



## **Department of Pharmacy Services**

**PGY1 – Pharmacy Residency Program  
PGY2 – Pediatric Pharmacy Residency Program**

### **HANDBOOK**

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## THE HOSPITAL

Opened in 1855 as the nation's first children's hospital, Children's Hospital of Philadelphia is dedicated to improving the health of children in our region and around the globe through excellence in patient care, innovative research and high-quality education. The US News and World Report annual guide to "America's Best Hospitals" and *Parents* magazine have consistently ranked the hospital among the best in pediatric hospitals in the US. Children's Hospital of Philadelphia is a tertiary care facility and Level I trauma center serving the Delaware Valley, a tri-state area consisting of southeastern Pennsylvania, southern New Jersey, and Delaware. Children's Hospital of Philadelphia also regularly accepts international referrals from Europe, Africa, and the Far East. Today, the Hospital has over 550 beds and had more than 1 million outpatient and inpatient visits last year.

Children's Hospital of Philadelphia is also a teaching hospital, training pediatricians, pediatric subspecialists, pharmacists, nurses, other health care professionals and basic scientists for positions in academic medicine, community practice, and medical research around the world.

## HOSPITAL MISSION STATEMENT

Children's Hospital of Philadelphia, the oldest hospital in the United States dedicated exclusively to pediatrics, strives to be the world leader in the advancement of healthcare for children by integrating excellent patient care, innovative research, and quality professional education into all of its programs.

### Research

Children's Hospital is committed to researching and finding cures for chronic and fatal pediatric illnesses. Our physician-researchers draw on the latest available information about the human genome to customize therapies to variations in genetic makeup. Oncologists are working on therapeutic vaccines for children that teach patients' healthy cells to recognize and fight cancer. Other researchers are investigating prenatal stem-cell transplants to improve treatments for a variety of diseases including muscular dystrophy, leukemia & sickle cell disease.

### Family-centered care

The Hospital was one of the first in the United States to recognize the importance of treating all aspects of the patient, including emotional well-being and that of the child's family. We work to educate families as partners in their children's care, and we rely on their feedback to improve our services. The Child Life, Education and Creative Arts Therapy Department is designed to nurture the hearts and minds of patients and families while caregivers treat the body.

## Education and advocacy

Children's Hospital healthcare providers also are aware that preventing disease is at least as important as treating illnesses. Current advocacy programs include those to prevent HIV and asthma, as well as early intervention to best prepare children for school and to help chronically ill young adults live on their own.

Since its founding in 1855, Children's Hospital of Philadelphia has fostered some of the nation's pioneers in pediatric medicine and continues to be the premier training ground for future pediatric leaders.

We have been the first to contribute many innovations to the field. Our commitment to improving the health of all children has remained constant over 150 years. We have had major accomplishments and have significant programs in a variety of areas including cardiac, genetic and cancer research; and fetal surgery, neonatology and automobile safety research. The Hospital has pioneered several vaccines against childhood illness, and our scientists continue to investigate new vaccines to fight deadly diseases.

Like our founders, physicians and staff today at Children's Hospital of Philadelphia share the common goal to make sick children well and to secure a healthy future for families.



## HOSPITAL VALUES & SERVICE STANDARDS

The values and standards of The Children's Hospital of Philadelphia support our mission and are tools to guide us through our positions on a day-to-day basis, as well as through organization-wide changes.

### Values (ICARE)

At Children's Hospital of Philadelphia, we are committed to making breakthroughs for children every day. We advance health care for children through the integration of family-centered, safe, and high-quality care with innovative research and quality professional education. Every employee has the ability and opportunity to contribute to breakthroughs in care and service, whether large or small. By defining our collective values, we create the framework for delivering these breakthroughs as we partner with the children and families we serve.

We embrace the following values in all we do:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

### Service Standards

Everyone who works here is dedicated to creating an environment in which families feel welcome, respected, and confident that their child is receiving the best care. By doing so, we also create an environment in which each employee can flourish, feel valued and contribute to making new breakthroughs for children.

