



**DEPARTMENT OF PHARMACY**

**Pharmacy Residency Programs Manual**

**2025-2026**

# Table of Contents

## Introduction

- Practice Site
- Purpose Statement
- Equity, Diversity, and Inclusion Statement

## Completion Requirements

- PGY1 Traditional and Nontraditional Pharmacy Residency Programs
- PGY2 Pharmacy Residency Programs

## Required Residency Responsibilities, Activities and Projects

- Pharmacy Practice Experience (Staffing)
- On Call Program PGY1 and Direct Patient Care PGY2 Residencies
- On Call Program PGY2 HSPAL Residency
- Research
  - Institutional Review Board (IRB)
  - Research Project
- Pharmacy Grand Rounds
- Committee Assignments
- Residency Leadership Roles
- Chief Resident
- Program Specific Deliverables (Residency Notebook/Binder)

## Optional Residency Responsibilities, Activities and Projects

- Teaching Responsibilities

## Resident Benefits and Policies

- Mentor
- Wellness
- Employee Enhancement Reimbursement
- Travel and Reimbursement
- Salary
- Vacation (PTO)
- Preceptor Contact Time for Required Learning Experiences
- Sick Leave/ Leave of Absence
- Licenses

- Moonlighting, Overtime, Duty Hours
- Failure to Progress and Dismissal Policy
- Extension of Residency Program
- Pager Responsibility
- Email

#### **Program Oversight**

- Residency Advisory Committee (RAC)

#### **Feedback and Evaluation Strategy**

- PharmAcademic
- Midpoint Evaluations
- Learning Experience Evaluations
- Preceptor Evaluations
- Summative Evaluations
- Development Plan
- Summative Evaluations Rating Scale Definitions and Achieved for Residency Criteria

#### **Appendix: Program Specific Structure**

- Appendix A: Structure of the PGY1 Traditional Residency Program
  - Structure of the PGY1 Nontraditional Residency Program
- Appendix B: Structure of the PGY2 Critical Care Pharmacy Residency Program
- Appendix C: Structure of the PGY2 Emergency Medicine Pharmacy Residency Program
- Appendix D: Structure of the PGY2 HSPAL Residency Program
- Appendix E: Structure of the PGY2 Internal Medicine Pharmacy Residency Program
- Appendix F: Structure of the PGY2 Oncology Pharmacy Residency Program
- Appendix G: Structure of the PGY2 Pediatric Pharmacy Residency Program
- Appendix H: Structure of the PGY2 Solid Organ Transplant Pharmacy Residency Program

## **Introduction**

Rush University Medical Center is a not-for-profit academic medical center located just west of downtown Chicago in the Illinois Medical District. For more than 180 years, Rush has helped lead the way in developing innovative and often life-saving treatments.

Today Rush is a thriving center for basic and clinical research, with physicians and scientists involved in hundreds of research projects developing and testing the effectiveness and safety of new therapies and medical devices. This unique combination of research and patient care has earned Rush a position in the U.S. News & World Report Honor Roll. Rush is ranked No. 17 overall, two of our services, neurology and neurosurgery and orthopedics, are in the top five nationwide, and three are the highest-ranked programs in the state. Neurology and neurosurgery are top ranked in the Midwest. Rush was also [ranked No. 3 by the health care performance improvement company Vizient](#) out of 107 academic medical centers in Vizient's Quality and Accountability Study.

Rush was named one of the top 25 hospitals to work for in the United States by indeed.com, the largest job search engine and job board in the United States.

Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research. In addition, there are affiliation agreements in place among the Rush Department of Pharmacy and pharmacy schools in the Chicago area, including Midwestern University, Chicago State University, Roosevelt University, Rosalind Franklin College of Pharmacy and University of Illinois at Chicago.

The pharmacy model at Rush includes clinical specialists, clinical/operations pharmacists, residents, pharmacy students and faculty from colleges of pharmacy working together as a team to provide 24/7 clinical services. We have pharmacists dedicated to acute care, critical care, pediatrics, operations, and ambulatory care that round with the medical team, verify orders and provide clinical services. Distribution is driven by technicians and technology and overseen by pharmacists, utilizing tele pharmacy and dispensing carousels.

