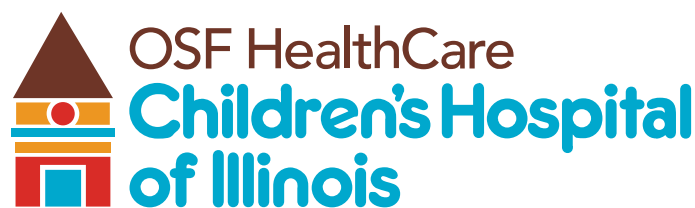


# OSF Healthcare Residency Program Manual

*Saint Francis Medical Center and  
Children's Hospital of Illinois*

530 NE Glen Oak Ave  
Peoria, IL 61637



***PGY1 Pharmacy Residency [41017]***  
***PGY2 Critical Care Pharmacy Residency [41942]***  
***PGY2 Pediatric Pharmacy Residency [41027]***

2026-2027

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### Mission

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the gift of life.

### Vision

Embracing God's great gift of life, we are one OSF Ministry transforming health care to improve the lives of those we serve.

### Values

**Justice** | Personal worth and dignity of every person we serve regardless of race, color, religion and ability to pay

**Compassion** | Caring response to the physical, emotional, and spiritual needs of the people we serve

**Integrity** | Decision-making based on Catholic ethical principles and Catholic social teachings in every activity of the system

**Teamwork** | Collaboration with each other, with physicians, and with other providers to deliver comprehensive, integrated and quality health care

**Employee Well-being** | Concern for the physical, spiritual, emotional and economical well-being of employees

**Supportive Work Environment** | Quality work environments which focus on comprehensive integrated quality service and opportunities for employee growth

**Trust** | Open and honest communication to foster trust relationships among ourselves and with those we serve

**Stewardship** | Responsible stewardship of the financial, human, and technological resources of the system

**Leadership** | Leadership in the health field and in the communities we serve

### *OSF Healthcare System Saint Francis Medical Center and Children's Hospital of Illinois: **Residency Purpose Statement***

The purpose of OSF Healthcare System Saint Francis Medical Center PGY1 Residency Program is to build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) 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.

## **Standard I: Recruitment and Selection of Residents**

Pharmacists participating in the following steps of resident selection may include members of residency advisory council (RAC), pharmacy leadership, and/or current residents.

Pharmacy resident recruitment should begin the fall prior to the winter application deadline. Attendance should be provided by the RPD and/or designee via virtual and in-person residency showcases at local universities, state, and national level events. In addition to the in-person ASHP Midyear, the RPD and/or designee should make every effort to attend the virtual residency showcase post-Midyear.

To promote equity within the OSF Healthcare residency program, each member of the department will complete evidence-based implicit biases training to ensure maintenance of their Illinois pharmacist license at least every two years.

Should a candidate (e.g. previous employment, volunteer experience, pharmacy intern, previous OSF rotation) display attributes that do not align with a.) OSF Healthcare Mission, Vision, Values or b.) residency success, the candidate can be removed from the residency selection process.

### **Pre-Interview Process: Application Score**

- Utilizing PhORCAS software, complete applications will be assigned assessment criteria and distributed to OSF Healthcare pharmacist volunteers for review and scoring
  - The candidate application scores will be averaged and presented to a one-time RAC meeting to determine an interview list.
- The RPD may extract applications from the interview pool should the application have deplorable qualities that would make the candidate unsuited for the residency program.
  - These candidates will still be discussed at the pre-interview RAC meeting for group consensus and feedback

### **Interview Process: Interview Score**

- Interview Format: Virtual and or in person (at discretion of the RPD)
- Interviews will be conducted by the RPD and/or designee and divided into 3 sections which are objectively scored. Two interviews (management/leadership and peer) and presentation (topic discussion, journal club, patient case).
  - Candidates will have opportunity to meet and have discussion with current residents (if applicable); this is not scored.
- Post interview, the RPD and/or designee will average each section of the interview process and re-assign a total new score to each applicant. (Interview average + Application average)

### **Ranking**

- A second one-time RAC meeting will be held to discuss each candidate following the interview process
  - Previous guests from the first one-time RAC meeting and current residents will be invited to this meeting. Additional members of pharmacy leadership may be included.
- Rank Order and/or Omission
  - Based on candidate total scores and interview responses, the residency advisory council (RAC) will unanimously determine a rank order.
  - The RPD and/or designee will enter the rank order into The Match – National Match Service (NMS), with oversight from the RPC and/or designee to ensure accuracy.

- Phase II/Scramble
  - o Should the residency program not match during Phase I, additional interviews will be conducted and the second ranking list submitted.
  - o Should the residency program not match during Phase II, additional interviews will be conducted and entering the scramble will be considered.
  - o The interview process for Phase II and scramble will follow Phase I procedures.

