Monthly Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Rotation service On call	2 Post call	3 Rotation service <i>12n - MGR</i>	4 Rotation service <i>7a-12 EM conf</i>	5 Rotation service <i>12n: Weekly resident meeting</i>	6 Staffing
7 Staffing	8 Rotation service	9 Rotation service <i>1p - PGR</i>	10 Rotation service <i>12n - MGR</i>	11 Rotation service <i>7a-12 EM conf</i>	12 Rotation service <i>12n: Weekly resident meeting</i>	13 Off
14 Off	15 Rotation service	16 Rotation service On call	17 Post call	18 Rotation service <i>7a-12 EM conf</i> <i>1p -CC/EMGR</i>	19 Rotation service <i>12n: Weekly resident meeting</i>	20 Off
21 Off	22 Rotation service	23 Rotation service <i>1p - PGR</i>	24 Rotation service <i>12n - MGR</i>	25 Rotation service <i>7a-12 EM conf</i>	26 Rotation service <i>12n: Weekly resident meeting</i>	27 Off
28 On call	29 Post call	30 Rotation service <i>1p - PGR</i>				

MGR=Medicine Grand Rounds; PGR=Pharmacy Grand Rounds;
CC/EMGR=Critical Care/EM Grand Rounds; EM conf=EM Conference

STRUCTURE OF THE PGY2 ONCOLOGY RESIDENCY PROGRAM

12-months (52 weeks) duration with the following rotations/requirements

Required Rotations (total 37-38 weeks)

- Orientation (4 weeks, 3 weeks if early committed resident)
- Hematology I, Inpatient (4-6 weeks)
- Hematology II, Inpatient (4 weeks)
- Stem Cell Transplant and Cellular Therapy, Inpatient (4 weeks)
- Outpatient Hematology/Oncology Clinics (12 weeks, including 4 weeks off-site)
- Breast Cancer Outpatient Clinic (4 weeks)
- Pediatric Hematology/Oncology (4 weeks)
- Oral Oncology Clinic (4 weeks)
- Investigational Drug Services (2 weeks)

Elective Rotations (each 2-4 weeks in duration)

- Inpatient Medical Oncology
- Cardio-Oncology
- Benign Hematology
- Infectious Disease
- Pain and Palliative Care
- Outpatient Stem Cell Transplant Clinic
- Hematology III
- Stem Cell Transplant and Cellular Therapy II
- Pharmacogenomics

Longitudinal Experiences

- Professional development and leadership/management
- Policy and practice management
- Clinical research
- Resident/student teaching/Academia
- Clinical and operational staffing
- Medication use evaluation
- On call program
- Outpatient oncology or lymphoma clinic: ½ day once a week
- Informatics longitudinal rotation
- Weekend staffing (every 4th weekend of entire year and assigned holidays)

Elective Activities

- Leadership lecture series
- Teaching certificate, if applicable
- Research certificate, if applicable

Typical Oncology Monthly Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Rotation service On call	2 Post call	3 Rotation service	4 Rotation service	5 Rotation service <i>12n: Weekly resident meeting</i>	6 Off
7 Off	8 Rotation service	9 Rotation service Drug Seminar <i>1p - PGR</i>	10 Rotation service	11 Rotation service	12 Rotation service <i>12n: Weekly resident meeting</i>	13 Off
14 On Call	15 Post Call	16 Rotation service <i>1p - PGR</i>	17 Rotation service	18 Rotation service	19 Rotation service <i>12n: Weekly resident meeting</i>	20 Off
21 Off	22 Rotation service	23 Rotation Drug Seminar <i>1p - PGR</i>	24 Rotation service	25 Rotation service	26 Rotation service <i>12n: Weekly resident meeting</i>	27 Staffing
28 Staffing	29	30 Rotation service <i>1p - PGR</i> On Call				

PGR=Pharmacy Grand Rounds; multi-disciplinary meetings are service dependent, but occur weekly; presentations will also be rotation dependent

STRUCTURE OF THE PGY2 PEDIATRIC RESIDENCY PROGRAM

12-months (52 weeks) duration with the following rotations/requirements

Required rotations (total 37-38 weeks)

- Orientation (4 weeks; 3 weeks if early committed resident)
- Pediatric Intensive Care Unit I (4 weeks)
- Pediatric Intensive Care Unit II (4 weeks)
- Neonatal Intensive Care Unit I (4 weeks)
- Neonatal Intensive Care Unit II (4 weeks)
- General Pediatrics I (4 weeks)
- Pediatric Hematology/Oncology I (4 weeks)
- Pediatric Infectious Disease (4 weeks)
- Pediatric Ambulatory Care (2 weeks)
- Pediatric Emergency Department (4 weeks)

Elective Rotations (limited to 2 off-site rotations per year)

- Pediatric Antimicrobial Stewardship (2-4 weeks)
- Pediatric Administration (2-4 weeks)
- Pediatric Medication Safety / Informatics (2-4 weeks)
- Pediatric Investigational Drug Service (2-4 weeks)
- Pediatric Parenteral Nutrition (2-4 weeks)
- Pediatric Solid Organ Transplant (*off-site 2-4 weeks*)
- Pediatric Ambulatory Care (*on-site 2 weeks; off-site 4 weeks*)
- Advanced Required Rotation (i.e. NICU III) (2-4 weeks)

Longitudinal Experiences

- Outpatient Pediatric Hematology/Oncology Clinic or Pediatric Epilepsy Ambulatory Care Clinic (1 half-day per week for 52 weeks)
- Clinical and operational staffing (8-hour shifts Saturday & Sunday every 4th weekend for 52 weeks)
- In-house on-call program (in rotation with other residents for 52 weeks)
- Primary research project (52 weeks)
- Medication use evaluation