## **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.

## **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.

## **Completion Requirements for PGY1 Traditional and Nontraditional Pharmacy Residency Programs**

### **Competency Areas, Goals, and Objectives (2024)**

- Achieved for residency (ACHR) on **100%** of the R1 objectives from the ASHP program specific required competency areas, goals, and objectives.
- ACHR on **80%** of all R2-R4 objectives from the ASHP program specific required competency areas, goals, and objectives.
- Satisfactory Progress (SP) on remaining 20% of R2-R4 objectives.

### **Staffing**

- 24 weekend staffing shifts
- 2-3 Holidays (staffing, on call or post call shifts)
- Minimum on call days
  - 23 shifts for traditional PGY1
  - 11 shifts for non-traditional PGY1
- Minimum evening staffing shifts
  - 24 shifts for traditional PGY1
  - Not required for non-traditional PGY1

### **Longitudinal Projects / Responsibilities**

- Research project. The research project must be presented in a final written form (manuscript format) to the residency RPD and the residency research advisor (if applicable) and be acknowledged as successful
  - Poster presentation
  - Oral presentation (e.g., ILPRC)
- Medication Utilization Evaluation (MUE) with presentation at an interdisciplinary committee
- Revision or development of a monograph, policy, or guideline
- Successful completion of all required presentations
  - Grand Rounds I
  - Grand Rounds II
  - Presentation of research project outside of Rush (e.g. ILPRC, local or national specialty meeting)
  - Provision of one educational activity to pharmacy technicians
- Quality Improvement project
- Committee Membership (Attendance at 75% of committee meetings required)
- Pharmacy Residency Leadership Chair Position
- 100% completion of PharmAcademic evaluations and Residency Notebook

## **Completion Requirements for PGY2 Pharmacy Residency Programs**

### **Completion Requirements for PGY2 Direct Patient Care Residencies:**

1. Achieved for residency (ACHR) on **100%** of the R1 objectives from the ASHP program specific required competency areas, goals, and objectives.
2. ACHR on **80%** of all R2-R(4-6) objectives from the ASHP program specific required competency areas, goals, and objectives.
3. Satisfactory Progress (SP) on remaining 20% of R2-R(4-6) objectives.

### **Completion Requirements for PGY2 Non-Direct Patient Care Residencies:**

1. Achieved for residency (ACHR) on **80%** of all R1-R5 objectives from the ASHP program specific required competency areas, goals, and objectives.
2. Satisfactory Progress (SP) on remaining 20% of objectives.

### **Completion Requirements for ALL PGY2 Pharmacy Residency Programs:**

1. Pharmacy practice experience: weekend, holiday and on call coverage
  - a. 24 weekend staffing shifts
  - b. 2-3 Holidays (staffing, on call or post call shifts)
  - c. Minimum 21 on call days for PGY2 direct patient care residents
  - d. Minimum six independent weeks on call as pharmacy administrator on call for HSPAL resident
2. Research project. The research project must be presented in a final written form (manuscript format) to the residency RPD and the residency research advisor (if applicable) and be acknowledged as successful
3. Medication Utilization Evaluation (MUE) or quality project with presentation at an interdisciplinary committee
4. Revision or development of a monograph, policy, or guideline
5. Successful completion of all required presentations
  - o Grand Rounds I
  - o Grand Rounds II (N/A for PGY2 Oncology Residency)
  - o Presentation of research project outside of Rush (e.g. ILPRC, local or national specialty meeting)
6. Committee Membership (Attendance at 75% of committee meetings required)
7. Pharmacy Residency Leadership Chair Position
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. Required program specific deliverables for PGY2 competency areas, goals, and objectives (Resident notebook/binder)

### **Additional Program Specific Completion Requirements:**

#### **PGY2 Oncology Residency**

1. Hematology/Oncology Fellows Lecture
2. Nursing CE
3. Submit an article for publication in a peer-reviewed journal

## **Required Residency Responsibilities, Activities and Projects**

### **PHARMACY PRACTICE EXPERIENCE (STAFFING)**

Reference PolicyTech for full details (*Resident Staffing and PTO/Duty hours*). This will be reviewed during orientation.