## Early Commitment for the PGY2 Residencies

- OSF Healthcare will maintain registration for The Match.
- Candidates eligible for early commitment to the PGY2 residency programs shall include all residents completing ASHP-accredited or candidate-status PGY1 programs within OSF Healthcare system.
- PGY1 Residents that are interested in attempting early commitment for a PGY2 Residency Program should inform the PGY1 Residency Program Director (RPD) in writing no later than September 15<sup>th</sup> of the application year.
  - Should PGY1 resident change early commit decision, they should notify each RPD as appropriate.
- **PGY2 Early Commit Interest**
  - Critical Care Interest: Every attempt should be made to schedule the prospective resident(s) for the PGY1 MICU (Medical Intensive Care Unit) learning experience in Fall of the PGY1 year.
  - Pediatric Interest: Every attempt should be made to schedule the prospective resident(s) for the PGY1 pediatrics learning experience in September or October of the PGY1 year.
  - The PGY1 resident(s) must submit the following items to the PGY2 RPD or designee by November 1st to apply for the PGY2 critical care program: CV and letter of intent.
  - In the first two weeks of November, the resident will go through a one-day interview process.
  - During the third or fourth week of November, the interview team and PGY2 critical care preceptors will meet and discuss the candidate(s). Based on interview scores and learning experience evaluations of candidate(s) may be offered early commitment. Should early commitment not be offered, candidate(s) may apply during Phase I, II or scramble.
  - The decision will be communicated to the resident by the PGY2 RPD or designee prior to leaving for midyear. If the resident returns from midyear and accepts the offer of early commitment, the RPD will fill out the paperwork for the early commitment process for NMS and have the resident read and sign the letter of acceptance.
  - At this point, the position(s) will be closed and no further recruitment of candidates for the PGY2 critical care and/or pediatric -resident will take place. Application will be closed in PhorCAS.

## Standard II: Program Requirements and Policies [PGY1, PGY2 Critical Care, PGY2 Pediatrics]

### 2.1 Term of Appointment: One (1) Year / 52 weeks

### 2.2 Time Off

- The resident is expected to notify the residency director and learning experience preceptor as soon as the dates of time off are known. The appropriate preceptor and residency director must approve all time off.
- The resident must limit vacations to no longer than one week and be mindful of rotational restrictions for time off.
- Pharmacy residents missing  $\geq 6$  days in a single non-longitudinal learning module should be assessed to extend or remediate the module. The final decision will be determined by both the preceptor and RPD.
- Planned time off may not be taken from staffing. If time off is needed during staffing, they will have to arrange a trade.
- Pharmacy residents are granted 40 hours of wellbeing sick (WBS) time in accordance with OSF Healthcare time-off policy.
- The resident must maintain accordance with ASHP Accreditation Standards, including, but not limited to [2.2.a]: time away from the residency program does not exceed a combined total of 37 days. Should a resident be absent for a longer period, the resident may be dismissed from the residency program.

### 2.3 Duty Hours

- OSF Healthcare Saint Francis Medical Center follows the hours and duty requirements set forth by ASHP Duty hour Requirements for Pharmacy Residents
  - Duty hours must be limited to 80 hours per week, averaged over a four-week period, including all in-house call activities and all moonlighting.
  - Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).
  - Residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
  - Continuous duty periods of residents must not exceed 16 hours in duration
- RPD will review documentation in PharmAcademic.
  - PGY2 in Pediatrics: When working an evening shift with subsequent morning start time- resident will note hours between shifts in the description field of the calendar item
    - RPD to place an untimed event on the last day of each calendar month to document the review of hours and compliance with policies

#### Moonlighting

- The residency program is the primary priority of each resident. External employment and/or overtime must not interfere with the resident's responsibilities or requirements.
- Overtime work and external employment count towards ASHP duty hours. Residents must continue to be compliant with ASHP duty hour requirements (no more than 80 hours per week, 4 days off during a 28-day period). For a full description of ASHP's duty-hour requirements, please visit: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>
- External employment activities are not limited to pharmacy related activities. Other means of employment must be documented in the resident's duty hours log.
- All moonlighting must be reported to and approved by the RPD and/or operations manager. The preferred method of communication would be in person or by email.

- Residents will receive additional pay for working above and beyond their residency program requirements. Situations in which this would apply include the following:
  - Working a PM shift in addition to their scheduled day shift to provide coverage for a pharmacist call in
  - Working an extra weekend shift due to a pharmacist call in—residents do not receive additional pay for working their regularly scheduled weekend shift.
- Overtime pay for residents is equal to base pay for staff pharmacists
- Preceptors noting fatigue/impaired judgment in the resident must report the issues to the RPD. Moonlighting will be further restricted or eliminated as needed. Evening staffing shifts may be evaluated and modified after discussion with preceptors, resident, and RPD if excessive fatigue is noted.

