



Department of Pharmacy
PGY1 & PGY2 Health-System Pharmacy Administration and Leadership
Residency Program Manual (Abbreviated)
2024-2026

The combined PGY1 & PGY2 Health-System Pharmacy Administration and Leadership Residency Program is a two-year residency established to provide specialty training for residents interested in health-system pharmacy administration and leadership. As a PGY1, the pharmacy resident will complete the requirements of the PGY1 pharmacy practice residency at Rush University Medical Center. Experiences are tailored to the individual resident's background and interest areas. As a PGY2, the pharmacy resident will be exposed to a variety of practice areas including Inpatient Clinical Pharmacy Services, Inpatient Pharmacy Operations, Medication Safety and Pharmacy Leadership.

Purpose Statement:

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.

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 12 months will follow the requirements of the PGY1 pharmacy practice residency and the second 12 months will follow the structure of the PGY2 program and consist of the following learning experiences.

Required rotations:	Elective rotations:
<ul style="list-style-type: none">• 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)• Area/Program Leadership (4 weeks)	<ul style="list-style-type: none">• Pharmacy Informatics (4 weeks)• Sterile Products (2-4 weeks)• Other elective learning experiences may be developed based on resident interest and preceptor availability (off-site rotations may be available) *

**Additional financial support (e.g., mileage reimbursement, parking fees, tolls) is not provided for offsite rotations*

Longitudinal experiences:

- The staffing component will occur every fourth weekend as the pharmacist in charge.
- Pharmacy administrator on-call will provide exposure to both clinical and operational leadership.
- The resident will choose a research project in July and work all year with one or two research advisors.
- Pharmacy Internship program oversight will provide exposure to human resources management.

Required activities of the PGY2 residency program:

- One formal research project with manuscript of publishable quality
- Conference presentation of a research project
- Medication Utilization Evaluation (MUE) or quality project with presentation at an interdisciplinary committee
- Two ACPE-accredited pharmacy grand rounds
- Development or updating of a practice guideline or policy.
- Pharmacy Administrator On-call program
- Staffing in the Central Pharmacy as the Pharmacist in Charge (every fourth weekend and assigned holidays)
- Hospital committee participation
- Residency class leadership position
- Maintenance of required deliverables for PGY2 HSPAL CAGOs (residency notebook/binder)

Committee Assignments: The resident will be assigned to a committee for the year. The resident will be expected to attend regularly scheduled meetings of the assigned committee. Examples Included, but not limited to:

- Nursing-Pharmacy Committee
- Medication Use Evaluation Committee
- Pharmacy, Nutrition, and Therapeutics (PNT) Committee
- Epic Subject Matter Expert (SME) Committee

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

Mentor: The resident will be expected to select a mentor from the Department of Pharmacy at the beginning of the PGY1 year. The resident may choose to have the same mentor for both years or the resident may select a new mentor during the PGY2 year. The resident's mentor will be expected to attend all resident quarterly evaluations.

Pharmacy Grand Rounds: Pharmacy Grand Rounds are held weekly. The resident presenting will rotate through all the pharmacy residents. Advance notice to the Pharmacy Department is expected by the resident of their grand rounds to ensure participation is optimal. REDCap and PharmAcademic are used to provide feedback.

Typical Monthly Schedule:

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

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

Residency Advisory Committee: The Residency Advisory Committee (RAC) is made up of all Residency Program Directors (RPD), a subset of the residency preceptors, and the chief resident. Goals of the RAC include:

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

Salary: The PGY1 Pharmacy & PGY2 Health System Pharmacy Administration and Leadership (HSPAL) will be paid approximately \$50,336 during the PGY1 year and \$52,707 during the PGY2 year. Checks are issued every other Friday via direct deposit, which is set up through the payroll department.

Teaching: Residents will provide in-services on specific rotations to medical center personnel. Participation in certain workshops or lectures may be an option for the resident at the schools of pharmacy Rush has affiliations with. In addition, there will be introductory pharmacy experience (IPPE) students that interact with the residents intermittently throughout the year. There may be additional options for teaching available at the Chicago colleges of pharmacy, Rush University, and the Rush College of Nursing.

Residency End of 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.

Required deliverables for PGY2 HSPAL CAGOs (residency notebook/binder): Residents should keep all work completed during the residency program under the “Files” tab of PharmAcademic. Examples of documents saved include handouts, PowerPoint presentations, policies, MUEs and drafts of the research projects. Any work that has received critique/feedback should be included, with the documented critique. 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 evaluations with the residency mentor and RPD.

Paid time off/Holidays/Interview Time/CE days: The resident will be entitled to approximately 25 days of paid time off (PTO). PTO cannot be taken until the resident has accrued the time through working. The resident is expected to take PTO intermittently throughout the year. PTO can be scheduled pending approval from the RPD and preceptor whose rotation the resident is currently on. It will be expected that the resident request time off well in advance to allow for appropriate coverage.

- The resident will be allotted five continuing education days for professional meeting attendance (not taken from PTO bank).
- Official hospital holidays will be considered PTO time, unless the holiday falls on the resident’s scheduled staffing day.
- 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.

Professional Attire: The resident is expected to wear their Rush ID badge while in the medical center. Compliance with the department’s dress code will be enforced. Scrubs are not permitted on days the resident conducts a formal presentation or attends an interdisciplinary meeting. A lab coat will be ordered for the resident in July.