Residents are required to work two 8-hour shifts every fourth weekend. The PGY1 resident will work primarily in a clinical/operations staffing role early in the year with the opportunity to work in a decentralized position later in the year. The PGY2 residents work in a role that aligns with their specialty program.

Traditional PGY1 residents are required to work a minimum of 24 evening staffing shifts. The shifts are 5-hours in length and scheduled Monday thru Friday. The cadence may be irregular as the responsibility is shared with pharmacy clinicians. PM staffing will be scheduled no more frequently than an average of every 8<sup>th</sup> weekday.

Residents must be in their assigned work area ready to work at the start of their staffing shift on weekends. Tardiness will not be permitted.

If a resident needs an assigned staffing shift off, they must trade with another employee. All weekend trades must be approved by the RPD in advance.

In the event that a resident(s) departs the program prior to completion, any remaining weekday evening staffing shifts assigned to the departing resident(s) will be redistributed as equitably as possible among the remaining members of the PGY1 residency class, taking into consideration existing schedules and duty hour requirements. Weekend staffing shifts would not be redistributed.

### **ON CALL PROGRAM**

Residents in the PGY1 and Direct Patient Care PGY2 Residencies will participate in an in-house on call program. This will include being in the hospital for 24 hours followed by a post-call day off; on call 5 pm-7 am on weekdays or 7 am-7 am on weekends and holidays. During each on call shift, there is a duty-free period that allows the resident a period to rest.

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 meetings, while also meeting the on call obligation.

In the event that a resident(s) departs the program prior to completion, any remaining on call shifts assigned to the departing resident(s) will be redistributed as equitably as possible among the remaining members of the residency class, taking into consideration existing schedules and duty hour requirements.

The on call program is utilized to provide clinical coverage overnight in addition to the midnight pharmacists. Reference PolicyTech for full details (*Pharmacy Resident On Call Program*).

Residents in the PGY2 HSPAL Pharmacy Residency will participate in the Pharmacy Administrator on call program. This will include being on call virtually from Monday at 0800 to Friday at 1700.



## **RESEARCH**

### **Institutional Review Board (IRB)**

Please see file folder on the shared K drive within the RESIDENTS folder: *K:\RTF\Examples – Study Proposal PowerPoints 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 resources to use when preparing and submitting your research proposal online.

### **Research Project**

Reference PolicyTech for full details (*Pharmacy Residency Research Project*).

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

Research project proposals will be presented by the residency preceptors in July. These research project proposals have been vetted by the research task force. The projects may involve any area of hospital pharmacy practice that has the potential to contribute to the profession's knowledge. It must be feasible to complete the project within the one-year residency appointment, or 2 years for the nontraditional resident.

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

The appointed major project advisor is responsible for the supervision and evaluation of the resident's 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.**

## **PHARMACY GRAND ROUNDS**

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). More information on Grand Rounds can be found on the shared drive: *K:\RESIDENTS\Grand Rounds*.

Grand Rounds I presentations should be approximately 40-45 minutes.

Grand Rounds I Formats:

- Topic presentation
- Morbidity and mortality presentation

Grand Round II presentations should be a 20–25-minute presentation with two residents presenting during the same session for a total of 40-50 minutes of educational content.

Pharmacy Grand Rounds II Formats:

- Pro/con debate (2 residents)
- Patient case
- Clinical/operational pearl
- Clinical/operational update
- Preceptor development

## **COMMITTEE ASSIGNMENTS**

Each resident will be assigned to a committee for the year. Committees include, but are not limited to:

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

## **RESIDENCY LEADERSHIP ROLES**

The residents will be assigned to a leadership role for the pharmacy class. Leadership roles include, but are not limited to:

- Chief resident
- Community Outreach Chair
- Conference Chair
- Grand Rounds Chair(s)
- Historian/Alumni Chair
- Newsletter Chair
- Recruitment Chair(s)
- Research Chair
- Resident Revitalization Chair
- Secretary
- Social Committee Chair
- Technology Chair(s)
- Treasurer
- Wellness 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 pharmacy management. The Chief Resident is 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

## **PROGRAM SPECIFIC DELIVERABLES (RESIDENCY NOTEBOOK/BINDER)**

Residents should keep all program specific required deliverables for the residency program under the “Files” tab of PharmAcademic. Files should be named by the objective, and then the deliverable type. If more than one example is included, number each example.