Elective Activities

- Teaching certificate
- Research certificate
- Leadership lecture series

Typical Pediatric Monthly Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
On call	1 Post call	2 Rotation service	3 Rotation service	4 Rotation service	5 Rotation service <i>12p: Weekly Resident Meeting</i>	6 Staffing
7 Staffing	8 Rotation service	9 Rotation service <i>12p - PedGR 1p - PGR</i>	10 Rotation service	11 Rotation service	12 Rotation service <i>12n: Weekly resident meeting</i>	13 Off
14 Off	15 Rotation service On call	16 Post call	17 Rotation service	18 Rotation service	19 Rotation service <i>12p: Weekly Resident Meeting</i>	20 Off
21 Off	22 Rotation service	23 Rotation service <i>12p - PedGR 1p - PGR</i>	24 Rotation service	25 Rotation service	26 Rotation service <i>12p: Weekly resident meeting</i>	27 Off
28	29 Rotation service	30 Rotation service On call <i>12p - PedGR 1p - PGR</i>	Post call			

PedGR=Department of Pediatrics Grand Rounds; PGR=Pharmacy Grand Rounds

*Peds Medical Resident Noon Conference (as time allows & topic appropriate): Mon, Wed-Fri 11:45a-1pm

STRUCTURE OF THE PGY2 SOLID ORGAN TRANSPLANT RESIDENCY PROGRAM

12-months (52 weeks) duration with the following rotations/requirements

Required rotations (each 4 weeks in duration unless otherwise specified, total 28-32 weeks)

- Orientation - not required for previous Rush PGY1 residents
- Inpatient Abdominal Solid Organ Transplant 1 (6 weeks)
- Outpatient Abdominal Solid Organ Transplant 1 (6 weeks)
- Transplant Nephrology
- Transplant Hepatology
- Surgical Intensive Care Unit (SICU) – not required if completed as PGY1 at Rush; may be completed as an elective
- Immunocompromised Infectious Diseases Consult Service

Elective rotations

- Pediatric Transplant (off-site)-2 weeks
- Heart/Lung Transplant (off-site)-4 weeks
- Research and Medical Writing-2-4 weeks
- Quality Assurance and Performance Improvement-2-4 weeks
- Inpatient Solid Organ Transplant 2-6 weeks
- Inpatient Solid Organ Transplant 3-6 weeks
- Outpatient Solid Organ Transplant 2-6 weeks
- Academia (2 weeks)
- *Repeat of any of the required rotations*
- *Additional experiences may be arranged based on resident interest and service availability*

Longitudinal Obligations

- Clinical and operational staffing (8-hour shifts Saturday & Sunday every 4th weekend for 52 weeks)
- In-house on-call program (in rotation with other residents for 52 weeks)
- Primary research project (52 weeks)
- Grand Rounds Presentations (2)

Typical Solid Organ Transplant Monthly Schedule

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1 Rotation Service	2 Rotation Service 1p: Pharmacy Grand Rounds 3p: Kidney Clinical Conference 3:30p: Kidney Selection	3 Rotation Service 12n: Medicine Grand Rounds	4 Rotation Service 12p: Liver Selection	5 Rotation Service 12p: Weekly Resident Meeting	6 Practice obligation
7 Practice Obligation	8 Rotation Service	9 Rotation Service 1p: Pharmacy Grand Rounds 2p: Kidney Clinical Conference 2:30p: Kidney Quality 3:30p: Kidney Selection	10 Rotation Service 12n: Medicine Grand Rounds On call	11 Post Call	12 Rotation Service 12p: Weekly Resident Meeting	13 Off
14 Off	15 Rotation Service	16 Rotation Service 1p: Pharmacy Grand Rounds 3p: Kidney Clinical Conference 3:30p: Kidney Selection	17 Rotation Service 12n: Medicine Grand Rounds	18 Rotation Service 12p: Liver Selection 3p: Liver Quality	19 Rotation Service 12p: Weekly Resident Meeting	20 Off
21 Off	22 Rotation Service	23 Rotation Service 1p: Pharmacy Grand Rounds 2p: Kidney/Panc Selection	24 Rotation Service	25 Rotation Service 12p: Liver Selection	26 Rotation Service 12p: Weekly Resident Meeting	27 Off

		3p: Kidney Clinical Conference				
		3:30p: Kidney Selection				

STRUCTURE OF THE PGY2 INTERNAL MEDICINE PHARMACY RESIDENCY PROGRAM

12-months (52 weeks) duration with the following rotations/requirements

Required rotations

- Orientation (4 weeks, not required for early committed residents)
- Internal Medicine I (4 weeks)
- Internal Medicine II (4 weeks)
- Internal Medicine III (4 weeks)
- Medical Intensive Care Unit (4 weeks)
- Medical Oncology (4 weeks)
- Neurology (4 weeks)
- Pharmacotherapy Clinic (1 afternoon per week, 26-52 weeks)

Elective rotations (duration noted below, select 5-7 depending on selected length)

- Infectious Disease (4 weeks)
- Heart Failure (2-4 weeks)
- Cardiology Consults (4 weeks)
- Academia (4 weeks)
- Nephrology (2-4 weeks)
- Solid Organ Transplant (4 weeks)
- Psychiatry (4 weeks)
- Emergency Medicine (4 weeks)
- Other elective learning experiences may be developed based on resident interest and preceptor availability

Longitudinal Experiences

- Grand rounds (2 per year)
- Primary research project (52 weeks)
- Medication use evaluation (<12 weeks)
- Hospital committee membership (52 weeks)
- Weekend staffing (every 4th weekend for 52 weeks and assigned holidays)
- On call program (approximately every 2 weeks for 52 weeks)

Elective Activities

- Leadership lecture series
- Teaching certificate, if applicable
- Research certificate, if applicable

