

Department of Pharmacy

Pediatric PGY2 Pharmacy Residency Program Manual (Abbreviated) 2024-2025

The Pediatric PGY2 Pharmacy Residency Program is a one-year residency established to provide specialty training for residents interested in pediatrics. The program offers multidisciplinary and comprehensive care.

Purpose Statement: PGY2 pharmacy residency programs build on Doctor of Pharmacy education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification (if available).

Goals: The goal of the Rush University Medical Center (RUMC) Pediatric PGY2 Pharmacy Residency Program is to provide the resident with a comprehensive and in-depth understanding of age-related pharmacotherapy in the pediatric population. The resident will be exposed to multiple pediatric populations within an interdisciplinary setting to allow them to become independent clinicians. The resident will be able to develop critical thinking and problem-solving skills within pediatric pharmacotherapy through active participation in required and elective patient care rotations and a multitude of other learning opportunities. In addition, the resident will learn how to appropriately review, prepare, and dispense pediatric medications in a safe and efficient manner. Upon completion of this program, the participant will be able to independently conduct practice based research and lead practice based quality initiatives.

The residency program is designed to comply with the published accreditation standards of the American Society of Health-Systems Pharmacists (ASHP). See the associated document entitled "Core Patient Assessment/Topic Competency Form – PGY2 Pediatric Pharmacy Residency" for details regarding specific patient cases/topics to be covered during the residents PGY2 pediatric residency year.

Structure of the PGY2 Residency Program: The residency will be 12 months in duration and consist of the following learning experiences.

Required Rotations	Elective Rotations (limited to 2 *off-site rotations)		
Orientation (4 weeks; 3 weeks if early committed)	Pediatric Antimicrobial Stewardship (2-4 weeks)		
Pediatric Intensive Care Unit I (4 weeks)	Pediatric Administration (2-4 weeks)		
Pediatric Intensive Care Unit II (4 weeks)	Pediatric Medication Safety/Informatics (2-4 weeks)		
Neonatal Intensive Care Unit I (4 weeks)	Pediatric Investigational Drug Service (2-4 weeks)		
Neonatal Intensive Care Unit II (4 weeks)	Pediatric Parenteral Nutrition (2-4 weeks)		
General Pediatrics I (4 weeks)	Pediatric Solid Organ Transplant (*off-site 2-4 weeks)		
Pediatric Hematology/Oncology I (4 weeks)	Pediatric Ambulatory Care (onsite 2 weeks; *off-site		
Pediatric Infectious Disease (4 weeks)	4 weeks)		
Pediatric Ambulatory Care (2 weeks)	Advanced Required Rotation (i.e. NICU III) (2-4		
Pediatric Emergency Department (4 weeks)	weeks)		

^{*}Additional financial support (e.g. mileage reimbursement, parking fees, tolls) is not provided for off-site rotations

Longitudinal experiences:

- The resident will spend one half-day per week in a longitudinal ambulatory care clinic (Outpatient Pediatric Hematology/Oncology Clinic or Pediatric Epilepsy Ambulatory Care Clinic).
- The staffing component will occur every fourth weekend in the A05 Pediatric Pharmacy Satellite.
- The in-house on-call program will provide exposure to both the pediatric and adult population.
- The resident will choose a research project in July and work all year with one or two research advisors.

Required activities of the PGY2 residency program:

- One formal research project with manuscript of publishable quality
- Platform presentation of research project at the Pediatric Pharmacy Association (PPA) Annual Meeting
- Medication Utilization Evaluation (MUE) or quality project with presentation at an interdisciplinary committee
- Two ACPE-accredited pharmacy grand rounds presentations [e.g. patient case, topic presentation (disease state/issue/controversy), M&M, and/or Pro/Con debate presentation)]
- Development or updating of a practice guideline or policy related to pediatrics
- Completion of one newsletter article
- Technology/automation project (i.e. Involvement in development of at least one new EPIC build/Alaris build or order set)
- On-call program
- Staffing in the A05 Pharmacy Pediatric Satellite (every 4th weekend and assigned holidays)
- Involvement in hospital committee
- Residency class leadership position
- One didactic lecture experience (potential opportunities may include Pediatric Medical Resident Noon Conference, College of Pharmacy, Rush Student Topic Discussion)
- PALS/ACLS certification
- Maintenance of required deliverable for PGY2 PEDIATRIC CAGOs (Residency notebook/binder)
- In-service/case presentations/journal clubs as required per rotational experiences

Elective activities of the PGY2 residency program:

- Teaching certificate program (if not completed during PGY1 program)
- Research certificate program (if not completed during PGY1 program)
- Leadership lecture series
- Drug Monograph with presentation at the PNT Committee
- Poster presentation of MUE results or research at professional meeting poster session (i.e. ASHP Midyear Clinical Meeting, ACCP Virtual Poster Symposium, Rush Trainee Research Day, Rush Quality Fair, etc.)
- ACCP Pediatric PRN Journal Club (application required)
- Involvement in a national organization committee
- Involvement in disease prevention/wellness promotion programs for the pediatric population (i.e. Flu Clinic, March of Dimes, Alex's Lemonade Stand)
- Volunteer activity (Rush departmental/hospital volunteer activities, etc.)
- Department wellness events

Committee Membership: The resident will be assigned to one of the following committees for the year (see list below). The resident will be expected to attend regularly scheduled meetings of the assigned committee and assist with preparation of materials for presentation at the meeting.