The RPD will provide the resident with an Electronic Residency Notebook Instruction sheet at the beginning of the year. The resident will review progress on completion during quarterly development plan meetings with the RPD and residency mentor.

## **Optional Residency Responsibilities, Activities and Projects**

### **TEACHING RESPONSIBILITIES**

A teaching certificate is optional for residents, through the University of Illinois. Details will be provided in a separate document and a designated meeting will occur during the orientation month to review the process to obtain the teaching certificate. The resident should carefully read through the teaching certificate responsibilities before accepting a position in the program.

Residents will provide in-services on specific learning experiences to medical and nursing personnel. There may be opportunities for further teaching available at the Chicago colleges of pharmacy, Rush University, and the Rush College of Nursing. Residents interested in this opportunity should express interest to the RPD during each quarterly development plan meeting, or sooner.

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 expectations to the precepting of the IPPE course with the residents.

## **Resident Benefits and Policies**

### **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 development plan meetings.

## **WELLNESS**

RUSH is committed to fostering a culture of wellness. Resident well-being is prioritized through scheduled wellness activities and a wellness committee. The following is an example calendar of activities to promote wellness throughout the residency year.

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

## **EMPLOYEE ENHANCEMENT REIMBURSEMENT**

The employee enhancement tuition reimbursement program reimburses employees up to \$1000 annually (Jan-Dec) for the costs of continuing education programs (i.e., registration for local and national meetings, professional development seminars). Participants must work at Rush for at least 3 months. Eligible costs are reimbursed at 90%. Applications must be submitted within 45 days of the end of the event. Copies of all paid receipts and proof of attendance are required (i.e., CE certificate, event name badge).

## **TRAVEL AND REIMBURSEMENT**

Travel on behalf of the institution 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. Reimbursement for travel is provided to help offset the expense of conducting business on behalf of Rush. Reference PolicyTech for full details (Travel and Employee Reimbursement Policy).

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

Travel expenses that will be reimbursed within the budget above include lodging, meal per diem, and transportation (airfare to the meeting and transfer 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 must submit their expenses online within 30 days after travel.

Offsite learning experiences 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 learning experiences. Residents should discuss financial concerns with RPD in advance of learning experiences.

### **SALARY**

The PGY1 Pharmacy residents will be paid approximately \$50,336 and the PGY2 Pharmacy residents will be paid approximately \$52,707. Checks are issued every other Friday via direct deposit, which is set up through the payroll department.

### **VACATION (PTO)**

The resident will accrue approximately 25 days of paid time off (PTO). PTO cannot be taken until the resident has accrued the time through working. It is the resident's responsibility to manage their PTO time to ensure adequate hours for time away. The resident is expected to take PTO intermittently throughout the year. PTO can be scheduled pending approval from the RPD and preceptor whose learning experience the resident is currently on. It will be expected that the resident request time off well in advance.

- Official hospital holidays will be considered PTO time, unless the holiday falls on the resident's scheduled staffing day.
- Residents will be required to use PTO for interviews for post residency positions.
- The resident is encouraged to take all allotted PTO prior to the end of residency. Any leftover vacation time at the end of the year will be paid out to the resident upon departure from the medical center.
- Residents may use PTO during the final two weeks of residency if approved by the residency program director.

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, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leaves. The calculation of time away DOES NOT include conference and/or education days, service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.

### **PRECEPTOR CONTACT TIME FOR REQUIRED LEARNING EXPERIENCES**

To ensure adequate time for the resident to be evaluated on the required goals and objectives of the residency program, the residency advisory committee established a minimum number of preceptor contact days for required non-longitudinal learning experiences.

For required non-longitudinal learning experiences, the minimum number of required contact days is 75% of the learning experience (i.e., 15 out of 20 days for a required 4-week rotation). The rotation block that includes the Thanksgiving holiday as well as ASHP Midyear, although 5 weeks in length, will be treated as a 4-week rotation. An additional 2 days off the learning experience may be considered with preceptor and RPD approval. The RPD may consider adjusting the learning experience schedule to ensure this requirement is met through extension of or repeating the required learning experience.