Typical Internal Medicine Monthly Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Rotation service 3-5p: Duty Free 5p: On-call	2 7a: Post-call	3 Rotation service 12n-MGR	4 Rotation service 1p: Ambulatory Care Clinic	5 Rotation service 12:30p: Weekly Resident Meeting	6 7a: Staffing
7 7a: Staffing	8 Rotation service	9 Rotation service 7a-5p: Day Call 1p – PGR	10 Rotation service 7a-5p: Day Call 12n- MGR	11 Rotation service 1p: Ambulatory Care Clinic	12 Rotation service 12:30p: Weekly Resident Meeting	13 Off
14 Off	15 Rotation service	16 Rotation service 3-5p: Duty Free 5p: On-call 1p - PGR	17 7a: Post-call	18 Rotation service 1p: Ambulatory Care Clinic	19 Rotation service 12:30p: Weekly Resident Meeting	20 Off
21 Off	22 Rotation service	23 Rotation service 1p-PGR	24 Rotation service 12n-MGR	25 Rotation service 1p: Ambulatory Care Clinic	26 Rotation service 12:30p: Weekly Resident Meeting	27 Off
28 7a: On-call 2-4p: Duty Free	29 7a: Post-call	30 Rotation service 1p – PGR				

PGR=Pharmacy Grand Rounds, MGR=Medical Grand Rounds

STRUCTURE OF THE PGY2 HEALTH SYSTEM PHARMACY ADMINISTRATION AND LEADERSHIP (HSPAL) RESIDENCY PROGRAM

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 is 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 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.

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

Structure of the PGY1 & PGY2 Residency Program: The residency program will be 24 months in duration. The first 52 weeks will follow the requirements of the PGY1 pharmacy practice residency and the second 52 weeks will follow the structure of the PGY2 program and consist of the following learning experiences.

Required rotations (total 39 weeks)

- Orientation (3 weeks)
- Area/Program Leadership (4 weeks)
- Inpatient Clinical Pharmacy Services (8 weeks)
- Inpatient Pharmacy Operations (8 weeks)
- Medication Safety (4 weeks)
- Pharmacy Leadership (4 weeks)
- Pharmacy Residency Recruitment (4 weeks)
- Pharmacy Management and Informatics (4 weeks)

Elective Rotations

- Pharmacy Informatics (4 weeks)
- Sterile Products (2-4 weeks)
- Other elective learning experiences may be developed based on resident interest and preceptor availability

Longitudinal Experiences

- Medication Use Evaluation (MUE)
- Pharmacy Grand Rounds
- Primary Research Project (52 weeks)
- Pharmacist-In-Charge Staffing (52 weeks, 8-hour shifts Saturday and Sunday every 4th weekend)
- Pharmacy Administrator on Call (PAOC) (52 weeks, every 6 weeks after training period)
- Pharmacy Internship (52 weeks)

Typical HSPAL PGY2 Monthly Schedule

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

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

SUCCESSFUL COMPLETION OF PGY1 TRADITIONAL AND NONTRADITIONAL RESIDENCY PROGRAMS

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.

All goals and objectives from the PGY1 standard 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 at an “independent” or “ACHR” (Achieved for the Residency) level on at least two clinical rotations and one non-patient care rotation by the end of the residency program for successful completion of the residency. The rating of ACHR is defined as the following:
 - The resident is functioning at an independent level needing very little oversight,
 - The resident has successfully completed assignment(s) associated with this objective, meeting all components of the objective and having no requirement in the program to repeat it, and
 - The resident conducts him/herself in a professional and accountable way when interacting with other healthcare professionals, members of the pharmacy department, and patients.

<i>Competency Area R1: Patient Care</i>
<i>GOAL R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients...following a consistent patient care process.</i>
Objective R1.1.1: Interact effectively with health care teams to manage patients’ medication therapy.
Objective R1.1.2: Collect information on which to base safe and effective medication therapy.
Objective R1.1.3: Analyze and assess information on which to base safe and effective medication therapy.
Objective R1.1.4: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
Objective R1.1.5: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
Objective R1.1.6: Demonstrate responsibility to patients.
<i>GOAL R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.</i>
Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.
Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.
<i>Competency Area R2: Advancing Practice and Improving Patient Care</i>
<i>GOAL 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.</i>
Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.

Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.
Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.
Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.
Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.
Competency Area R3: Leadership and Management
GOAL R3.1 Demonstrate leadership skills.
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.
Competency Area R4: Teaching, Education, Dissemination of Knowledge
GOAL R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.
Objective R4.1.1: (Applying) Design effective educational activities.
Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.
Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

2. Fulfillment of pharmacy practice service weekend and holiday coverage
3. 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 individual is different from the RPD) AND be acknowledged as successful, in order to receive the residency certificate
4. Completion of assignments from all longitudinal experiences
 - a. MUE
 - b. Policy or guideline (assigned during a management rotation)
5. Successful completion of all required presentations, including presentation at an appropriate residency conference (such as the Illinois Pharmacy Residency Conference, ILPRC)
6. Provision of one continuing education (CE) program to the pharmacy technicians
7. Compilation of end-of-year summary of resident activities
8. Completion of all PharmAcademic evaluations
9. Poster presentation at the Midyear Clinical Meeting (either Vizient or ASHP meeting), or other appropriate meeting

SUCCESSFUL COMPLETION OF PGY2 RESIDENCY PROGRAMS

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 as needed based on resident familiarity. It is important to complete these evaluations in a timely manner so that comments are useful for subsequent rotations, both for preceptors and residents. ***"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 to discuss the evaluation.

All required objectives (as indicated by an "R" below) are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for this achievement. Objectives will be taught and evaluated at multiple points during the residency year. The extent to which these educational objectives must be achieved for the residency to successfully complete the program is outlined below.

Requirements for successful completion:

1. Achievement of **100%** of the R1 objectives from the ASHP program specific required competency areas, goals, and objectives.
2. Achievement of at least **80%** of all R2-R(4-5) objectives from the ASHP program specific required competency areas, goals, and objectives.
3. Fulfillment of pharmacy practice service weekend, holiday and on call 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 individual is different from the RPD) AND be acknowledged as successful, in order to receive 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 (exception includes PGY2 Oncology Residency)
 - c. Presentation of research project outside of Rush (e.g., ILPRC, local or national specialty meeting)
7. Completion of Residency End of Year Report
8. Completion of Appendix if required by the competency areas, goals, and objectives of the specific PGY2 program ([ASHP PGY2 CAGOs](#))
9. 100% completion of PharmAcademic evaluations
10. Completion of required deliverables for PGY2 CAGOs (Resident notebook/binder)
11. Other requirements specific to the **PGY2 Oncology Residency** include:
 - a. Successful completion of drug monograph and policy/guideline (both are required to be presented in a final written form and to an interdisciplinary committee AND be acknowledged as successful by the RPD)
 - b. Successful completion of an article submitted for publication
12. 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
13. Other requirements specific to the **PGY2 Solid Organ Transplant Residency** include:
- a. Transplant Committee (Selection/Quality) Membership and Attendance
 - b. Development or updating of a practice guideline, protocol, medication use evaluation or quality project, as applicable
14. Other requirements specific to the **PGY2 Internal Medicine Pharmacy Residency** include:
- a. Development or revision of a monograph, guideline or protocol
 - b. Successful completion of one newsletter article
 - c. Longitudinal hospital committee participation