- Be Present, Physically and Mindfully
- Communicate Clearly
- Practice with a Questioning Attitude
- Take Ownership to Solve Problems
- Support Each Other
- Apologize with Empathy and Without Blame
- Show Care through Tone and Non-Verbal Communications
- Express Thanks, Appreciation and Admiration

## **PHARMACY DEPARTMENT MISSION AND PRIMARY FUNCTION**

**Mission:** The Department of Pharmacy Services at Children’s Hospital of Philadelphia (CHOP, “the institution”) is dedicated to providing pharmaceutical care that is of the highest quality and safety, integrating dispensing and clinical activities directed toward providing excellence in patient care and the advancement of education and research in an environment of professionalism, respect and effective communication.

**Vision / Goals:** The vision and goals of the Department of Pharmacy Services support the departmental and institutional Mission Statements and align with CHOP’s foundation of making breakthroughs for children every day; integration of family-centered care that is safe, effective, and of high-quality; supports innovation and research; and provides high-quality education, while upholding the institution’s core values of integrity, compassion, accountability, respect, and excellence.

**Values and Service Standards:** In addition to taking the lead in all institutional matters related to the use of drugs, the Department of Pharmacy supports CHOP and its Service Standards by:

- Collaborating with physicians and other allied healthcare providers to promote health across the patient care continuum through optimal and cost-effective use of medications.
- Working with physicians and other allied healthcare providers to actively promote programs that enhance knowledge and the optimal use of medications.
- Supporting the concept of patient-focused, outcome-oriented, pharmaceutical care.
- Participating in or supporting basic and clinical research activities that advance pediatric treatment modalities or delivery systems.

## **PHARMACY DEPARTMENT FACILITIES AND STAFF**

The Department of Pharmacy Services provides pharmaceutical care through decentralized teams of staff pharmacists and technicians to meet the needs of patients and health care professionals. The Department maintains state-of-the-art inpatient satellites, off-site surgi-center pharmacies, and an oncology care clinic pharmacy. Pharmacy personnel consists of over 20 clinical pharmacy specialists, over 75 staff pharmacists, 80 pharmacy technicians, 20 administrative staff, 4 residents, 12 support staff and 14 pharmacy interns.

Our clinical pharmacy specialists are highly trained in pediatric pharmacotherapy and specialize in the following areas:

- Acute Care, Pediatrics
- Cardiology / Cardiac Intensive Care
- Neonatal and Infant Intensive Care
- Pediatric Intensive Care
- Investigational Drug Services
- Infectious Diseases
- Oncology / Bone Marrow Transplantation
- Transplantation
- Emergency Medicine
- Toxicology / Poison Control
- Drug Information
- Psychiatry / Behavioral Health

The Department of Pharmacy Services, through our pediatric specialists, provides a full complement of clinical services including:

- Drug information
- Pharmacokinetics and pharmacotherapy consultations
- 24 hours a day, 7 days a week clinical on-call service
- Discharge medication counseling
- Emergency / code response
- Medication policy development
- Professional staff development

In addition, our specialists are integral members of multidisciplinary committees, such as the Therapeutic Standard Committee, Adverse Drug Reactions Subcommittee, Drug Use Evaluation Subcommittee, Formulary Subcommittee, Medication Safety Committee, Institutional Review Board and various Continuous Quality Improvement Committees (CQI).

## PHARMACY CARE SERVICES

The Department of Pharmacy provides services to patients at the Children's Hospital of Philadelphia, the Children's Seashore House of the Children's Hospital of Philadelphia, Ambulatory Oncology Pharmacies and Ambulatory Surgical Centers. The patient population served includes neonates, infants (birth to 12 months), toddlers (1-<3 years old), preschoolers (3-5 years), school age (6-9 years), pre-adolescents (10-<13 years), adolescents (13-16 years), young adults up to 18 years of age and have been a life-long patient, adults with pediatric disease states, obstetric patients, and patients in the ambulatory environment.

Pharmacists routinely assess pertinent patient information, such as demographic data, vital signs, laboratory values, medication regimens, medication compliance, and health insurance coverage. Pharmacists collaborate with all members of the healthcare team, patients, and their caregivers to provide value-based, patient-centered care.