### **SICK LEAVE/LEAVE OF ABSENCE**

Reference PolicyTech for full details (*Attendance / Tardiness / Supplemental Pay-Overtime/ Paid Time Off (PTO)/Continuing Education in Pharmacy*) and (HR-B 14.00 Leave of Absence).

### **LICENSES**

Reference PolicyTech for full details (*Personnel Licensure – Application, Renewal, and Maintenance*). This will be reviewed during orientation.

### **MOONLIGHTING, OVERTIME, DUTY HOURS**

Reference PolicyTech for full details (*Pharmacy Resident Staffing, Leave of Absence, and PTO/Duty hours*). This will be reviewed during orientation.

### **FAILURE TO PROGRESS AND DISMISSAL POLICY**

Reference PolicyTech for full details (*Pharmacy Resident Staffing, Leave of Absence, and PTO/Duty hours*). This will be reviewed during orientation.

### **EXTENSION OF RESIDENCY PROGRAM**

Reference PolicyTech for full details (*Pharmacy Resident Staffing, Leave of Absence, and PTO/Duty hours*). This will be reviewed during orientation.

### **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.

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.

### **EMAIL**

Email is commonly used for department and hospital communication. The expectation is that Rush email 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. Email alerts can be set to reflect when residents are out of town at a meeting or on vacation.

## **Residency Program Oversight**

### **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. 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 learning experience 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.



## Feedback and Evaluation Strategy

Informal, verbal communication between residents and preceptors should occur on a frequent basis. Documentation of this communication and feedback is not required. This communication is important for early detection and resolution of identified opportunities for improvement.

Written feedback on handouts, documents, and presentations, should be kept in the residency notebook. These are important for residents to reflect upon throughout the program.

### PHARMACADEMIC

Structured evaluations are conducted throughout the year to provide formal feedback to residents on their performance. Orientation to PharmAcademic will be conducted during July of each residency year.

Evaluations must be completed in a timely manner so that feedback is useful for subsequent learning experiences, both for preceptors and residents. ***A “timely manner” is defined as by the due date or within 7 days.***

### MIDPOINT EVALUATIONS

Completed by the preceptor for required non-longitudinal learning experiences (except for orientation). Midpoint evaluations are optional for all other learning experiences.

#### Rating Scale

| Rating Scale                  | Definition                                                                                                                                                         |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unacceptable                  | <ul style="list-style-type: none"><li>Resident displays behaviors that require RPD and preceptor intervention to get on track.</li></ul>                           |
| Needs significant improvement | <ul style="list-style-type: none"><li>Significant improvement is needed; resident at risk of not successfully completing learning experience activities.</li></ul> |
| Appropriate progress          | <ul style="list-style-type: none"><li>Resident is performing and progressing at expected state for the time of residency year.</li></ul>                           |
| Independent                   | <ul style="list-style-type: none"><li>Resident is able to perform independently. The preceptor mainly functions in the facilitation preceptor role.</li></ul>      |
| Not applicable                | <ul style="list-style-type: none"><li>Does not apply.</li></ul>                                                                                                    |

### LEARNING EXPERIENCE EVALUATIONS

Completed by the resident by the end of each non-longitudinal learning experience (< 12 weeks); and at the midpoint and at the end of the learning experience for longitudinal learning experiences (>12 weeks). Residents are encouraged to provide constructive feedback on the quality of the learning experience.

### PRECEPTOR EVALUATIONS

Completed by the resident by the end of the learning experience. Residents are encouraged to provide constructive feedback and discuss with the preceptor at the end of the learning experience.

## **SUMMATIVE EVALUATIONS**

Completed by the preceptor by the end of each non-longitudinal learning experience (< 12 weeks); and at evenly spaced intervals and by the end of the learning experience for longitudinal learning experiences (>12 weeks).

These evaluations form the structure of an in-person discussion with the preceptor and resident (and, if necessary, the RPD) to review the resident's progress and performance toward achievement of assigned objectives and the learning experiences effectiveness at teaching the objectives.

## **DEVELOPMENT PLAN**

Residents will complete an initial development plan and quarterly self-assessments utilizing the resident development plan template.

