



Department of Pharmacy
PGY2 Internal Medicine Pharmacy Residency Program Supplemental Manual
2024-2025

The PGY2 Internal Medicine Pharmacy Residency Program is a one-year residency established to provide specialty training for residents interested in internal medicine. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge into the provision of patient care that improves medication therapy. The Internal Medicine Pharmacy residency is designed to develop the resident's clinical expertise in the care of patients through a variety of core and elective rotations.

Purpose Statement: PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs 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 pharmacy residency programs should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area, if available.

Goals: The primary goal of the program is to graduate compassionate internal medicine pharmacists who excel as both clinicians and scholars in an academic medical setting. This overarching goal is completed through exposure to a variety of opportunities where the resident will serve as an integral member of interdisciplinary healthcare teams by participating in medication therapy management, answering key clinical questions, and serving as a resource to the healthcare team. The resident will have opportunities to enhance teaching abilities through didactic lectures to other disciplines in the medical center as well as at colleges of pharmacy, self and peer evaluation and being a preceptor to first year pharmacy residents and Doctor of Pharmacy Students. The program will also develop research skills through completion of a longitudinal research project and manuscript preparation.

Structure of the PGY2 Internal Medicine Pharmacy Residency Program: The residency program is designed to comply with the published accreditation standards of the American Society of Health-Systems Pharmacists (ASHP) and will be 52 weeks in duration.

<p>Required rotations:</p> <ul style="list-style-type: none"> • Orientation (4 weeks, not required for early committed residents) • Internal Medicine I • Internal Medicine II • Internal Medicine III • Medical Intensive Care Unit (4 weeks) • Medical Oncology (4 weeks) • Neurology (4 weeks) • Pharmacotherapy Clinic (1 afternoon per week, 26-52 weeks) 	<p>Elective rotations:</p> <ul style="list-style-type: none"> • Infectious Disease (4 weeks) • Cardiology (4 weeks) • Academia (4 weeks) • Nephrology (2-4 weeks) • Solid Organ Transplant (4 weeks) • Psychiatry (4 weeks) • Emergency Medicine (4 weeks) • Heart Failure (2-4 weeks)
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Longitudinal experiences:

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

Additional residency activities:

- Presentation of research project outside of Rush (required)
- Development or revision of a monograph, guideline or protocol related to internal medicine (required)
- Newsletter article (required)
- PGY2 Internal Medicine core topic discussion appendix (required)
- Precepting IPPE, APPE and PGY1 pharmacy residents
- Case presentations/journal clubs
- Medical team in-services
- Didactic lectures
- Leadership lecture series
- Teaching certificate
- Research certificate
- Maintenance of required deliverables for PGY2 Internal Medicine CAGOs (residency notebook/binder, required)
- End of Year Report (required)

Hospital 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. Committee will be assigned based on resident interest and departmental availability. Examples of potential committees include, but are not limited to:

- Medication Use Evaluation Committee

- Nursing-Pharmacy Committee
- Anticoagulation Committee
- Antimicrobial Stewardship 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 year. The resident's mentor will be expected to attend all resident quarterly evaluations.

Residency Coordinator: The PGY2 Internal Medicine coordinator is appointed by the RPD and will participate in the Residency Advisory Committee Meetings. Coordinators will participate in quality improvement and review of the residency program in addition to responsibilities detailed below.

Coordinate the following activities, evaluation tools as needed, PharmAcademic, and affiliated learning experience(s):

- Two Grand Rounds Presentations
- Research Project
- MUE
- Policy/Guideline Update or Development
- Topic Discussion Appendix
- Staffing/On-Call
- Wellness Activities

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

Typical Monthly Schedule:

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

PGR=Pharmacy Grand Rounds, MGR=Medical Grand Rounds

PGY2 Internal Medicine Program Core Topics (see appendix A): The resident must complete and track the core topics associated with the competency areas, goals, and objectives required of PGY2 Internal Medicine Pharmacy Residency programs. A blank template of the appendix tracker is available on the K-drive -> Med-Surg -> PGY2-IM -> Resident Notebook. A date and preceptor initial is required for each topic. The resident will track topics and update the spreadsheet throughout the year on the K-drive -> Med-Surg -> PGY2-IM -> Resident Notebook-> Name Folder. The resident’s quarterly evaluation will be utilized to monitor spreadsheet progress throughout the year.