Pharmacy technicians, pharmacist assistants, and pharmacy students assist in the delivery of pharmaceutical care under the direct supervision of a pharmacist. Established policies, procedures, protocols, therapeutic guidelines, and standards of pharmacy practice are followed as part of the pharmaceutical care services process

Pharmacist patient care services are provided to all patients who receive medications. Pharmacists provide collaborative and interdisciplinary care in a cost-effective, evidence-based manner to improve patient outcomes. Standards of practice established by the American Society of Health-Systems Pharmacists, The Joint Commission, the Pennsylvania Board of Pharmacy, the United States Pharmacopeia, and the Food and Drug Administration provide guidance for establishing pharmacy services. The processes by which these services are provided are as follows:

- All new medication orders are reviewed for appropriateness by a pharmacist to determine the presence of medication therapy problems in a patient's current medication therapy, including, for example, any of the following:
  - Medication used with no medical indication;
  - Medication prescribed inappropriately for a particular medical condition;
  - Immunization regimen is incomplete
  - Current medication therapy regimen is inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration);
  - There is therapeutic duplication;
  - Patient allergies pose risk with current medication selection;
  - There are adverse drug- or device-related events requiring intervention or potential for such events;
  - There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions;
  - Medical therapy has been interfered with by social, recreational, nonprescription, or nontraditional drug use by the patient or others;



- There are needed laboratory or other assessments to ensure safe and effective medication therapy that have not been ordered or assessed;
  - Patient is not receiving full benefit of prescribed medication therapy;
- Pharmaceutical needs of the patient are reassessed on an as-needed basis as the patient's condition changes. Ongoing assessment of the individual patient's needs through participation on medical rounds, review of the electronic medical record, daily review of medication profiles and laboratory data, and consultation with team members ensures optimum medication therapy is prescribed. In addition, pharmacists coordinate the ordering, timing, and evaluation of serum drug concentrations, adjust doses for altered renal function, intermittent dialysis, and continuous renal replacement therapy, convert routes of medication administration, modify therapy to standardized doses as needed, and provide recommendations for pharmacokinetic follow-up for appropriate drugs.
- Pharmacists direct appropriate medication use and administration through the development and maintenance of guidelines, protocols, and other references for clinical personnel.
- Patient progress and recommendations regarding medication use are communicated to the primary provider and documented in pharmacy monitoring notes and in progress notes in the permanent medical record.
- Pharmacists play a role in the development and implementation of discharge plans of care for patients. Responsibilities include educating patients and/or caregivers, facilitating safe transitions of care. Pharmacists reconcile discharge medication orders with the patient's inpatient and pre-hospitalization home medication regimens to assure safe transitions of care and appropriateness of medication use to reduce the risk of readmissions due to inappropriate medication use or follow up.
- Pharmacists control the drug distribution systems to ensure that the right medication and dose are administered via the right route to the right patient at the right time, and maintain the safety and efficiency of the medication use system.
- Pharmacists assist in the monitoring, prevention, reporting and coordination of performance improvement activities across the continuum of care. Pharmacists especially provide oversight for adverse drug events, drug interactions, and medication errors.
- Pharmacists develop, maintain, monitor, and enforce medication use policies, guidelines, and formulary restrictions in order to decrease variability, improve quality, and decrease cost. Patient population assessments are accomplished through medication use evaluation studies and reviewing compliance with established therapeutic and clinical guidelines. These evaluations are used to

improve organizational performance through collaborative performance improvement initiatives.

- Pharmacists assist in the development, implementation, and maintenance of decision support software systems aimed at decreasing overall healthcare costs and improving the quality of care provided to patients. These services assist with enforcing standards of care, institutional guideline adherence, and regulatory compliance.
- Pharmacists assist in optimizing the use of automation and information technology to further enable the development of the professional role of the pharmacist and the clinical services they provide by promoting the efficient use of healthcare resources.
- Pharmacists provide reliable drug information to physicians, nurses, patients, caregivers, and other members of the health care team to promote the safe, effective, efficient, and patient-centered use of medication therapy.
- Pharmacists help to educate future caregivers by serving as preceptors to pharmacy students and pharmacy residents, and are involved with continuing education through the provision of in-services for pharmacists and other healthcare professionals. Pharmacists also take an active role in providing medication therapy teaching to medical residents and other professional students in interdisciplinary care settings.
- Pharmacists serve on department- and organization-wide committees to promote family-centered, value-based care.
- The pharmacy department's Investigation Drug Service provides research support, protocol review, protocol activation, protocol closeout, drug development tracking, budgeting recommendations, and accountability for all applicable regulatory requirements for conducting medication-related research.
- Pharmacy staff members coordinate the storage, preparation and distribution of all medications, including sterile products, and ensure full compliance with national standards of practice.
- Pharmacy staff members developed processes to monitor medication shortages and collaborate with physicians to determine appropriate alternative therapies. Combined management of the electronic medical record allows rapid dissemination of drug shortage management strategies to providers and allied health professionals across the health system.