Quarterly development plan meetings utilizing the resident development plan template will be completed with the RPD, the resident and their mentor, if available, throughout the year. The RPD will review the learning experience evaluations for each resident, as well as other information pertaining to ongoing responsibilities such as resident's research project, quality assurance/improvement projects, weekend responsibilities, etc.

The RPD, the resident and their mentor, if available, will review all objectives evaluated as Achieved for Residency (ACHR) for the program at that point in the year.

Updates to the resident's self-assessment and development plan are documented and finalized in PharmAcademic every 90 days from the start of the residency.

### **Summative Evaluation Ratings Scale Definitions and Achieved for Residency Criteria**

| <b>Rating Scale</b>            | <b>Definition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Improvement (NI) - 1     | <ul style="list-style-type: none"><li>• Deficiencies in knowledge or skills related to the objective.</li><li>• Often requires assistance or guidance from start to finish to complete the objective.</li><li>• Unable to ask appropriate questions to supplement learning.</li></ul>                                                                                                                                                                                                                                              |
| Satisfactory Progress (SP) - 2 | <ul style="list-style-type: none"><li>• Resident is performing and progressing at expected state for the time of residency year.</li><li>• Adequate knowledge/skills in this area.</li><li>• Requires some preceptor directed intervention to complete the objective.</li><li>• Able to ask appropriate questions to supplement learning.</li><li>• Improvement is observed during learning experience but does not include mastery of the objective. Requires skill development over more than one learning experience.</li></ul> |
| Achieved (ACH) - 3             | <ul style="list-style-type: none"><li>• Able to perform the objective independently in the learning experience. The preceptor mainly functions in the facilitation preceptor role.</li><li>• Rarely requires assistance to complete the objective.</li></ul>                                                                                                                                                                                                                                                                       |
| Achieved for Residency (ACHR)* | <ul style="list-style-type: none"><li>• Resident consistently performs the objective independently at the ACH level as defined above.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                    |

\* On a quarterly basis, the RPD will review all new summative evaluations completed during the previous quarter and assess the ratings for each objective assigned to be taught and evaluated.

Objectives that are evaluated in the previous quarter as Achieved (ACH), will be reviewed at the quarterly development plan meeting and discussed with the resident, RPD and mentor (if available) and marked as Achieved for Residency (ACHR) in PharmAcademic. Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR.

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as appropriate.

All evaluations through PharmAcademic are maintained by the RPD for ongoing review and appropriate feedback and counseling to both residents and preceptors.

## **Appendix A: PGY1 Traditional Pharmacy Residency Program**

### **Program Structure**

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

#### **Required Learning experiences (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 Learning experience (4 weeks)

#### **Elective Learning experiences (total 16 weeks)**

At least two elective learning experiences 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 learning experiences 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 learning experience previously. (For example, if the resident has completed a learning experience in the MICU, a 2-3-week learning experience in another ICU might be acceptable, if the preceptor is willing and able.)

- Ambulatory Care (Rush University Internists)
- Malignant Hematology
- Solid Organ Transplant
- Emergency Medicine
- Neurology
- Cardiac Intensive Care Unit (CICU)
- Specialty Pharmacy
- Medicine II
- ICU II
- Bone Marrow Transplant (if successfully completed malignant hematology learning experience)
- Malignant Hematology II
- Pediatric Heme/Onc

- Pediatric ID
- Informatics
- Heart Failure
- Mission Trip

#### Longitudinal Obligations (12 months)

- Practice Obligation
  - 8-hour shifts Saturday and Sunday every 4<sup>th</sup> weekend for 52 weeks
  - Staff the central pharmacy approximately every other week (Mon-Fri) (5 hours)
- On-Call (in rotation with other residents for 52 weeks)
- Research (52 weeks, 3 weeks of dedicated research days)
  - Presented as a poster (Vizient or ASHP) and platform presentation (e.g., ILPRC Conference)
- Medication Use Evaluation
- Grand Rounds
  - 2 presentations
- Monograph OR policy OR guideline (as available)
- Pharmacy Technician CE
- Quality Improvement Project
- Committee Involvement
- Leadership Chair position