Residency Advisory Committee: The Residency Advisory Committee (RAC) is made up of the Program Directors (RPD), a subset of the Clinical Specialists, and the chief resident. The 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 of the residency rotation schedule
- Formal program assessment and evaluation (including end of the year evaluation)
- Assist in establishing a minimum standard for individuals who wish to participate in the precepting of residents
- Address any other issues that the RPDs or RAC deems necessary

Salary: The resident will be paid approximately \$52,707 annually. Checks are issued every other Friday via direct deposit, which is set up through the payroll department. 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

Teaching Responsibilities: Residents will provide in-services on specific rotations to medical and nursing personnel. Participation in certain workshops or lectures may be an option for each resident at the schools of pharmacy Rush has affiliations with. In addition, there will be introductory pharmacy experience (IPPE) students that will be assigned to the residents intermittently throughout the year. The RPD will facilitate orientation and expectation to the precepting of the IPPE course with the residents.

There may be additional options for further teaching available at Chicago colleges of pharmacy, Rush University, and the Rush College of Nursing. Be sure to express interest in additional teaching opportunities to the RPD during each quarterly evaluation, or sooner.

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

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 on the K-drive and in PharmAcademic at the end of the year. A template for the End of Year Report can be found on the K-drive -> Med/Surg -> PGY2IM -> Residency Notebook.

Required deliverables for PGY2 Internal Medicine CAGOs (residency notebook/binder): Residents should keep all work completed during the residency program under the "Files" tab of PharmAcademic as well as the Residency Notebook folder on the K-drive. 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. Of note, the Graduation Checklist (Appendix B) is included as an item in the residency notebook/binder. This checklist will be utilized by the RPD as final verification of completion of program requirements prior to awarding of residency certificate.

Paid time off/Holidays/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. 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 meetings 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 strongly encouraged to use all 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 are not permitted to use PTO during the final two weeks of residency unless approved by the residency 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. Two lab coats 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). Resident 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 events).

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: Access benefit information 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 7 am to 7 pm.

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 residency, they must have a valid Illinois pharmacy technician license. All residents are expected to obtain Illinois pharmacies 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 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 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. Each resident is expected to work assigned holidays. A resident whose staffing weekend or on call shift falls on a holiday (e.g., Christmas) will be expected to work the given holiday. If they are scheduled on a holiday, that day is not deducted from their PTO bank. The assigned location for weekend/holiday staffing will be in decentralized acute care. 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 internal medicine trained pharmacist. The Residency Program Director must approve trading of shifts.

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 preceptor and resident. ***A “timely manner” is defined as within one week of the completion of the learning experience.*** Residents and preceptors should complete their respective evaluations independently, and then meet in person within a week of the end of the rotation to discuss the evaluation.

The following scale is in use for in PharmAcademic for PGY2 IM summative evaluation of the resident on rotation for the 2023-2024 year. Of note, for the 2024-2025 year, the PGY2 IM summative evaluation will transition to the customized evaluation scale outlined in the Department of Pharmacy RUMC Pharmacy Residency Program Manual.

1	Needs Improvement	Resident is working at a level that is barely above one would expect from a PGY1 resident; improvement must be demonstrated by the next evaluation
2	Satisfactory progress	Resident is working at a level that is appropriate for this stage in the residency year; there is an expectation that continued improvement will be made
3	Achieved	Resident is working not only independently, but needs scant oversight; preceptor could be out of office and resident could fill the void in providing service at an acceptable level

Objectives are defined as achieved for residency (ACHR) once a given objective in a single learning experienced is evaluated by an individual preceptor as “achieved (3).”

All required goals and objectives (as indicated by an “R” below) will be taught and evaluated at multiple points and during multiple learning experiences during the residency year. The extent to which these goals and objectives must be achieved for the residency in order to successfully complete the program is outlined below.

1. Achievement of **100%** of the R1 objectives from the ASHP program specific required competency areas, goals, and objectives.
2. Achievement of at least **80%** of all R2-R4 objectives from the ASHP program specific required competency areas, goals, and objectives.
3. Fulfillment of pharmacy practice service weekend, holiday and on call coverage
4. Successful completion of the primary research project
 - a. The research project must be presented in a final written form (manuscript format) to the residency RPD and the residency research advisor (if individual is different from the RPD) AND be acknowledged as successful, in order to receive the residency certificate
5. Successful completion of a medication use evaluation or quality project
 - a. This project must be presented in a final written form and to an interdisciplinary committee AND be acknowledged as successful by the RPD
6. Completion of all required presentations
 - a. Grand Rounds I
 - b. Grand Rounds II (exception includes PGY2 Oncology Residency)
 - c. Presentation of research project outside of Rush (e.g., ILPRC, local or national specialty meeting)
7. Completion of Residency End of Year Report
8. Completion of Appendix required by the competency areas, goals, and objectives of the PGY2 Internal Medicine Pharmacy Residency program
9. 100% completion of PharmAcademic evaluations
10. Completion of required deliverables for PGY2 IM CAGOs (Resident notebook/binder)
11. Other requirements specific to the **PGY2 Internal Medicine Pharmacy Residency** include:
 - a. Development or revision of a monograph, guideline or protocol
 - b. Successful completion of one newsletter article
 - c. Longitudinal hospital committee participation