## **RESIDENCY STATEMENTS OF PURPOSE**

### *PGY1 Pharmacy Residency Program*

The CHOP PGY1 Pharmacy Residency Program builds 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 Pediatric Pharmacy Residency Program*

The purpose of the PGY2 Pediatric Pharmacy Residency at Children's Hospital of Philadelphia is to build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in pediatrics. 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 (BCPPS).

## DESCRIPTION OF THE PGY1 PHARMACY RESIDENCY

The PGY1 Pharmacy Residency Program is a one-year (52 weeks) training program that begins at the end of June/beginning of July and runs through June 30<sup>th</sup> of the following year. The residency program is accredited by the American Society of Health-System Pharmacists (ASHP). A Certificate for completion of the PGY1 Pharmacy Residency Program will be conferred to the resident at the completion of the program requirements.

The residency is designed to foster clinical competency in pharmacotherapeutics, an understanding of the practical and administrative considerations of providing pharmaceutical care and an introduction to clinical research. The resident will function as an active member of various multidisciplinary medical teams. They will be able to tailor the learning experiences to best meet their professional goals.

Required 4 week learning experiences include:

- Orientation\*
- Drug Information
- Acute Care\*\*
- Oncology
- Pharmacy Administration and Management
- Intensive Care (Selective)
  - Pediatric Intensive Care Unit
  - Cardiac Intensive Care Unit
  - Neonatal/Infant Intensive Care Unit
- Ambulatory Clinic / Specialty Pharmacy (Selective)
  - Cystic Fibrosis Clinic
  - Rheumatology / GI Clinic

\* Orientation will be approximately 10 weeks long

\*\* Acute Care experience will be ~6 weeks long

Elective learning experiences include:

- Any intensive care unit (selective) experience not completed as a required experience
- Cardiac Intensive Care Unit II
- Pediatric Intensive Care Unit II
- Emergency Department
- Acute Care II
- Oncology II
- Infectious Diseases
- Pharmacy Administration and Management II
- Clinical On-Call
- Toxicology / Poison Center
- Other elective learning experiences may be developed based on resident interest and preceptor availability

Required longitudinal experiences include:

- Drug Use Evaluation
- Pharmacy Operations and Administrator On-Call
- Medication Safety
- Research
- Recruitment
- Presentations
  - Journal Clubs (3)
  - Learning Experience Presentations (4)

The resident provides a service commitment to the hospital every third weekend, alternating weekend responsibilities between administrator on-call and order verification or triage shifts.

The resident will attend the ASHP Midyear Clinical Meeting in December and the Eastern States Residency Conference in April or May of their residency year. The resident is also encouraged to attend local pharmacy meetings as well.

## DESCRIPTION OF THE PGY2 PEDIATRIC PHARMACY RESIDENCY

The Pediatric Pharmacy Residency Program is a one-year (52 weeks) training program lasting from the first week in July through June 30<sup>th</sup> of the following year. The residency program is accredited by the American Society of Health-System Pharmacists (ASHP). A Certificate for completion of the PGY2 Pediatric Pharmacy Residency Program will be conferred to the resident upon the successful completion of the program requirements.

The residency is designed to foster clinical expertise in pediatric pharmacotherapeutics, an understanding of the practical and administrative considerations of providing pharmaceutical care to pediatric patients and experience in teaching as well as clinical research. The resident will function as an active member of various multidisciplinary pediatric teams. They will be able to tailor learning experiences to best meet their professional goals. The residency program consists of approximately eight months of required learning experiences and four months of elective learning experiences.