Achievement for the residency (ACHR) for objectives is defined as achievement of a given objective in **a single learning experience** as evaluated by an individual preceptor as a “4 (independent)” or “5 (achieved for residency)” on the PharmAcademic evaluation scale).

For the **PGY2 Internal Medicine Pharmacy Residency**, objectives are defined as ACHR once a given objective in a single learning experienced is evaluated by an individual preceptor as “achieved.”

Activities and Projects

ON CALL PROGRAM/CODE AND RAPID RESPONSE TEAM

Residents, both 1st and 2nd year except for the PGY2 HSPAL, 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 (on call 5 pm-7 am on weekdays or 7 am-7 am on weekends and holidays, then a day off and return the following day for rotation). During each on call shift, there is a duty-free period that allows the resident a period to rest.

There will be a suitable training session for the on call experience at the beginning of the year. A schedule of all on call shifts will be provided, and the PGY1 residents will decide amongst themselves which track they would like. Shift swaps can be made throughout the year. The on call program must be maintained 365 days per year. Consequently, the schedule around ASHP Midyear Clinical Meeting and the Illinois Pharmacy Residency Conference will be managed separately in order to optimize the days the resident attends the respective meeting, while also meeting the on call obligation.

See practice obligation and department policy in PolicyTech for the on call program and rapid response team (*Pharmacy Resident On Call Program*).

PHARMACY PRACTICE EXPERIENCE (STAFFING)/ON CALL

A departmental policy in PolicyTech will be reviewed during orientation on this topic (*Resident Staffing and PTO/Duty hours*).

Each PGY1 resident is required to work two 8-hour shifts every fourth weekend, one 4-hour shift one weekday evening every other week (Monday through Thursday; the weekday evening staffing does NOT apply to nontraditional residents), and be on call in rotation with co-residents. 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/order verification position early in the year, then work in acute care positions later in the year.

Each PGY2 resident is required to work two 8-hour shifts every fourth weekend and be on call in rotation with co-residents except for the PGY2 HSPAL resident who does not participate in the in house on call program.

Residents should be at their work site on the weekends at the scheduled time. Tardiness will not be permitted. An online computer software program is used for scheduling purposes (e.g. viewing upcoming schedules, requesting time off, or trading shifts). Access and orientation to the scheduling program will occur in July.

If a resident desires a particular weekend off, they should attempt to trade with another resident, such that each resident will be working in an environment that they have been trained in. Any trading of weekend shifts must be approved by the RPD. If a resident desires a prolonged vacation (such as a full week off), this request should be made as far in advance as possible, so the preceptor during that rotation is made aware.

The on call program will be utilized to provide clinical coverage overnight in addition to the midnight pharmacists. Expectations will be communicated to the resident, and an on call room will be provided for the overnight responsibility. Further details on the on-call program will be discussed separately.

RESEARCH

Institutional Review Board (IRB)

Please see file folder on the shared K drive within the RESIDENTS folder: *K:\RTF\Examples – Study Proposal PowerPoint and IRB submissions*. Each resident will receive training on the IRB portal prior to submitting their research project for IRB review, if applicable. The investigational drug pharmacists in the department are good resources to use when preparing and submitting your research proposal online.

Research Project

See PolicyTech for official policy (*Pharmacy Residency Research Project*).

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

1. Objective of the Major Project

The objective of the project is for the resident to learn to investigate a question or problem in an objective, scientific manner. Their project should also provide answers or data that will ultimately contribute to the progress and development of the Department or the profession at large.

2. Scope of Project

The project may involve any area of hospital pharmacy practice that has a reasonable potential of contributing to the profession's knowledge if an advisor in the field is available and willing to advise the resident. It must be feasible to complete the project within the one-year residency appointment, or 2 years for the nontraditional resident.

A meeting in July will be arranged with the residency's preceptors to present project ideas. These ideas have been vetted by the research committee to ensure the projects are feasible and worthwhile.

3. Major Project Proposal

A concise project proposal on an appropriate topic must be submitted and approved before any major project may be conducted. An appropriate consenting major project advisor should be proposed.

The project proposal should be developed by the resident and the project advisor as early as possible and submitted to the RTF and the RPD **no later than the end of July**.

Project proposals will be presented to the Pharmacy Department for feedback prior to finalization. This will occur in late August/early September.

Please see RTF folder on the shared drive for sample proposals and other resources.

The following format should be followed for the proposal:

- Goal: a clear explanation of the question/problem and purpose of the project
- Objectives: a listing of the specific objectives to be met by the project
- Need: the rationale of the project and value of potential results
- Methodology: a description of the hypotheses, experimental design, data collection, analysis, and evaluation methods
- Resource needs: the fiscal/personnel/physical resources required to satisfy methodology
- Patient consent forms (if necessary): patient consent forms should be drafted for studies directly involving patients according to recommendations of the Human Investigation Committee
- Bibliography: literature leading to identification of project problem, general purposes, or hypotheses
- Literature review: a brief synopsis of a preliminary literature review

1. Major Project Advisor

The RPD advises residents until an appropriate major project advisor is appointed by the RPD.