**Failure to complete attestation or report moonlighting will result in coaching, and will result in progressive discipline with multiple occurrences. Negligence of these requirements may result in discharge from the program.**

#### **Sick Time/Make Up Requirements for Extended Leave**

- Extended leaves totaling more than 4 weeks (160 hours) during the entire year must be made up at the end of the year (after June 30<sup>th</sup>).
  - *The program may be extended for a maximum time period of six weeks (240 hours). A residency certificate may not be granted for a resident whose extended leave exceeds this time period.*
- Residents who use between 16-40 hours of sick time during any rotation must meet with rotation preceptor to develop a written plan to ensure completion of rotation goals. This plan must be approved by the RPD.
  - Sick times exceeding 40 hours during one rotation may need to be made up at the end of the year.
- Residents may not take more than a total 40 hours of sick time from staffing.
  - Sick time exceeding 40 hours must be made up at the end of the year. (See medical, dental, pharmacy, and podiatry resident/fellow benefits policy)
- Residents who meet the above criteria for make-up time will not receive their residency certificates until their make-up assignments are completed.

**2.4 Licensure and Certificate Policy:** Residents should have an active Illinois technician/pharmacy student license prior to starting the residency program unless the resident has an active Illinois Pharmacist license.

**PGY1 Residents:** Residents must have an active Illinois pharmacist license by **September 1**.

- A 30-day extension may be granted on a case-by-case basis.
- If the resident is unable to produce an Illinois pharmacist license by **October 1**, they will be dismissed from the residency program.

**PGY2 Pediatric and Critical Care Resident:** Ideally, the resident will have an active Illinois pharmacist license by **August 15th**.

- If this does not take place, the resident will still be allowed to work but will have restrictions placed on clinical and staffing activities. The resident must also show proof that they are in the process of reciprocity or new licensure. This proof may include copies of forms, receipts, phone call logs, or email strings.
- The resident must have an active Illinois pharmacist license by **October 15th**.
- The resident will provide the PGY2 RPD with a copy of their **ASHP accredited or candidate status PGY1 Pharmacy Residency Program Certificate of Completion** by day one of the residency program. Failure to do so will result in dismissal from the program unless a plan has already been documented with the RPD and resident.



## Expectations

As an employee of OSF Healthcare Saint Francis Medical Center, residents are expected to uphold the Sisters' mission, which is to "serve with the greatest care and love." Pharmacy residents are expected to act ethically and responsibly at all times.

- Personal appearance: Refer to human resources policy on personal appearance.  
[http://intranet.osfhealthcare.org/policies/sfmc\\_HR\\_Policies/General/sfmc\\_pol\\_115.htm](http://intranet.osfhealthcare.org/policies/sfmc_HR_Policies/General/sfmc_pol_115.htm)
- Patient confidentiality: Refer to human resources policy on confidentiality.  
[http://intranet.osfhealthcare.org/policies/Corp\\_HR\\_Policies/General/105-Confidentiality.pdf](http://intranet.osfhealthcare.org/policies/Corp_HR_Policies/General/105-Confidentiality.pdf)

## Artificial Intelligence

- Artificial intelligence (AI) may be used to review and provide feedback on resident prepared presentations, documents, and/or other deliverables throughout the residency year. Any AI-assisted work must be reviewed and discussed with the preceptor and appropriately cited when applicable. HIPPA protected information and organization propriety properties (e.g., policies, guidelines) should not be input into AI and this could result in disciplinary action. Refer to OSF Healthcare's policy on artificial intelligence for further guidance.
- Generative artificial intelligence: Refer to human resources policy:  
<https://osf-healthcare.policystat.com/policy/15013524/latest>

## Positive Discipline

Disciplinary action will be taken if a resident:

- Does not follow policies and procedures of OSF St. Francis Medical Center, SFMC Department of Pharmacy, or SFMC Pharmacy Residency Program
- Does not present him/herself/themselves in a professional manner
- Does not make satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress toward the completion of residency requirements (Example: NI marked on core RLS goals for 3 or more consecutive rotations).
- Performs gross negligence

## Resident Disciplinary Action Policy and Procedures

- The steps for disciplinary action, including Levels of Discipline and leading up to termination of employment are included in OSF Policies (PolicyStat).
- <https://team.osfhealthcare.org/sites/SFMC/DEPTS/Nursing/Resources/default.aspx>
- Click on OSF Policies (PolicyStat) and then you can search by name for the policies below
  - Positive Discipline
  - Attendance
  - Sexual Harassment and Other Types of Prohibited Harassment
  - Standards of Conduct
  - Substance Abuse
  - Social Media
  - Licensure and Registration

### 2.6 Remediation

In alliance with OSF Healthcare's stance of positive discipline, remediation is an educational activity intended help residents improve their performance and skills. Remediation is not a form of punishment.