Appendix A: PGY2 Internal Medicine Program Core Topics

PGY2 Internal Medicine Resident Core Experiences Tracking Form

Didactic discussions, reading assignments, case presentations, written assignments and direct patient care experience will allow the internal medicine resident to understand and appreciate the implications of medication therapy on the following areas of emphasis as listed below.

The PGY2 IM resident is provided this spreadsheet to ensure the topics listed are covered throughout the residency year. After completion of a topic, the resident is responsible for documenting completion with the applicable preceptor’s approval on the K-drive in their Residency Notebook folder.

Required Topic Areas	Direct Patient Care Experience Required	Date	Preceptor Initials	Direct or Non-direct Patient Experience	Date	If Non-direct, list modality (j club, topic discussion, etc.)	Preceptor Initials
Cardiovascular	Acute coronary syndromes (STEMI, NSTEMI, unstable angina)			Advanced Cardiac Life Support (ACLS)			
	Atrial arrhythmias			Basic Life Support (BLS)			
	Atherosclerotic cardiovascular disease, primary prevention			Peripheral arterial (atherosclerotic) disease			
	Atherosclerotic cardiovascular disease, secondary prevention			Pulmonary arterial hypertension			
	Cardiogenic/hypovolemic shock			Valvular heart disease			
	Heart failure, acute decompensated & chronic			Ventricular arrhythmias			
	Hypertensive crises						
	Stroke (ischemic, hemorrhagic, and transient ischemic attack)						

	Venous embolism and thrombosis						
<i>Critical Care</i>	Drug/alcohol overdose/withdrawal			Pharmacokinetic and pharmacodynamic considerations			
				Stress ulcer prophylaxis			
<i>Endocrine</i>	Diabetes mellitus, Type 1			Adrenal gland disorders (e.g., adrenal insufficiency, hypercortisolism)			
	Diabetes mellitus, Type 2			Hyperglycemic crises (diabetic ketoacidosis [DKA], hyperosmolar hyperglycemic state [HHS])			
	Syndrome of inappropriate antidiuretic hormone secretion (SIADH)			Parathyroid disorders			
	Thyroid disorders						
<i>Gastrointestinal</i>	Cirrhosis, end-stage liver disease, and complications (e.g., portal hypertension, ascites, spontaneous bacterial peritonitis, varices, hepatic encephalopathy, hepatorenal syndrome)			Gastroesophageal reflux disease			
	Constipation			Motility disorders			
	Diarrhea (including traveler's diarrhea)						
	Hepatitis (including viral)						

	Inflammatory bowel disease (Crohn's disease, ulcerative colitis)					
	Nausea/vomiting, simple (e.g., acute viral gastroenteritis, overindulgence, motion sickness)					
	Nausea & vomiting, complex (e.g., postoperative, chemotherapy-induced)					
	Pancreatitis (acute, chronic, and drug-induced)					
	Upper gastrointestinal bleeding					
<i>Genitourinary</i>	Benign prostatic hyperplasia					
	Urinary Incontinence					
<i>Geriatrics</i>	Medication use in older adults (e.g., polypharmacy, potentially inappropriate medications [PIMs], Beers criteria, dose de-escalation)					
<i>Hematologic</i>	Anemias (e.g., iron deficiency, vitamin B12 deficiency, folic acid deficiency, chronic disease/inflammation)			Coagulation disorders (e.g., hemophilia, von Willebrand disease, antiphospholipid syndrome, clotting factor deficiencies)		
	Drug-induced hematologic disorders			Disseminated intravascular coagulation		