The appointed major project advisor is responsible for the supervision and evaluation of the resident's actual project performance and manuscript preparation. The appointed major project advisor and the RPD determine when the project and paper have been satisfactorily completed. **Residency certificates will be withheld until this occurs.**

2. Final manuscript format

a. Introduction

This section should include background justification for the research project. Articles and case reports addressing prior research or information pertaining to the subject reviewed and referenced. The goal of the research project should be clearly stated.

b. Methodology

The subjects, materials and methods should be clearly outlined in a manner so that any investigator might follow the protocol.

Under the "Subject" subsection, specific inclusion and exclusion criteria should be listed. Age or gender restrictions should be clearly indicated. Whether patients or normal volunteers are the subjects should be noted.

Under "Materials and Methods," exact methodology, specific equipment (including the specificity for the drug(s) being measured and the sensitivity of

the assay), and statistical analysis should be explained. The “Methods” should address the type of study (i.e., randomized, crossover, blinded) as well as the method of drug administration, including: time, route, and dose; any dietary or medication restrictions; timing of serum samples (if any); assessment criteria; handling of side effects; duration of study (single-dose vs. multiple dose; one day vs. weeks or months). The “Statistical Analysis” subsection should describe the statistical test(s) to be employed to describe the group(s) and to assess statistical significance between groups.

c. Results

The results of the study should be described but not discussed. Tables and figures should be included.

d. Discussion

The results should be explained and compared and contrasted with current literature. Conclusions should be listed at the end.

e. Bibliography

The bibliography should list the references that serve as background information on the chosen topic. It should include articles or references pertaining to previous research on the drug(s) being investigated, materials and methods (if applicable), statistical analysis (if applicable), and patient population (if applicable).

3. Timeline

The schedule noted within the research policy (on PolicyTech) should be the template for the coming year, regarding the residency project (2 years for the nontraditional resident). Each resident is **strongly** encouraged to develop a timeline such as this for their project and stick to it throughout the duration of the residency, modifying as needed. Time is allotted intermittently throughout the residency program for research. However, this time is very limited and should be used wisely. There is a timeline document in the IRB folder mentioned above that one can use as a template to develop their own timeline.

4. Completion

The final paper should, by virtue of its content and written style, be suitable for publication in a national professional or scientific journal. Manuscript guidelines for Annals of Pharmacotherapy, JAMA, and the American Journal of Health System Pharmacy should be helpful in achieving such style and quality.

The paper must be approved by both the major project advisor and the RPD before a residency certificate is awarded. The final paper may be submitted at any time during a resident’s appointment, but no later than **June 30**.

Library research and authorship of the paper should be accomplished by each resident on their own time. Generally, rotation time is not to be utilized for data gathering and/or analysis.

PRESENTATIONS

Each resident will complete two presentations listed below during the program in Pharmacy Grand Rounds in one of the follows formats:

- Patient case
- Topic presentation, focusing on disease state/issue
- Morbidity and mortality presentation
- Pro/con debate

Other presentations during the year include (specific to PGY1 Residency):

- A presentation of research project in preparation for the regional residency conference (such as the Illinois Pharmacy Residency Conference, ILPRC)
- 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 are
 - Additional lectures may be available within the College of Nursing, College of Medicine, and/or at the various Chicagoland schools of pharmacy (all optional)

Pharmacy Grand Rounds are held weekly. Presenters will rotate through all PGY1 and PGY2 residents. Two presentations per resident will be expected throughout the year (except the PGY2 Oncology resident who will complete 1 and the nontraditional residents will complete 1 per year). Advance notice is expected by the resident of their Grand Rounds so CE credit can be appropriately established, and nurses can be notified. The resident presenting is responsible for bringing paperwork for those attending to receive CE for the presentation. More information on Grand Rounds can be found on the shared drive: *K:\RESIDENTS\Grand Rounds*.

All Grand Rounds presentations should last approximately 40-45 minutes long. The presentation for ILPRC (or similar residency conference) is approximately 15 to 20 minutes in length.

During July and early August, a pharmacist 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 experience to model a presentation for new PGY1 residents.

The follow presentations are required for the PGY2 Oncology Resident, in addition to 1 Pharmacy Grand Rounds:

- 2 case presentations
- 2 journal club presentations
- Hematology/Oncology Fellows Lecture
- Nursing CE
- 1 didactic lecture provided to both Midwestern University Chicago College of Pharmacy and Rosalind Franklin University

PUBLICATION

The PGY2 Oncology Resident is required to submit an article for publication in a peer-reviewed journal.

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 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.

ADVERSE DRUG REACTION (ADR) AND MEDICATION ERROR REPORTING

Each resident is responsible for reviewing and reporting adverse drug reactions or medication errors that are witnessed or discovered. Each event is documented in the TRIPPS database via any computer terminal and will be evaluated by the Medication Safety Officer. The Medication Safety Officer can address any questions related to medication errors or adverse events. This will be reviewed during the July orientation month.

Residents are expected to identify and document TRIPPS events throughout the year whether on a rotation, on call, or during a staffing shift on the weekends.

There will be medication safety activities scheduled during the PGY1 Clinical Leadership rotation.

WELLNESS

We are committed to fostering a culture of wellness at RUSH. We prioritize resident well-being through scheduled wellness activities. The following is an example calendar of activities formulated to promote wellness within the residency class.

Month	Wellness Activity
July	Resident Retreat. Provide and discuss RUSH wellness resources for residents.
Aug	Session with psych/palliative regarding dealing with death.
Sept	Step Challenge between the resident group.
Oct	Wellness Trick or Treat.
Nov	Discussion regarding Social media and its effects on wellness.
Dec	Wellness resident gift exchange.
Jan	Give back (volunteer outing with preceptors).
Feb	Focus on gratitude, resident will show gratitude to another co-worker.
Mar	Career transitions/financial wellness.
Apr	Spring Retreat.
May	Share and tell (residents & preceptors share something that they are proud of).
Jun	End of year Retreat.