Required 4 week learning experiences include:

- Orientation
- Acute Care
- Cardiac Intensive Care Unit
- Neonatal / Infant Intensive Care Unit
- Pediatric Intensive Care Unit
- Oncology
- Solid Organ Transplant

Elective learning experiences include:

- Acute Care II
- Cardiac Intensive Care Unit II
- Neonatal / Infant Intensive Care Unit II
- Neonatal / Infant Intensive Care Unit III
- Pediatric Intensive Care Unit II
- Toxicology / Poison Center
- Infectious Diseases
- Informatics
- Emergency Department
- Oncology II
- Pharmacy Administration and Management
- Other elective learning experiences may be developed based on resident interest and preceptor availability

Required longitudinal experiences include:

- Drug Information
- Educational Module Development and Delivery
- Pharmacy Operations and Administrator On-Call
- Clinical On-Call

- Code Response
- Medication Safety / Regulatory Compliance
- Research
- Recruitment
- Teaching
- Presentations
  - Journal Clubs (3)
  - Learning Experience Presentations (4)

#### Elective

- Acute Care II
- Cardiac Intensive Care Unit II
- Neonatal / Infant Intensive Care Unit II
- Pediatric Intensive Care Unit II
- Infectious Diseases
- Informatics
- Emergency Department
- Oncology II
- Pharmacy Administration and Management
- Toxicology / Poison Center
- Other elective learning experiences may be developed based on resident interest and preceptor availability.

The resident provides a service commitment to the hospital every three weeks, alternating weekend responsibilities between administrator on-call (first half of the year), clinical on-call (second half of the year) and order verification or triage shifts.

The resident will attend the ASHP Midyear Clinical Meeting in December and an associated specialty meeting (e.g., PPA) in the spring of their residency year. The resident is also encouraged to attend local pharmacy meetings.

## RESIDENCY FACULTY

### RESIDENCY PROGRAMS DIRECTOR

**Evan Zachary Ramsey, PharmD, BCPPS, Lead Clinical Pharmacy Specialist, Clinical Specialist in Pediatric Cardiology**

Zach Ramsey graduated from Hampden-Sydney College in Virginia with a BS in Chemistry and Virginia Commonwealth University School of Pharmacy with a Doctor of Pharmacy degree. He completed both a Pharmacy Practice Residency (PGY1) and a Pediatric Specialty Residency (PGY2) at the University of Kentucky Chandler Medical Center in Lexington, Kentucky. His research has included examining the stability of an extemporaneously prepared hypertonic saline nebulization solution for use in cystic fibrosis patients, antifibrinolytic prophylaxis during on-pump cardiac surgery, the use of recombinant factor VII for non-hemophilia indications and treatment approaches for pulmonary hypertension. Dr. Ramsey holds a faculty appointment at Wilkes University School of Pharmacy and Jefferson School of Pharmacy and coordinates the Pediatric Pharmacotherapy elective courses there. He is actively involved in ASHP, ACCP, and PPA.

### RESIDENCY PRECEPTORS

Please visit the Programs' website for additional information on Preceptors at <https://www.chop.edu/centers-programs/department-pharmacy-services/education-training/our-team>

**Anna Bieniek, PharmD, MS, Medication Safety and Quality Assurance Pharmacist**  
Experience(s) precepted: Medication Safety (Longitudinal)

**Bridget Blowey, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care**  
Experience(s) precepted: PICU

**Anna Bustin, PharmD, BCPPS, Clinical Specialist in Neonatal/Infant Intensive Care**  
Experience(s) precepted: NIICU

**Colleen Croy, PharmD, BCPPS, Clinical Specialist in Pediatric Oncology and Blood/Marrow Transplant**  
Experience(s) precepted: Oncology, BMT

**Aubrie Eaton, PharmD, BCPPS, Clinical Specialist in Pediatric Oncology and Blood/Marrow Transplant**  
Experience(s) precepted: Oncology, BMT