Remediation process

- A resident's preceptor or RPD may provide verbal coaching for initial issues.
  - If the issues persist, the resident may be placed in a remediation plan.

- The resident's performance may be evaluated using written documentation, case presentations, and other methods.
- The resident's preceptor, peer mentor, and program director may participate in the evaluation process.

#### Remediation plan

- A remediation plan is a set of actions a resident must take to improve their performance.
- The plan includes a timeline for completion and criteria for success.
- If a resident doesn't meet the criteria for success in the plan, they may be dismissed from the program.

## Pharmacy Residency Preceptor Requirements and Expectations

- Pharmacy preceptors will be surveyed annually. Questions to focus on include the strengths and weaknesses of the residency program. If an individual pharmacist is a preceptor for more than one program, they will receive a survey for each program (e.g. precepting PGY1 and PGY2 pediatric residents means the pharmacist will be surveyed on both the PGY1 and PGY2 pediatric programs individually).
- Residency advisory committee meeting attendance:
  - o PGY1: Monthly, 12 per year (30% required)
  - o PGY2: nine per year (50% required)
- Preceptors annually complete preceptor development presentations or other activities. Preceptor development activities provided in-house account for this requirement.
  - o RPD will maintain preceptor development plan. Each plan will be updated annually, and as needed. Comments from the resident's evaluations of preceptors will be reviewed and may be included to enhance future learning. Topics for preceptor development may be developed from these comments.
- By committing to be a preceptor, a pharmacist agrees to strive to meet the requirements for PGY1 and/or PGY2 residency preceptors set forth in the ASHP PGY2 Residency Accreditation Standards. The RPD or designee commits to assist the preceptor in meeting goals towards this end.
- Preceptor evaluations will be reviewed annually by the RPD – any preceptor scoring sometimes or never on a criterion will develop an improvement plan with the RPD to improve the metric. Preceptors must follow the deadlines outlined in the residency evaluation policy for summative and midpoint evaluation due dates. Failure to comply with due dates will result in a coaching by the RPD or designee.
- Preceptors failing to meet the standards described above will receive a coaching by the RPD. If an area of improvement identified by the RPD does not show progress towards improvement, the pharmacist may be discharged as a preceptor for the program.

## New Preceptor Training and Development

- Ideally, the following will be met prior to a pharmacist moving into a preceptor role for a particular learning experience
  - o The pharmacist will meet preceptor requirements as defined by the ASHP Accreditation Standards for PGY1 or PGY2 Residency programs or have a plan to meet requirements.
  - o The pharmacist will have an established relationship and practice in the learning experience area.
  - o The pharmacist will have experience precepting residents and students. If any of the above are not met, the RPD and preceptor will develop a plan to meet all of the above criteria on a reasonable timeline. Depending on the timeline and availability of previous preceptors, a transition period will be developed if possible.
  - o The previous and incoming preceptors will co-precept the learning experience if possible to maximize the transition. If the previous preceptor is not available or if the learning experience is new, a mentor preceptor will be assigned to the preceptor to assist in teaching, learning experience design, and feedback to the resident. The preceptor mentor will be an experienced preceptor with at least two years of experience with students and residents

## PGY1 Pharmacy Residency Program Structure:

- Program Start: Orientation with other residency programs mid-June
- \$50,000 annual salary
- Benefits: <http://www.osfcareers.org/benefits>, [Medical, Dental, Pharmacy and Podiatry Resident/Fellow Benefits](#)
- Time off: PTO (Paid Time off) 120 hours | WBS (Well-being) 40 hours | Sick 80 hours

### Residency Rotations

- Ten (10) three to four-week rotations consisting of seven (7) core rotations and three (3) electives
- Four (4) three-month longitudinal rotations and two (2) yearlong

#### Core Rotations (4 weeks)

- Orientation
- Adult Internal Medicine
- Emergency Medicine
- Infectious Disease
- Pediatric Critical Care
- Pharmacy Administration
- Medical Critical Care

#### Elective Rotations (3 to 4 weeks)

- Advanced Emergency Medicine
- Anticoagulation
- Cardiac Critical Care
- Cardiology
- Heart and Kidney Transplant
- Neonatal Critical Care
- Neurology
- Neuro/Surgical Critical Care
- Nutrition Support
- Oncology
- Pediatric Emergency Medicine
- Pediatric Hematology/Oncology

### Longitudinal Rotations

#### 'Quarterly' Three Month

- Pharmacy Informatics
- Precepting
- Medication Safety
- Drug Information

#### Yearlong

- Pharmacy Practice
- Code Response (~9 months)