Roles and Committees

COMMITTEE ASSIGNMENTS

Each PGY1 resident will be assigned to a committee for the year. These are:

- Pharmacy, Nutrition, and Therapeutics (PNT) Committee
- Chemotherapy Subcommittee of PNT
- Medication Utilization Evaluation Subcommittee of PNT
- Antimicrobial Stewardship Subcommittee of PNT
- Anticoagulation Subcommittee of PNT
- Emergency Response Committee
- Stroke Committee
- Quality or specialty committee in one's area of practice (PGY2s only)
- Pharmacy-Nursing Committee
- Pharmacy Informatics Subject Matter Expert Committee

In addition to Rush committee assignments, residents are encouraged to become involved in a committee within either the Vizient or Illinois Council of Health-System Pharmacists (ICHP). Processes for application for membership to either committee will be reviewed by the RPD during the first few weeks of the residency.

RESIDENCY LEADERSHIP ROLES

The residents will be assigned to a leadership role for the pharmacy class.

- Chief resident
- Treasurer
- Secretary
- Historian
- Recruitment Chair(s)
- Conference Chair
- Social Chair(s)
- Newsletter Chair
- Technology Chair(s)
- Grand Rounds Chair(s)
- Resident Revitalization Chair
- Wellness Chair
- Outreach Chair

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, both PGY1s and PGY2s. 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 Senior Director of Pharmacy, or PGY1 and PGY2 Residency Program Directors (RPDs).

Residents interested in the Chief Resident position will apply with a written letter of intent. 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

Qualifications for Chief Resident:

1. Minimum Qualification Criteria
 - a. Must be a current traditional pharmacy resident
2. Optimum Qualification Criteria
 - a. Strong interpersonal, oral, and written communication skills
 - b. Demonstration of the desire for additional leadership experience in the residency year

RESIDENCY ADVISORY COMMITTEE (RAC)

The Residency Advisory Committee (RAC) is made up of all Residency Program Directors (RPDs), a subset of residency preceptors, 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 are as follows:

1. Maintain appropriate structure and organization of the PGY1 and PGY2 programs
2. Assist in updating and/or developing changes to the programs
3. Assist in evaluation of candidate applications
4. Provide guidance to the RPDs and the residency preceptors for planning of the residency rotation schedule
5. Formal program assessment and evaluation (including end of year evaluation)
6. Address any other issues that the RPDs or RAC deems necessary

The PGY2 Oncology Residency Program has the Oncology Residency Advisory Committee (ORAC), which meets monthly. It is made up of the Program Director, Residency Coordinators, and core rotation Clinical Specialists who serve as preceptors within the program. The goals of ORAC are like those of RAC but focus only on the oncology PGY2 program.

PROFESSIONAL ORGANIZATION MEMBERSHIP

Each PGY1 resident is required to be a participating member of ASHP and either ICHP or Northern Illinois Society of Health-System Pharmacists (NISHP). Attendance at one NISHP or ICHP meeting during the residency year is encouraged.

The PGY2 Critical Care resident will be encouraged to attend the Society of Critical Care Medicine (SCCM) annual meeting. In addition, the residents will have the opportunity to submit and present at Illinois Pharmacy Residency Conference (or other relevant regional conference) in the spring of their residency year.

The PGY2 Oncology resident will be encouraged to attend and present a poster at the Hematology/Oncology Pharmacy Association (HOPA) annual meeting. Membership and involvement in professional organizations is encouraged.

The PGY2 Pediatric resident will be encouraged to attend and present a platform presentation of their research at the Pediatric Pharmacy Association (PPA) annual meeting. Membership and involvement in professional organizations is encouraged.

The PGY2 Solid Organ Transplant resident will be encouraged to attend the American Transplant Congress or American College of Clinical Pharmacy annual meeting. Membership and involvement in professional organizations is highly encouraged.

The PGY2 Internal Medicine resident will be encouraged (not required) to attend and present a poster at the ASHP Midyear Conference. Membership and involvement in professional organizations is encouraged. Of note, the resident is required to present their research at a conference or meeting outside of Rush during their residency year.

The PGY2 HSPAL resident will be encouraged (not required) to attend and present a poster at the ASHP Conference for Pharmacy Leaders. Membership and involvement in professional organizations is encouraged.

Feedback and Evaluation

EVALUATION

Structured evaluations using PharmAcademic are conducted throughout the residency program to provide feedback regarding residents' performance and the effectiveness of training per ASHP Accreditation Standard. Orientation to PharmAcademic will be conducted during July of each residency year for all residents.

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 7 days of the completion of the learning experience.** Residents and preceptors should complete their respective evaluations independently, then meet in person on the last day of the rotation or within a week of the end of the rotation to discuss the evaluation.

The following scale will be used in PharmAcademic for PGY1 and PGY2 midpoint evaluation of the rotations.

1	Unacceptable
2	Needs significant improvement
3	Appropriate progress
4	Independent
5	Not applicable

The following scale will be used in PharmAcademic for PGY1 summative evaluations of rotations.

1	Unacceptable performance	Resident is working at a student level; improvement must be demonstrated by the next evaluation
2	Needs significant development	Resident is working at a level that is barely above what one would expect from a student; improvement must be demonstrated by the next evaluation
3	Appropriate progress	Resident is working at a level that is appropriate for this stage in the residency year; there is an expectation that continued improvement will be made
4	Independent	Resident is working independently without the preceptor having to guide each step; preceptor interaction occurs daily or every other day, but is not needed multiple times/day
5	Not applicable	

The following scale will be used in PharmAcademic for PGY2 summative evaluation of the rotations*.

1	Unacceptable performance	Resident is working at a PGY1 resident or lower level; improvement must be demonstrated by the next evaluation
2	Needs significant development	Resident is working at a level that is barely above one would expect from a PGY1 resident; improvement must be demonstrated by the next evaluation
3	Appropriate progress	Resident is working at a level that is appropriate for this stage in the residency year; there is an expectation that continued improvement will be made
4	Independent	Resident is working independently without the preceptor having to guide each step; preceptor interaction occurs daily or every other day, but is not needed multiple times per day
5	Achieved for the learning experience	Resident is working not only independently, but needs scant oversight; preceptor could be out of office and resident could fill the void in providing service at an acceptable level

The following scale will be used in PharmAcademic for evaluation of preceptors:

- Always
- Frequently
- Sometimes
- Never

The following scale will be used in PharmAcademic for evaluation of learning experiences:

- Consistently true
- Partially true
- False

*The PGY2 Internal Medicine program is utilizing the default summative evaluation scales assigned in pharmacademic but plans to transition to the above customized scale for the 2024-2025 year. Preceptor and learning experience evaluation scales are consistent with what is noted above. Additional details can be found in the PGY2 Internal Medicine supplementary manual.