**Kelsie Ellis, PharmD, Clinical Specialist in Neonatal/Infant Intensive Care**  
Experience(s) precepted: NIICU

**Gianna Galioto, PharmD, BCPPS, Pediatric Clinical Pharmacy Specialist**  
Experience(s) precepted: KOPH



**Sarah Gattoline, PharmD, BCPPS, Clinical Specialist in Neonatal/Infant Intensive Care**

Experience(s) precepted: NIICU

**Angela Grachen, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care**

Experience(s) precepted: PICU

**Hannah Gustafson, PharmD, Retail and Specialty Pharmacist**

Experience(s) precepted: Specialty / Rheumatology / Gastroenterology Clinic

**Jennifer Hewlett, PharmD, Clinical Specialist in Solid Organ Transplant and Nephrology**

Experience(s) precepted: Solid Organ Transplant

**Kelly Hummel, PharmD, BCPPS, Clinical Specialist in Emergency Medicine**

Experience(s) precepted: Emergency Department

**Anthony Jaworski, PharmD, BCCCP, CSPI, Clinical Specialist in Poison Information**

Experience(s) precepted: Poison Center

**Lauren Karel, PharmD, BCPS, Clinical Specialist in Drug Information and Policy Development**

Experience(s) precepted: Drug Information (Longitudinal)

**Rebecca Kendsersky, PharmD, BCPPS, Clinical Specialist in General Pediatrics**

Experience(s) precepted: Acute Care

**Connie Law, PharmD, Clinical Specialist in Oncology**

Experience(s) precepted: Oncology

**Arathi Lambrix, PharmD, BCOP, Clinical Specialist in Pediatric Oncology and Blood/Marrow Transplant**

Experience(s) precepted: Oncology, BMT

**Joyce P. Lee, PharmD, BCPS, Manager, Clinical Pharmacy**

Experience(s) precepted: Pharmacy Operations (Longitudinal)

**Sukdong Lee, PharmD, BCPS, Clinical Specialist in Drug Information and Policy Development**

Experience(s) precepted: Drug Information (Longitudinal)

**Colin Maehler, PharmD, Clinical Specialist in Psychiatry**

Experience(s) precepted: Psychiatry / Behavioral Sciences

**Astrela Moore, PharmD, BCPPS Clinical Specialist in General Pediatrics**

Experience(s) precepted: Acute Care

**Karla Resendiz, PharmD, BCPPS, Clinical Specialist in Pediatric Critical Care**

Experience(s) precepted: PICU

**Laura Shanley, PharmD, Clinical Specialist in Cystic Fibrosis Clinic**

Experience(s) precepted: CF Clinic

**Kate Snyder, PharmD, BCPS, CPPS, Compliance, Quality Assurance, and Medication Safety Pharmacist**

Experience(s) precepted: Medication Safety (Longitudinal)

**Andrew Sweigart, PharmD, Clinical Specialist in Pediatric Cardiology**

Experience(s) precepted: CICU

**Jessica Zook, PharmD, BCPPS, Clinical Specialist in General Pediatrics**

Experience(s) precepted: Acute Care

## RESIDENT SALARY AND BENEFITS

### *PGY1 Pharmacy Residency Program*

- \$55,000 per year stipend
- 25 days per year Paid Personal Leave (PPL) which include vacation and sick days
- 5 days per year Extended Disability Leave (EDL)
- 9 holidays (the resident will work one holiday – Christmas or Thanksgiving)
- As a full time employee, the resident will receive the hospital benefits program which includes medical, dental, vision, prescription, short term disability, life insurance, medical and dependent care reimbursement accounts and 403b plans.

### *PGY2 Pediatric Pharmacy Residency Program*

- \$57,000 per year stipend
- 25 days per year Paid Personal Leave (PPL) which include vacation and sick days
- 5 days per year Extended Disability Leave (EDL)
- 9 holidays (the resident will work one holiday – Christmas or Thanksgiving)
- As a full time, employee, the resident will receive the hospital benefits program which includes medical, dental, vision, prescription, short term disability, life insurance, medical and dependent care reimbursement accounts, and 403b plan.

## RESIDENCY TRAVEL

The Department of Pharmacy will provide reimbursement for travel and lodging for the resident during the year for required meetings, which include:

### ASHP Midyear Clinical Meeting

The resident is expected to attend the ASHP Midyear Clinical Meeting in December of each year. In exchange, the resident will have responsibilities at the Midyear including, but not limited to, recruiting future residency candidates, staffing at the residency showcase, and interviewing candidates.