### Staffing

- Nine (9) Monday – Friday blocks throughout the year; Every 3<sup>rd</sup> Weekend
- One Major Holiday Cluster (Christmas + Christmas Eve, Thanksgiving + Black Friday, New Years Eve + New Year's Day) and One Minor Holiday (Memorial Day or Labor Day)
- No 'On-Call' requirements

Project weeks: three (3) weeks; typically 2 concurrent weeks in December and single week in January or February

### Professional Development

- Membership Reimbursement: ICHP (Illinois Council of Healthsystem Pharmacists) and ASHP (American Society of Healthsystem Pharmacists)
- On-site training and maintenance of certification: Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (ACLS)
- ASHP Midyear
  - Stipend for registration, meals, lodging and other travel expenses
- Illinois Pharmacy Resident Conference (ILPRC) or equivalent
  - Stipend for registration, meals, lodging and other travel expenses
- Teaching Certificate (Optional)
- Additional residency recruiting efforts: ad-hock
  - Stipend for registration, meals, lodging and other travel expenses

### Mentorship

- The goal of this partnership is to provide the residents with support through their residency year in addition to the residency program director (RPD)
- SFMC pharmacists voluntarily submit their bios for residents to select a mentor. Each mentee-mentor group meets at least once and then as needed based on the resident's needs and mentor's availability (including self-assessed and as discussed at Residency Advisory Council). Should a mentor no longer be able to fulfill their role's capacity, the resident may select a new mentor.

## 2.5 Graduation Requirements

- Orientation
  - Residents must complete new employee orientation and employee physical prior to employment as a resident.
  - The month of July serves as an orientation month for the resident. Residency year expectations will be outlined to the resident during this time.
  - In addition, residents will receive didactic training in medication error reporting, formulary processes, hazardous drug handling, IV technique, OSF clinical protocols, and research procedures.
  - Residents will receive hands-on training in EPIC order verification, IV compounding, and Pyxis procedures.
- Objectives: ACHR the following objectives in competency area **R1: Patient Care**.
  - Residents must successfully meet the expectations of the mandatory learning experiences to achieve a certificate of completion. Failure to meet these expectation may result in repeating the learning experience and/or release from the program
  - The mandatory 4 week learning experiences are internal medicine, pediatric critical care, infectious disease, pharmacy practice/orientation, pharmacy administration, and medical critical care
  - The mandatory longitudinal (3 month) learning experiences are drug information, medication safety, precepting, and informatics. A longitudinal learning experience may be consolidated into a 4 week focused learning experience if the primary longitudinal preceptor and RPD agree that the objectives of the longitudinal learning experience can be met, and an elective is better conducted in a longitudinal setting.
  - Elective learning experiences are 3-4 weeks in length and may be conducted at any point during the year. The RPD will try to schedule these later in the year but staffing, scheduling, and additional factors may

preclude this. The resident will have blocks for 3 elective learning experiences during the course of the residency year. One elective must be an adult critical care experience (surgical/neuro ICU, cardiovascular ICU, or emergency medicine)

- Presentations: deliver a minimum of 12 presentations; at least one of the 12 must be given to other health professionals outside of the department
- Continuing Education: present one ACPE accredited CE
- Research Project: Poster presentation at ASHP Midyear, ILPRC (or equivalent), and OSF Research Day
- Complete 10 drug information questions
- Enter 5 Midas events

## **Evaluation Policy**

### **Resident's Self Evaluation**

- Each resident must assess their own performance by completing electronic midpoint and summative evaluations in PharmAcademic. Residents should include a qualitative evaluation of their performance by providing written comments.
  - o Each self evaluation must contain at least one qualitative comment.
  - o If RPD deems qualitative comments to be insufficient or incomplete, the evaluation will be sent back to the resident for editing.
  - o This must be completed within 7 days of due date.
  - o This should be completed by the time the resident and preceptor meet to discuss the preceptor summative evaluation.

### **Preceptor's Evaluation of the Resident's Learning Experience Performance**

- Each preceptor will complete summative evaluations of the resident in PharmAcademic with mandatory qualitative comments.
  - o Each summative evaluation must contain at least one qualitative comment.
  - o Any specific area marked "NI" (Needs Improvement) must contain a qualitative comment
  - o If RPD deems qualitative comments to be insufficient or incomplete, the evaluation will be sent back to the preceptor for editing.
  - o This will be completed within 7 days of due date.
- Preceptors will also discuss resident's progress with them verbally in order to help improve the resident's future performance.
- In addition, preceptors will perform custom evaluations periodically throughout learning experiences. Any custom evaluations must be completed within 5 days of due date in order to facilitate timely feedback.