Travel Reimbursement: Out-of-town travel on behalf of the institution or by assignment must be requested in advance and approved by the RPD. Consult the Rush Travel Policy, which outlines the process for travel reimbursement. PGY2 residents are reimbursed up to \$1,500 for travel for the residency year. Expenses that will be reimbursed within the defined budget include lodging, per-diem daily meal allowance (no alcohol), travel (airfare to the meeting and transportation to/from the hotel and airport). Residents should be aware that all expenses may not be reimbursed. Residents will submit their own expenses online within 30 days after their return.

Employee Enhancement Funds: The employee enhancement 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. Applications should be submitted to the Tuition Manager within 45 days after the event is complete. Copies of all paid receipts and documentation of proof of attendance are required (i.e., CE certificate, event name tag, workbook cover received on the day of the event).

Parking Information: The medical center provides both sheltered and non-sheltered parking facilities. Additional parking information including rates can be obtained by calling the Parking Garage Office at ext. 2-6594.

Benefits: : Benefit information can be accessed at the following website: <https://www.rush.edu/rush-careers/employee-benefits>. The Employee Service Center (312-942-3456) is also available for questions Mon-Fri from 7am to 7pm.

Licensure: All residents are required to be licensed as a pharmacist in Illinois and are encouraged to get their dates for testing as soon as possible. If the resident does not have a pharmacist license by the beginning of the residency, they must have a valid Illinois pharmacy technician license. All residents are expected to obtain Illinois pharmacist licensure no later than 90 days from the respective start dates of each program. The Residency Advisory Committee may consider allowing a 30-day licensure extension. If denied, the resident will be dismissed from the residency program. If a resident still has not obtained Illinois pharmacist licensure within 120 days from the start of the program, they will be dismissed from the residency program. A copy of the resident's pharmacist license should be provided to the Administrative Assistant to the Pharmacy Department.

Confidential Information: The resident will be exposed to a variety of confidential information throughout the year. Such information must be kept private and comply with HIPAA standards. The resident will receive HIPAA training during orientation month.

Resident Failure to Progress and Dismissal Policy: Residents are expected to conduct themselves in a professional manner and to follow all pertinent university, medical center and department policy and procedures. The conditions for dismissal and remediation for residents failing to progress through the program are outlined in PolicyTech (Pharmacy Resident Failure to Progress and Dismissal Policy) and will be reviewed during orientation.

Staffing Requirements: The PGY2 resident will be required to work two 8-hour staffing shifts every fourth weekend in addition to the on-call requirement. The resident will also be required to work two official hospital holidays (Fourth of July, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Memorial Day, or Martin Luther King Jr. Day). The assigned location for weekend/holiday staffing will be in the Central Pharmacy, Pharmacist in Charge. The resident should be on time at their work site. Tardiness will not be permitted. If the resident would like to take a weekend off, the resident must switch weekends with another Pharmacist in Charge trained pharmacy. The Residency Program Director must approve trading of shifts.

On-Call Program: The PGY2 resident will be expected to rotate through covering the pharmacy administrator on call pager Monday-Friday. Responsibilities include, but are not limited to, participating in Hospital Incident Command, reviewing non-formulary medication requests, managing operational/staffing efficiencies and regulatory monitoring.

Overtime/Duty hours (Moonlighting): Residents are expected to commit their full professional attention to the residency. ***Working in other positions outside the Department is not permitted.*** Residents may consider picking up open shifts within the Rush Department of Pharmacy, if approved by the RPD first. The limit of duty hours is consistent with ASHP accreditation and ACGME terms that went into effect in July 2013. The hours at the hospital in the residency program is limited to 80 hours per week, averaged over a 4-week period. Residents must be provided one day in seven free, averaged over a four-week period. Adequate time for rest and personal activities must be provided. This should consist of a minimum of 8 hours, but ideally, a 10-hour period provided between all daily duty periods. For programs with on-call programs, there should be a minimum of 14 hours free following an on-call shift. This is consistent with the recommendations provided in the [ASHP Duty-Hour Requirements for Pharmacy Residencies](#). The resident will document duty hours monthly utilizing the evaluation tool in PharmAcademic.

Successful Completion of the Residency: Structured evaluations using PharmAcademic will be conducted throughout the residency program to provide feedback regarding both resident's performance and effectiveness of training. Orientation to PharmAcademic will be conducted during July of each residency year. It is important to complete these evaluations in a timely manner so that comments are useful for subsequent rotations, both for the preceptor and resident. **A "timely manner" is defined as 7 days from 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 educational objectives (as indicated by an "R" below) will be taught and evaluated at multiple points during the residency year. The extent to which these objectives must be achieved for the residency to successfully complete the program is outlined below.

1. Achievement of 100% of the R1 objectives from the accreditation standard
2. Achievement of at least 80% of all remaining R2-5 objectives from the accreditation standard
3. Fulfillment of pharmacy practice service weekend and holiday coverage
4. Completion of the primary research project
 - a. The research project must be presented in a final written form, manuscript format, to the residency RPD and the residency research advisor (if different) AND be acknowledged as successful, to receive the residency certificate.
5. 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. Completion of all required presentations
 - a. Grand rounds I
 - b. Grand rounds II
 - c. Presentation of research project outside of Rush (e.g., ILPRC, local or national specialty meeting)
7. Completion of residency end of year report
8. Completion of required deliverables for PGY2 HSPAL CAGOs (residency notebook/binder)
9. 100% completion of PharmAcademic evaluations.

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 (a "4" or "5" on the PharmAcademic evaluation scale).