### Eastern States Residency Conference or Specialty Meeting (e.g. PPAG)

The resident is expected to attend and present their residency project in the spring of the residency year. The Department of Pharmacy will be responsible for the cost of attending the conference (minimum allowance of \$750).

Attendance at other conferences will be at the discretion of the Director of Pharmacy and the Residency Program Director

## RESIDENT RESPONSIBILITIES

### Time Commitment

The Pharmacy Residency Programs at CHOP are one-year (52 weeks) training programs lasting from the first week in July through June 30<sup>th</sup> of the following year. Should a resident require extended time away from the program beyond what is normally allowed via CHOP Paid Personal Leave (for example, Family Medical Leave of Absence) or ASHP standards (37 days of time away), the requirement for completion of 52 weeks of the program must be met and may require the resident to remain in the program beyond the planned completion date, until the full 25 weeks of residency have been completed. Refer to Pharmacy Residency Programs' Leave Policy for more details.

### Licensure

All residents shall be in possession of a valid Pennsylvania Pharmacists' license prior to August 1<sup>st</sup> but no later than October 1<sup>st</sup> of the residency year. **Failure to obtain licensure at this point will result in dismissal from the program**, unless unforeseen extenuating circumstances apply. Residents may NOT perform any of the functions of a licensed pharmacist until valid licensure is obtained. The Director of Pharmacy and the Residency Program Director will make a decision regarding extenuating circumstances if they apply. Residents must be licensed for a minimum of 2/3 of the residency year (35 weeks). Refer to Pharmacy Residency Programs' Licensure Policy for more details.

### Service Commitment

CHOP Pharmacy residents are required to work every third weekend, alternating weekend responsibilities as outlined below for each specific program. Additionally, residents will also be required to work one holiday (Thanksgiving or Christmas). Assignment of holiday coverage will be decided amongst the residents, with the expectation that one PGY1 and one PGY2 resident each will work the holiday.

**PGY1:** The PGY1 resident will be required to provide a service commitment to the department every third weekend, alternating weekend responsibilities between administrator on-call and order verification or triage shifts. Administrator on-call coverage will begin approximately half-way through the residency year and, when assigned, will begin at 10PM on Friday and conclude at 7AM Monday. Weekend order verification or triage shifts will consist of a day shift on Saturday and Sunday (7AM – 3:30PM).

**PGY2:** The PGY2 resident will be required to provide a service commitment to the department every third weekend, alternating weekend responsibilities between administrator on-call (first half of year), clinical on-call (second half of year), and order verification or triage shifts. Administrator on-call coverage, when assigned, will begin at 10PM on Friday and conclude at 7AM Monday Weekend. Clinical on-call coverage, when assigned, will begin at 4PM on Friday and conclude at 10PM on Sunday. Weekend order verification shifts will consist of a day shift on Saturday and Sunday (7 or 8 AM until 3:30 or 4:30 PM).

### **PGY2 Clinical On-call Experience:**

The Department of Pharmacy Services responds to drug information inquiries from health care professionals within the institution as well as from other institutions. A clinical pharmacist also reviews all drug levels reported by the Clinical Laboratory twice daily and the medical staff is contacted with appropriate recommendations if dosage adjustments are required. A clinical pharmacist is available 24 hours a day, 7 days a week for consultations on therapeutic issues. The PGY2 resident will be part of the clinical on-call rotation after an adequate training period.

### **Residency Project**

Each resident is required to complete a residency project. The project must be presented at the Eastern States Residency Conference (preferred PGY1) or appropriate specialty meeting (e.g. PPA, preferred PGY2) and should be of benefit to Children's Hospital of Philadelphia's Department of Pharmacy Services. Each resident must have a residency preceptor to act as a mentor for the project. The Residency Program Director and Residency Project Committee must approve the project prior to commencing.

This project is longitudinal in nature, to be completed throughout the year on the resident's own time. Thus, the residency project must follow a timetable agreed upon by both the resident and the mentor. Sufficient data must be collected at the time the project is presented at the Eastern States Residency Conference or appropriate specialty meeting. In addition, the project must be written up in publishable format by the completion of the residency year (June 30<sup>th</sup>).