## **Residency Quarterly Progress Report**

- OSF Healthcare prioritizes the Key Metric of workforce commitment via formal and informal one-up mission partner rounding. At minimum, the RPD/pharmacy supervisor or designee will meet with each pharmacy resident individually to create touch-points.
- On a quarterly basis, RPD will electronically evaluate residents on progress made toward meeting goals and objectives of the program. The following will be considered in these evaluations:
  - o Preceptor and resident self evaluations of rotational learning experiences completed up to that point
  - o Preceptor and resident self evaluations of longitudinal learning experiences
  - o Review of activities completed by the resident during the quarter
- The resident and RPD will meet face to face to discuss the resident's overall progress within the program.
- The residency advisory council (RAC) will meet monthly to review and discuss the resident's progress.

- Quarterly, starting at the six month review (earlier if appropriate), the preceptors will meet to discuss which goals and objectives may be marked as achieved for residency

## PGY2 Critical Care Pharmacy Residency Program Structure:

- Program Start: Early to Mid July
- \$52,000 annual salary
- Benefits: <http://www.osfcareers.org/benefits>, [Medical, Dental, Pharmacy and Podiatry Resident/Fellow Benefits](#)
- Time off: PTO (Paid Time off) 120 hours | WBS (Well-being) 40 hours | Sick 80 hours

### Residency Rotations

#### Core Rotations (4 to 8 weeks)

- Orientation [may be shortened if resident completes SFMC PGY1 Program]
- Cardiovascular Intensive Care Unit (CVICU) I
- Emergency Medicine (EM)
- Medical Intensive Care Unit (MICU) I
- Neuro-Surgical Intensive Care Unit (NSICU)
- Pediatric Intensive Care Unit (PICU)

#### Elective Rotations

- CVICU II
- EM II
- Infectious Diseases (ID)
- MICU II
- NeuroICU
- Surgical ICU
- Neuro Surgical ICU II
- Transplant
- Trauma

### Longitudinal Rotations (required)

#### Yearlong

- Administration
- Pharmacy Practice (ePharm/Weekends)
- Code Response
- Research Project

#### Six Month

- Nutrition Support (beginning in January)

### Staffing

- Every 3<sup>rd</sup> weekend
- One Major Holiday Cluster (Christmas + Christmas Eve, Thanksgiving + Black Friday, New Years Eve+ New Year's Day) and One Minor Holiday (Memorial day or Labor Day)
- No 'On-Call' requirements

Project time: Dedicated project time equivalent to 4 weeks (typically 2 weeks in December and 2 weeks in February; alternative dates may be considered however length of time to be 28 days)

### Professional Development

- Membership Reimbursement: ICHP (Illinois Council of Healthsystem Pharmacists), ASHP (American Society of Healthsystem Pharmacists), SCCM (Society of Critical Care Medicine)
- On-site training and maintenance of certification: Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (ACLS)



- ASHP Midyear
  - o Stipend for registration, meals, lodging and other travel expenses
- Illinois Pharmacy Resident Conference (ILPRC) or equivalent
  - o Stipend for registration, meals, lodging and other travel expenses
- Teaching Certificate (Optional)
- Additional residency recruiting efforts: ad-hock
  - o Stipend for registration, meals, lodging and other travel expenses

## 2.5 Graduation Requirements

- Orientation
  - o Residents must complete new employee orientation and employee physical prior to employment as a resident.
  - o The four (4) to six (6) weeks serves as an orientation month for the resident. Residency expectations will be reviewed one-on-one with the resident during this time.
  - o In addition, residents will receive didactic training in medication error reporting, formulary processes, hazardous drug handling, IV technique, OSF clinical protocols, and research procedures.
  - o Residents will receive hands-on training in EPIC order verification and Pyxis procedures.
- Objectives: ACHR the following objectives in competency areas: **R1: Patient Care, R2: Advancing Practice and Improving Patient Care, R3: Leadership and Management, and R4: Teaching, Education, and Dissemination of Knowledge**
  - o Residents are expected to complete the requirements of the Residency Program as listed below and adhere to ASHP Accreditation Standards and achieve 100% of R.1 and R.2 Goals and Objectives as achieved for residency. 90% of remaining Goals and Objectives will also be required to attain residency certificate
    - Failure to meet these expectations may result in repeating the learning experience and/or release from the program
    - Satisfactory completion of all assigned rotations
- Presentations: the PGY2 critical care resident is required to provide *at least* twelve (12) presentations during their PGY2 year. Journal clubs, case presentations, nursing in-services, and other presentations as assigned by individual preceptors count toward this assignment. At least three of the 12 presentations must be given to other health care professionals outside of the department (i.e. nurse in-services, physician resident training, unit council meetings, etc.)
- Pharmacy Staff Meetings: the PGY2 critical care resident is required to attend all the critical care pharmacist and emergency medicine pharmacist meetings unless prearranged with the RPD or designee. In addition, the PGY2 critical care resident is encouraged to attend each monthly pharmacist forum meeting.
- Continuing Education: present one ACPE accredited CE
- Research Project: Each resident is expected to complete a research project during the course of their residency program. A list of potential projects will be provided to the residents at the beginning of the year. The resident will work on the project with a project mentor, who will serve as the preceptor and as a co-investigator for the project. The selection of the project mentor will be based on the project that the resident chooses.
  - o Residents must complete quarterly residency project evaluations (for self and preceptor/project mentor) using PharmAcademic.
  - o The project will be considered complete when the stated objectives have been met. A description or abstract of the results (manuscript) of the project must be written and submitted by mid-June in order for

the project to be considered complete. A residency certificate will not be awarded until the project is complete.