	Reversal of anticoagulants			Platelet disorders (e.g., idiopathic thrombocytopenic purpura, thrombotic thrombocytopenic purpura)			
				Sickle cell disease			
<i>Immunologic</i>	Allergies/drug hypersensitivities (e.g., anaphylaxis, desensitization)			Stevens-Johnson syndrome			
				Systemic lupus erythematosus			
				Toxic epidermal necrolysis			
<i>Infectious Diseases</i>	Antimicrobial stewardship and infection prevention			Bacterial resistance			
	Bloodstream and catheter-related infections			Fungal infections, superficial (e.g., vulvovaginal and esophageal candidiasis, dermatophytoses)			
	Bone and joint infections (e.g., osteomyelitis, prosthetic joint infections)			Immunizations (including vaccines, toxoids, and other immunobiologics)			
	Central nervous system infections (e.g., meningitis, encephalitis, brain abscess)			Microbiological testing (including rapid diagnostic tests)			

	Fungal infections, invasive (e.g., hematogenous candidiasis, aspergillosis)					
	Gastrointestinal infections (infectious diarrhea, C. difficile, enterotoxigenic infections)					
	Human immunodeficiency virus infection					
	Infective endocarditis					
	Infections in immunocompromised patients (e.g., febrile neutropenia, opportunistic infections in AIDS)					
	Influenza virus infection					
	Intra-abdominal infections (peritonitis, abscess, appendicitis, etc.)					
	Lower respiratory tract infections					
	Sepsis and septic shock					
	Skin and soft tissue infections					
	Tuberculosis					
	Urinary tract infections (complicated and					
<i>Musculoskeletal and Connective Tissue Disorders</i>	Gout/Hyperuricemia			Osteoarthritis		
				Osteoporosis		
				Rhabdomyolysis		

				Rheumatoid arthritis			
<i>Neurological</i>	Epilepsy			Status epilepticus			
	Neurocognitive disorders (e.g., Alzheimer disease, vascular and frontotemporal dementia)						
	Pain, neuropathic (e.g., diabetic, post-herpetic)						
	Pain, nociceptive (acute and chronic)						
	Parkinson disease						
	Peripheral neuropathy						
	<i>Nutritional Disorders</i>	Overweight and obesity			Nutrition support		
<i>Oncology</i>	Oncologic emergencies (e.g., tumor lysis syndrome, hypercalcemia, coagulopathy)						
	Supportive care (e.g., preventing/ treating complications associated with malignancy or treatment, myelosuppression, nausea/vomiting, pain, mucositis, secondary malignancies)						
<i>Psychiatric and Behavioral Disorders</i>	Alcohol use disorder			Bipolar disorders (e.g., mania, bipolar depression, maintenance therapy)			

	Anxiety disorders (e.g., generalized anxiety, panic, social anxiety disorder)			Schizophrenia			
	Depressive disorders (e.g., major depressive disorder)			Substance abuse (e.g., hallucinogens, stimulants, depressants, performance-enhancing drugs)			
	Delirium/acute agitation (non-ICU)						
	Opioid use disorder						
	Sleep disorders (e.g., insomnia.)						
	Tobacco/nicotine use disorder (including smoking cessation)						
<i>Renal</i>	Acid-base disorders			Chronic kidney disease and complications (anemia, bone & mineral disorders)			
	Acute kidney injury (prerenal, intrinsic, and postrenal)			Dialysis and renal replacement therapies			
	Drug dosing considerations in renal dysfunction and renal replacement therapy						
	Drug-induced renal disorders						
	Electrolyte abnormalities (sodium, potassium, calcium, phosphorus, magnesium)						
	Evaluation of renal function						

<i>Respiratory</i>	Asthma						
	Chronic obstructive airway disease (other than asthma)						

Appendix B: Graduation Checklist

PGY2 Internal Medicine Residency

Graduation Checklist

Resident Name:

Year:

Instructions: To be completed by RPD at the end of the residency year prior to awarding the resident their certificate for PGY2 Internal Medicine Pharmacy Residency. The resident will include this document in their electronic residency notebook/binder on the K-drive and in PharmAcademic.

Program Completion Requirements	Completion Confirmed by RPD
100% of R1 objectives ACHR	
80% of R2-R4 objectives ACHR	
Holiday and weekend staffing	
On-Call	
Research project/Manuscript	
MUE	
Grand Rounds I	
Grand Rounds II	
Conference Presentation	
End of Year Report	
Topic Discussion Appendix	
100% PharmAcademic evaluations	
Resident notebook/binder	
Monograph, guideline or protocol development/revision	
Newsletter article	
Hospital committee participation	