- PICU Medication Safety Committee
- Pediatrics (6Kellogg) Medication Safety Committee
- NICU Mediation Administration Improvement Committee
- NICU Nutrition Committee

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

Mentor: The resident will be expected to select a mentor from the Department of Pharmacy at the beginning of the year. This mentor should be a clinical specialist practicing in the resident's area of interest. The resident's mentor will be expected to attend all resident quarterly evaluations.

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

Typical Monthly Schedule*:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
On-call	Post-call	Rotation	Rotation	Rotation	Rotation	Staffing
		service	service	service	service	
		12p-PedGR				
		1p-PGR			12:30p	
					Resident	
	_	_			Meeting	
7	8	9	10	11	12	13
Staffing	Rotation	Rotation	Rotation	Rotation	Rotation	Off
	service	service	service	service	service	
		12p-PedGR			12.20.	
		1p-PGR			12:30p Resident	
14	15	16	17	18	Meeting 19	20
Off	Rotation	Post-call	Rotation	Rotation	Rotation	Off
OII	service	Post-can	service	service	service	OII
	On-call		Service	Service	Service	
	On-can				12:30p	
					Resident	
					Meeting	
21	22	23	24	25	26	27
Off	Rotation	Rotation	Rotation	Rotation	Rotation	Off
	service	service	service	service	service	
		12p-PedGR				
		1p-PGR			12:30p	
					Resident	
					Meeting	
28	29	30	Post-call			
Off	Rotation	Rotation				
	service	service				
		On-call				
		12p-PedGR				
		1p-PGR				

- 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

Residency Advisory Committee: The Residency Advisory Committee (RAC) is comprised of all Residency Program Directors (RPD), a subset of the 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 include:

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

Salary: The resident will be paid approximately \$52,707.20 annually. Checks are issued every other Friday via direct deposit, which is set up through the payroll department.

Teaching Responsibilities: The resident will be expected to 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 various 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 or designee, 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 the resident (if not completed during PGY1 residency training), through the University of Illinois College of Pharmacy. 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 certification. The resident should carefully read through the teaching certificate responsibility before accepting a position in the program.

Residency End of Year Report: At the end of the year, the resident will be expected to provide a summary report of all projects completed. The intent of the report is to be able to highlight the benefits of residency training for the department and hospital. The report can be managed and submitted electronically at the end of the year. The RPD will provide examples of this report.

Required deliverables for PGY2 PEDIATRIC 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 in this online notebook, 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 of the notebook 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 5 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 work weekend/on-call/post-call 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 will be expected to always wear their Rush ID badge while in the medical center. Compliance to the department's dress code will be enforced. Scrubs are not permitted on days the resident conducts a formal presentation. 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 in full. 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 costs of continuing education programs (i.e. registration for local and national meetings, professional development seminars). Participants must be employed by Rush for at least 3 months. Applications should be submitted to Tuition Manager within 45 days after the event is complete. Copies of all paid receipts and documentation of proof of attendance is required (i.e. CEU certification, copy event name tag, copy of 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 expected 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 an Illinois 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, then 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 the 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 departmental policy and procedures. The conditions for dismissal and remediation approach 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 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 A05 Pediatric Pharmacy Satellite. The resident should be on-time to 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 pediatric pharmacist. Trading of shifts must be approved by the Residency Program Director and the A05 Pediatric Pharmacy Satellite Manager.

On-Call Program: The resident will be expected to participate in an in-house on-call program in rotation with the other 1st and 2nd year pharmacy residents. 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 of time to rest. The in-house, overnight on-call program provides 24/7 clinical pharmacist coverage to the medical center. The on-call program serves both the pediatric and adult population at Rush. Responsibilities during on-call include, but are not limited to: pharmacokinetic drug monitoring, response to drug information questions, emergency response, and approval of adult restricted antimicrobials. Expectations and an in-depth orientation for overnight on-call will be provided in July.

Overtime/Duty hours (Moonlighting): Residents are expected to commit their full professional attention to the residency. *Working in other positions outside the Department are 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 of 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 time period provided between all daily duty periods. For programs with on-call programs, there should be a minimum of 14 hours free following an on-call shift. 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 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 goals and objectives (as indicated by an "R" below) will be taught and evaluated at multiple points and during multiple learning experiences during the residency year. The extent to which these goals and objectives must be achieved for the residency in order to successfully complete the program is outlined below.

The requirements for successful completion of the residency program have been updated in all documents to be the following:

- 1. Achievement of 100% of the R1 goals from the ASHP accreditation standard
- 2. Achievement of at least 80% of all R2-R5 goals from the ASHP 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) <u>AND</u> be acknowledged as successful, in order 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 <u>AND</u> 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 PGY2 Pediatric Appendix
- 9. 100% completion of PharmAcademic evaluations
- 10. Completion of required deliverable for PGY2 PEDIATRIC CAGOs (Resident notebook/binder)
- 11. Other requirements specific to the PGY2 Pediatric Residency include:
 - a. Completion of one didactic lecture
 - b. Completion of one technology/automation project
 - c. Development or updating of a practice guideline or policy
 - d. Completion of one newsletter article

Achievement for the residency (ACHR) for goals is defined as achievement of a given goal in a **single learning experience** as evaluated by an individual preceptor (a "4" or "5" on the PharmAcademic evaluation scale).