- Poster presentation at ASHP Midyear or critical care conference (as approved by the RPD) and OSF Research Day
- Medication Event Reporting Documentation: Residents are required to document medication errors and adverse drug events electronically into Midas. Orientation to Midas will be provided by the Medication Safety Pharmacist or designee at the beginning of the residency year.

## Evaluation Policy

### Resident's Self Evaluation

- Each resident must assess their own performance by completing electronic midpoint and summative evaluations in PharmAcademic. Residents should include qualitative evaluation of their performance by providing written comments.
  - Each self evaluation must contain at least one qualitative comment.
  - If RPD deems qualitative comments to be insufficient or incomplete, the evaluation will be sent back to the resident for editing.
  - This must be completed within 7 days of due date.
  - This should be completed by the time the resident and preceptor meet to discuss the preceptor summative evaluation.

### Preceptor's Evaluation of the Resident's Learning Experience Performance

- Each preceptor will complete summative evaluations of the resident in PharmAcademic with mandatory qualitative comments.
  - Each summative evaluation must contain at least one qualitative comment.
  - Any specific area marked "NI" (Needs Improvement) must contain a qualitative comment
  - If RPD deems qualitative comments to be insufficient or incomplete, the evaluation will be sent back to the preceptor for editing.
  - This will be completed within 7 days of due date.
- Preceptors will also discuss resident's progress with them verbally in order to help improve the resident's future performance.
- In addition, preceptors will perform custom evaluations periodically throughout learning experiences. Any custom evaluations must be completed within 5 days of due date in order to facilitate timely feedback.

## Residency Quarterly Progress Report

- On a quarterly basis, RPD will electronically evaluate residents on progress made toward meeting goals and objectives of the program. The following will be considered in these evaluations:
  - Preceptor and resident self-evaluations of rotational learning experiences completed up to that point
  - Preceptor and resident self-evaluations of longitudinal learning experiences
  - Review of activities completed by the resident during the quarter
- The resident and RPD will meet face to face to discuss the resident's overall progress within the program.
- The residency advisory council (RAC) will meet monthly to review and discuss the resident's progress.
- Quarterly, starting at the six-month review (earlier if appropriate), the preceptors will meet to discuss which goals and objectives may be marked as achieved for residency

## PGY2 Pediatric Pharmacy Residency Program Structure:

- Program Start: Early to Mid July
- \$52,000 annual salary
- Benefits: <http://www.osfcareers.org/benefits>, [Medical, Dental, Pharmacy and Podiatry Resident/Fellow Benefits](#)
- Time off: PTO (Paid Time off) 120 hours | WBS (Well-being) 40 hours | Sick 80 hours

### Residency Rotations

#### Core Rotations (3-6 weeks)

- Orientation [may be shortened if resident completes SFMC PGY1 Program]
- Pediatric Hematology/Oncology
- Pediatric Intensive Care I
- Pediatric Intensive Care II
- Congenital Heart Unit
- Pediatric Infectious Disease
- Neonatal Intensive Care I
- Neonatal Intensive Care II
- General Pediatrics
- Nutrition Support

#### Elective Rotations

- Pediatric Emergency Room
- Outpatient Pediatric Hematology/Oncology
- Repeat of any experience (with a focus on post-residency employment specialty)

#### Longitudinal Rotations

##### 3 months

- Administration I
- Administration II
- Pediatric Medication Safety

##### Yearlong

- Pediatric Pharmacy Practice (Staffing in Children's Hospital of Illinois Pharmacy/Pediatric Epharmacy)
- Research Project (Project time- Four (4) weeks; typically, 4 concurrent weeks in December)

#### Staffing

- Every 3<sup>rd</sup> weekend, 2 second shift per calendar month
- One Major block and One Minor holiday
- No 'On-Call' requirements

**Elective Rotation Requests:** By the midpoint of the residency year, each resident will be asked to select their preferred elective rotations. Elective rotations will then be scheduled based on resident preference and preceptor availability.