#### Elective Activities

- Teaching certificate
- Research certificate

### **PGY1 Nontraditional Residency Program**

#### Program Structure

The nontraditional PGY1 residency program contains the same components as the traditional PGY1 residency but is extended over 2 years. Learning experiences 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 learning experiences 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 4<sup>th</sup> weekend only during those months on learning experiences
- 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

## **Appendix B: PGY2 Critical Care Pharmacy Residency Program**

### **Program Structure**

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

#### **Required Learning Experiences (each 4 weeks in duration)**

- Orientation
- 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 Learning Experiences, on-site (each 4 weeks in duration unless otherwise specified)**

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

#### **Elective Learning Experiences, off-site (limited to 2, each 2-4 weeks)**

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

#### **Longitudinal Learning Experiences**

- Professional development and personal leadership
- Practice Obligation (8-hour shifts Saturday and Sunday every 4<sup>th</sup> weekend for 52 weeks)
- On-Call (in rotation with other residents for 52 weeks)
- Research (52 weeks, 3 weeks of dedicated research days)
- Medication Use Evaluation
- Grand Rounds
- Critical Care journal club

#### **Elective Activities**

- Teaching certificate
- Research certificate

## **Appendix C: PGY2 Emergency Medicine Pharmacy Residency Program**

### **Program Structure**

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

#### **Required Learning Experiences (total 44 weeks)**

- Orientation
- 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 Learning Experiences (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)
- Infectious Diseases (ID)

#### **Longitudinal Learning Experiences**

- Weekend Staffing (8-hour shifts Saturday and Sunday every 4<sup>th</sup> weekend for 52 weeks)/On-Call (in rotation with other residents for 52 weeks)
- Research (52 weeks, 3 weeks of dedicated research days)
- Grand Rounds
- Emergency Preparedness Committee
- Medication Use Evaluation

#### **Elective Activities**

- Teaching certificate
- Research certificate

## **Appendix D: PGY2 Health System Pharmacy Administration and Leadership Residency Program**

### **Program Structure**

The residency program is 24 months in duration. The first 52 weeks follow the requirements of the PGY1 traditional pharmacy residency program and the second 52 weeks follow the structure of the PGY2 HSPAL program and consist of the following learning experiences.

#### **Required Learning Experiences (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 Management and Informatics (4 weeks)
- Pharmacy Residency Recruitment (4 weeks)

#### **Elective Learning Experiences (2 Required)**

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

#### **Required Longitudinal Learning Experiences**

- Staffing (8-hour shifts Saturday and Sunday every 4<sup>th</sup> weekend for 52 weeks)
- Pharmacy Administrator on Call (8 weeks (2 training weeks, 6 independent weeks) for 52 weeks)
- Research (52 weeks, 3 weeks of dedicated research days)
- Medication Use Evaluation (MUE)
- Pharmacy Grand Rounds
- Pharmacy Internship (52 weeks)



## **Appendix E: PGY2 Internal Medicine Pharmacy Residency Program**

### **Program Structure**

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

#### **Required Learning Experiences (7 total, 28-30 weeks)**

- Orientation (4 weeks, 2 weeks for early committed residents)
- Internal Medicine I (6 weeks)
- Internal Medicine II (4 weeks)
- Internal Medicine III (4 weeks)
- Medical Intensive Care Unit (4 weeks)
- Medical Oncology (4 weeks)
- Neurology (4 weeks)

#### **Elective Learning Experiences (select 5-7 depending on length/early commit status, 22-24 weeks)**

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

#### **Required Longitudinal Learning Experiences**

- Pharmacotherapy Clinic (48 weeks, 1 afternoon per week 12:30-5:00pm)
- Grand Rounds (8 weeks, 2 per year)
- Research (52 weeks, 3 weeks of dedicated research days)
- Medication Use Evaluation (12 weeks)
- Development or Revision of Monograph, Guideline or Protocol (8 weeks)
- Anticoagulation Subcommittee Membership (52 weeks)
- Weekend Staffing in Acute Care (8 hour shifts Saturday and Sunday every 4<sup>th</sup> weekend for 52 weeks)
- On-Call Program (in rotation with other residents for 52 weeks)