*The PGY2 Solid Organ Transplant program is utilizing a variation of the above evaluation scale but plans to transition to the above customized scale for the 2024-2025 year. Additional details can be found in the PGY2 Solid Organ Transplant abbreviated manual.

Types of Evaluations:

1. Informal, verbal communication 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. should be kept in the residency notebook and are not documented within PharmAcademic. These are important for residents to reflect upon throughout the program and will be needed for ASHP accreditation survey purposes.
3. Midpoint evaluations are completed by the preceptor for required non-longitudinal learning experiences. Midpoint evaluations are optional for elective rotations.
4. Summative evaluations for residents are required at the end of each rotation, as well as preceptor evaluations through PharmAcademic. Residents will also do a summative self-evaluation in non-longitudinal required learning experiences. 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 by 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.* All evaluations through PharmAcademic are maintained by the RPD for ongoing review and appropriate feedback and counseling to both residents and preceptors.
5. Longitudinal (>12 weeks) rotations (staffing, project, on call, etc.) will have a summative evaluation automatically scheduled in PharmAcademic (evenly spaced throughout the learning experience).
6. Quarterly evaluations utilizing the resident development plan template will be performed with the RPD, each resident and their mentor, if available, 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. There will also be a review of the objectives of the residency that have been achieved by the resident for the program at that point in the year. The RPD will meet with the resident and their mentor, to discuss the resident's progress each quarter and determine whether they are meeting goals for the year.

Residents' Self-Evaluation of Their Attainment of Objectives

1. Residents will complete the same summative evaluation instruments as the preceptors at the end of each required non-longitudinal learning experience. Resident self-assessment is not required at the end of elective learning experiences. Residents will complete quarterly self-assessments through the resident development plan template. Residents will complete the same formative evaluation instruments completed by preceptors on the same schedule.
2. Residents will choose the appropriate rating to indicate progress during the non-longitudinal required learning experience and should provide narrative comments for selected objectives as appropriate. **Not all objectives need to be commented on.** *Comments should not be simply a list of accomplished activities but should be specific and actionable, recognize residents' skill development, include self-awareness of improved/altered performance based on rotation experiences and/or feedback from the preceptor or others on the rotation. Comments such as, "I was encouraged to check on lab results twice daily, and this allowed me to intervene on medication use issues in a timelier fashion" are a good example of what should be documented in a self-evaluation.*

3. Evaluations will be done in a timely manner, i.e., within a week of the end of the learning experience.

Residents' Evaluation of the Preceptor and Learning Experience

1. Residents will complete evaluations within a week of the end of each learning experience or quarterly for longitudinal learning experiences. Residents are encouraged to provide constructive feedback to preceptors to help them improve in their development as preceptors.
2. Completed evaluations will be discussed with preceptors and signed and dated by each one within PharmAcademic.
3. Completed, signed evaluations in PharmAcademic will be reviewed by the RPD.

Evaluations that contain an unduly number of "1" or "2" scores (1 = unacceptable performance; 2 = needs significant development) or have a distinct imbalance between how the preceptor feels the resident has done and how the resident self-evaluates the experience, will prompt further discussion regarding issues that may be preventing the resident from being successful on the learning experience and the remainder of the residency. Action plans to address problem areas will be developed and implemented as soon as possible. There should be no documentation of "1" or "2" scores in the second half of the residency year.

MENTOR

Each resident will choose a mentor from the Department of Pharmacy. This mentor may be a pharmacist within a practice area that aligns with the resident's interests, a pharmacist with whom the resident is doing research, or someone whom the resident feels can guide them to further success and achievement of their professional goals during the residency year and thereafter. 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.

Travel, Sick Leave, and Paid Time Off

ILLINOIS PHARMACY RESIDENCY CONFERENCE (ILPRC)

Each PGY1 resident is required to attend and present their research project as a requirement of the PGY1 residency program. The ILPRC is held in April/May each year at a location in the Chicagoland area. **Registration and abstract submission is due in the beginning of February.** Presentation PowerPoint files will be due in April. For the nontraditional resident, this will be April in either the first or second year of the two-year program. The resident will present their research to the department, in practice for the ILPRC, as a required presentation, several weeks prior to the conference.

RESIDENCY SHOWCASES

All residents in attendance at the Annual ASHP Midyear Clinical Meeting—unless otherwise assigned by the ranking Departmental representative on hand—are expected to staff the Rush University Medical Center Residency Showcase booth. In addition, a resident will be expected to attend other local or regional residency showcases at colleges of pharmacy (Butler University, Midwestern University, University of Illinois, University of Wisconsin, etc.) throughout the fall.

TRAVEL AND REIMBURSEMENT

Out-of-town travel on behalf of the institution or by assignment must be requested in advance and approved by the RPD for the ASHP Midyear Clinical Meeting, relevant regional residency conference and/or specialty conference for PGY2's. Funding is provided to help offset the expense of travel, room, and registration. Reimbursement requests must be accompanied by appropriate receipts.

Residents are provided the following for the residency year in terms of support for attending meetings/conferences:

- Reimbursement for travel/lodging: \$1000 for PGY1 residents, \$1500 for PGY2 residents
- 5 days for Continuing Education, not taken out of the PTO bank
- Registration for CE meetings: \$1000 per calendar year from employee enhancement funds

Department expenses that will be reimbursed within the budget above include lodging, meals (no alcohol), and travel (airfare to the meeting and transportation to/from the hotel and airport). Residents should be aware that all expenses may not be reimbursed in full. Registration where continuing education is involved will be covered by employee enhancement funds.

Residents will submit their expenses online within 30 days after travel.