- Throughout the year, residents will be given the opportunity to make changes to these requests on a scheduled basis. In order to allow preceptors to make arrangement for scheduling changes, residents are required to follow the deadlines below when making such requests:

#### Professional Development

- On-site training and maintenance of certification: Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (ACLS)
- ASHP Midyear
  - Stipend for registration, meals, lodging and other travel expenses
  - Attendance required for recruitment purposes

- Pediatric Pharmacy Association Annual Meeting (Spring)
  - o Stipend for registration, meals, lodging and other travel expenses
  - o Present research in a platform presentation
- Teaching Certificate (Optional)
- Additional residency recruiting efforts: ad-hock
  - o Stipend for registration, meals, lodging and other travel expenses

## 2.5 Graduation Requirements

- Orientation
  - o Residents must complete new employee orientation and employee physical prior to employment as a resident.
  - o The four (4) to six (6) weeks serves as an orientation month for the resident. Residency expectations will be reviewed one-on-one with the resident during this time.
  - o In addition, residents will receive didactic and hands-on training in medication error reporting, formulary processes, hazardous drug handling, IV technique, OSF clinical protocols, research procedures, and extemporaneous compounding.
  - o Residents will receive hands-on training in EPIC order verification, Discharge Review, product verification and Pyxis procedures.
- Objectives: ACHR the following objectives in competency areas: **R1: Patient Care, R2: Advancing Practice and Improving Patient Care, R3: Leadership and Management, and R4: Teaching, Education, and Dissemination of Knowledge**
  - o Residents are expected to complete the requirements of the Residency Program as listed below and adhere to ASHP Accreditation Standards and achieve 100% of R.1 and R.2 Goals and Objectives as achieved for residency. 90% of remaining Goals and Objectives will also be required to attain residency certificate
- Presentations: the PGY2 Pediatric resident is required to provide *at least* twelve (12) presentations during their PGY2 year. Journal clubs, case presentations, nursing in-services, and other presentations as assigned by individual preceptors count toward this assignment. At least three of the 12 presentations must be given to other health care professionals outside of the department (i.e. nurse in-services, physician resident training, unit council meetings, etc.)
  - o Continuing Education: present one ACPE accredited CE
- Pharmacy Staff Meetings: Pharmacist meetings are held on a monthly basis; every third month, these meetings include the entire pharmacy staff (technicians and pharmacists). Topics discussed during this meeting include recognition of pharmacy staff members, HR issues/updates, changes in pharmacy procedures and policies, education regarding medication errors, etc. Attendance to these meetings is expected. Additional CHOI pharmacy staff meetings are required.
- Participation in Hospital/System Committee Meetings (CHOI P&T, PICU QM, CHOI Quality and Safety, PERC) Residents will be required to attend a certain number of hospital/system meetings as part of their requirement for longitudinal learning experiences.
  - o Residents may also be assigned to complete projects (formulary reviews, DUEs, med safety SBARS, etc.) for these committees. As part of this assignment, residents will need to present the completed project to the appropriate committee. This may mean that the resident will have to attend some additional meetings besides their scheduled, assigned meetings, as items are not presented until they appear at the top of the tracking log.

- Research Project: Each resident is expected to complete a research project during the course of their residency program. A list of potential projects will be provided to the residents at the beginning of the year. The residents will work on the project with a project mentor, who will serve as the preceptor and as a co-investigator for the project. The selection of the project mentor will be based on the project that the resident chooses. The final project in manuscript form to the Residency Advisory Committee and Residency Program Director by the end of the year.
  - o Residents must complete quarterly residency project evaluations (for self and preceptor/project mentor) using PharmAcademic.
  - o The project will be considered complete when the stated objectives have been met. A description or abstract of the results (manuscript) of the project must be written and submitted (2<sup>nd</sup> draft only) by end of residency for project to be considered complete. A residency certificate will not be awarded until the project is complete.
  - o Poster presentation at OSF Research Day
- Medication Event Reporting Documentation: Residents are required to document medication errors and adverse drug events electronically into Midas. Orientation to Midas will be provided by the Medication Safety Officer at the beginning of the residency year.

## Evaluation Policy

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  - o Each self evaluation must contain at least one qualitative comment.
  - o If RPD deems qualitative comments to be insufficient or incomplete, the evaluation will be sent back to the resident for editing.
  - o This should be ideally completed within 7 days of due date.
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### Preceptor's Evaluation of the Resident's Learning Experience Performance

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  - o If RPD deems qualitative comments to be insufficient or incomplete, the evaluation will be sent back to the preceptor for editing.
  - o This will ideally be completed within 7 days of due date, but no later than the end of the residency
- Preceptors will also discuss resident's progress with them verbally in order to help improve the resident's future performance.
- In addition, preceptors may perform custom evaluations periodically throughout learning experiences. Any custom evaluations must be completed within 5 days of due date in order to facilitate timely feedback.

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Pharmacy Leadership Organization Chart