#### **Elective Activities**

- Teaching Certificate
- Research Certificate

## **Appendix F: PGY2 Oncology Pharmacy Residency Program**

### **Program Structure**

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

#### **Required Learning Experiences (total 37-38 weeks)**

- Orientation (4 weeks, 3 weeks if early committed resident)
- Hematology I (4-6 weeks)
- Hematology II (4 weeks)
- Stem Cell Transplant and Cellular Therapy (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 (2-3 weeks)

#### **Elective Learning Experiences (each 2-4 weeks in duration)**

- 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 Learning Experiences**

- Professional development and leadership/management
- Policy/procedure or guideline update, pharmacy newsletter
- Research (52 weeks, 3 weeks of dedicated research days) & HOPA Annual Conference poster
- Resident/student teaching/Academia
- Medication use evaluation
- On-Call (in rotation with other residents for 52 weeks)
- Longitudinal lymphoma/hematology clinic longitudinal learning experience
- Informatics longitudinal learning experience
- Practice obligation (8-hour shifts Saturday & Sunday every 4<sup>th</sup> weekend for 52 weeks)

#### **Elective Activities**

- Teaching certificate
- Research certificate

## **Appendix G: PGY2 Pediatric Pharmacy Residency Program**

### **Program Structure**

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

#### **Required Learning Experiences (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 Learning Experiences (total 10-11 weeks) (limited to 2 offsite learning experiences per year)**

- Pediatric Antimicrobial Stewardship (2-4 weeks)
- Pediatric Administration (2-4 weeks)
- Pediatric Medication Safety and Informatics (2-4 weeks)
- Pediatric Investigational Drug Service (2-4 weeks)
- Pediatric Parenteral Nutrition (2-4 weeks)
- Pediatric Solid Organ Transplant (offsite 2-4 weeks)
- Pediatric Ambulatory Care (2 weeks)
- Advanced Required Learning Experience (i.e. NICU III) (2-4 weeks)
- Other elective learning experiences may be developed based on resident interest and preceptor availability

#### **Required Longitudinal Learning Experiences**

- Ambulatory Care Clinic (1 half-day per week; 48 weeks total)
  - Outpatient Pediatric Hematology/Oncology Clinic (1 half-day per week; 24 weeks)
  - Pediatric Epilepsy Ambulatory Care Clinic (1 half-day per week; 24 weeks)
- Staffing (8-hour shifts Saturday & Sunday every 4<sup>th</sup> weekend for 52 weeks)
- On-Call (in rotation with other residents for 52 weeks)
- Research (52 weeks, 3 weeks of dedicated research days)
- Committee Membership
- Grand Rounds
- Medication Use Evaluation

#### **Elective Activities**

- Teaching certificate
- Research certificate

## **Appendix H: PGY2 Solid Organ Transplant Pharmacy Residency Program**

### **Program Structure**

12-months (52 weeks) duration with the following learning experiences:

#### **Required Learning Experiences**

- Orientation (*1 week if early committed resident*) (4 weeks)
- Inpatient Solid Organ Transplant 1 (6 weeks)
- Outpatient Solid Organ Transplant 1 (6 weeks)
- Surgical Intensive Care Unit (*unless completed previously*) (4 weeks)
- Immunocompromised Infectious Disease Consult Service (4 weeks)
- Transplant Nephrology (4 weeks)
- Transplant Hepatology (4 weeks)
- Quality Assurance and Performance Improvement (2 weeks)

#### **Elective Learning Experiences**

- Pediatric Transplant (Lurie Children's Hospital) (2 weeks)
- Lung Transplant (Loyola Medical Center) (4 weeks)
- Academia (2 weeks)
- Inpatient Solid Organ Transplant 2 (6 weeks)
- Outpatient Solid Organ Transplant 2 (6 weeks)
- *Repeat of any of the required rotations*
- *Additional experiences may be arranged based on resident interest and service availability*

#### **Required Longitudinal Learning Experiences**

- Weekend Staffing (8-hour shifts Saturday & Sunday every 4<sup>th</sup> weekend for 52 weeks) and On-Call (in rotation with other residents for 52 weeks)
- Research and Medical Writing (52 weeks, 3 weeks of dedicated research days)
- Grand Rounds

#### **Elective Activities**

- Teaching certificate
- Research certificate