OFFSITE ROTATION EXPENSES

Offsite rotations may be available to residents to help enhance resident learning. Additional financial support (e.g. mileage reimbursement, parking fees, tolls) is not provided for offsite rotations. Residents should discuss financial concerns with RPD in advance of rotation.

EMPLOYEE ENHANCEMENT REIMBURSEMENT

The Employee Enhancement program reimburses employees up to \$1,000 for costs of professional development seminars, conferences, *etc.* Participants must be employed by Rush for at least three months. Applications should be submitted to **Tuition Manager** within 45 days after the event is complete. No reimbursement forms will be accepted after 45 days. Copies of all paid receipts or statements for registration and proof of attendance (e.g., continuing education unit (CEU) certification or copy of event name badge). Please note registration documents are not accepted as proof of attendance.

VACATION (PTO)

Each resident is entitled to approximately 25 days of vacation during the residency year. This is dependent on the date 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.***

Residents may use PTO during the final two weeks of residency if approved by the RPD.

PGY2 residents who have early committed, and PGY1 residents who were RUSH employees prior to residency will need to space out their PTO to ensure that time away from the residency program does not exceed a combined total of 37 days per 52-week training period.

- Time away from the program is defined per ASHP Standards as the total number of days taken for vacation, sick, interview, conference/education days and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave. The calculation of time away DOES NOT include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.
- Up to 25% of days may be missed from a required rotation. This may be increased to 33% at preceptor discretion. For a 4-week rotation, 25% will be 5 days and 33% will be 7 days.
- It is recommended that no more than 33% of a required learning experience is spent as time away from the program, and individual preceptors should consider this when evaluating rotation schedules/PTO requests. If greater than 33% of a required learning experience is spent as time off, the learning experience preceptor and RPD may consider adjustment to the resident's schedule to extend or repeat the learning experience.
- Each resident is expected to work holidays. A resident whose staffing weekend or on call shift falls on a holiday (e.g., Christmas) will be expected to work the given holiday. If they are scheduled on a holiday, that day is not deducted from their PTO bank.
- Any leftover vacation time at the end of the year will be paid out to the resident upon departure from the medical center. However, residents are encouraged to use their PTO days PRIOR to mid-June. *Exception: if planning to transition to a PGY2 residency, the PGY1 resident MAY take some days in late June or early July for PTO with approval of the RPD.*
- Residents are given time off for all official medical center holidays *not falling on scheduled staffing or on call days.*

EXTENSION OF RESIDENCY PROGRAM

The conditions for extending the residency program are outlined in a departmental policy in PolicyTech (Pharmacy Resident Staffing and PTO/Duty hours) and will be reviewed during orientation.

SICK LEAVE/LEAVE OF ABSENCE

See policy in PolicyTech regarding taking time off for vacation, illness, CE (*Attendance / Tardiness / Supplemental Pay-Overtime/ Paid Time Off (PTO)/Continuing Education in Pharmacy*). See “Leave of Absence” policy from Human Resources, which includes guidance regarding maternity leave.

INTERVIEWING

Residents will be required to use their own PTO time for interviews for PGY2 programs or for jobs. The resident must budget in advance the PTO they might need for these activities as PTO cannot be taken if it has not been earned through work. Residents are expected to make preceptors aware of all dates that they will be off and to arrange for absence well ahead of time (as soon as plans are made) with preceptors and the RPD and the other residents in case on call/staffing responsibilities need to be changed.

Other Responsibilities

RESIDENCY END OF THE YEAR REPORT

The resident will be expected to provide a summary report of projects completed at the end of the year. The intent of the report is to highlight the benefits of residency training for the Department and Hospital. The report is submitted electronically at the end of the year.

RESIDENCY NOTEBOOK/BINDER

Residents should keep all work completed during the residency program under the “Files” tab of PharmAcademic. This is in lieu of an actual notebook. The documents saved include references, handouts, PowerPoint presentations, policies, MUEs and drafts of the research projects. Any work that has received critique/feedback should be included in this online notebook, with the documented critique. A full list of items that should be included is listed on the shared drive: *K:\RESIDENTS\Residency Notebook*. The resident will be provided direction on suggested sections for the notebook such as: orientation, rotations, research project, MUE, presentations, policy work, student precepting, and miscellaneous.

ADDRESS AND TELEPHONE NUMBER

Each resident is responsible for maintaining a correct local address and telephone number on file with the department. If any changes occur during the year, the resident should notify the RPD and department administrative assistant of these changes as soon as they are made. Changes should also be made by the resident online through LINK.

Rush business cards may be ordered for each resident early in the year to have in time for residency showcases and the ASHP Midyear Clinical Meeting.

PAGER RESPONSIBILITY

Each resident will be issued a Rush pager. The resident is responsible for carrying their pager whenever they are on the Rush premises. It is also expected that the resident will responsibly sign out their pager when he/she is out of town or during other appropriate times (e.g., if the resident chooses not to be available on weekends).

Code pages will occur on resident pagers only when the resident is signed on to cover the resident on call pager.

It is the resident's responsibility to update their pager status and covering. The RPD will review with the resident how to set up the pager and alter settings during orientation.

LICENSES

Please refer to departmental policy on PolicyTech (*Personnel Licensure – Application, Renewal, and Maintenance*). This will be reviewed during orientation.

EMAIL

Email is commonly used for department and hospital communication. The expectation is that email through Rush will be checked daily. Microsoft Outlook should be used to keep an updated calendar of residents' activities as well as for setting up meetings and reserving the pharmacy department conference room. Emails can be set to reflect when residents are out of town at a meeting or on vacation.

MOONLIGHTING, OVERTIME, DUTY HOURS

The conditions for moonlighting, overtime, and duty hours are outlined in a departmental policy online in PolicyTech (Pharmacy Resident Staffing and PTO/Duty hours) and will be reviewed during orientation.

FAILURE TO PROGRESS AND DISMISSAL POLICY

The conditions for dismissal and remediation approach for residents failing to progress through the program are outlined in a departmental policy online in PolicyTech (*Pharmacy Resident Failure to Progress and Dismissal Policy*) and will be reviewed during orientation.