The research project should be executed using the following guidance:

Mid-/End July	Submit final project selection to project committee for approval
Mid-August	Submit research project proposal to project committee
Early September	Present research proposal to project committee
Mid-/End September	IRB submission (if applicable)
Mid-October	Data collection and analysis schedule due to mentor, project advisor, and RPD (e.g. 50% of data collection completion date)
Mid-January	Presentation of results to project committee
End January	Final abstract due
Mid-February	Practice platform presentation (2 days – one for PGY2s and one for PGY1s)
Mid-March	FINAL presentation (1.5 hour meeting – 30 min each resident)
Mid-/End May	First draft of manuscript due to project advisor
2 <sup>nd</sup> week of June	Final draft of manuscript due to RPD

**A Residency Certificate will not be awarded if the resident fails to complete the Residency Projects by June 30<sup>th</sup>.**

## **Formulary Management**

Each resident is required to contribute to the management and maintenance of the CHOP formulary as part of their residency experience.

**PGY1:** Each resident must complete a minimum of one drug use evaluation (DUE), one drug monograph for Formulary addition and one Formulary class review with presentation to the appropriate CHOP Therapeutics Standards Committee (TSC) subcommittee. The DUE must also be presented as a poster at the ASHP Midyear Clinical Meeting.

**PGY2:** Each resident must complete a minimum of one drug use evaluation (DUE), two drug monographs for Formulary addition, one Formulary class review, an update to a Formulary chart, and actively participate in the dissemination of Formulary information via an ISBARQ or Newsletter.

## **Presentations**

Each resident is required to construct and present:

- Four (4) presentations pertaining to a medication related topic or patient case to the residency preceptor group, fellow residents, and other indicated audience members as determined by the primary preceptor or residency program director. Three of these presentations shall each be approximately 45 minutes in duration; one of these presentations may be 20 to 30 minutes in duration (to potentially be for external interview activities, if indicated). There is no cap to duration of questions following a resident presentation (of any length).
- Three (3) formal journal clubs during the year (two individual and one group).
- Their residency project to the pharmacy staff prior to the Eastern States Residency Conference or appropriate specialty meeting.
- PGY2 residents are also required to create an educational module and lecture for the pharmacy staff and the CHOP coordinated Pediatric Pharmacotherapy elective at a school of pharmacy (respectively), prior to completion of the residency.

## **Medication Safety**

Each resident is required to participate in medication safety within the organization through adverse drug reaction evaluations (on alternating months amongst all the residents), participate in IHI Basic Certificated self-learning (with two check-ins throughout the year), topic discussions (4), medication safety debates (2), ISMP article reviews (2), a longitudinal medication safety-based project to improve safety within the institution and attend a Medication Safety Steering Committee Meeting (1) and a Medication Safety Committee (1) meeting throughout the residency year.

## **Teaching**

The Children's Hospital of Philadelphia Department of Pharmacy Services offers various learning experiences for students from Wilkes University, Jefferson School of Pharmacy, and various other nearby Pharmacy Schools. Pharmacy residents contribute to these learning opportunities as follows:

**PGY1** Pharmacy residents are required to complete a Teaching Certificate Program (e.g. ASHP's Teaching Certificate for Pharmacy - <https://elearning.ashp.org/products/8957/teaching-certificate-for-pharmacists>) and will assist in precepting IPPE students during the year. The PGY1 resident may also participate in the preceptorship of an APPE student to refine their teaching skills in the second half of the residency year. (Note: If the resident plans to go on to specialty training, it is encouraged that they wait until that year to take on APPE precepting responsibilities). Additional opportunity for didactic lecturing (outside of requirements of Teaching Certificate Program) exist in two different Pediatric Pharmacotherapy Elective courses provided by the clinical staff at two different schools of pharmacy, as well as potential laboratory teaching experiences. Approval for these elective experiences must be obtained from RPD.

**PGY2** Pharmacy residents are required to utilize the training from a Teaching Certificate Program to co-coordinate a Pediatric Pharmacotherapy elective course at a nearby school of pharmacy (with support from a Preceptor), assist in precepting IPPE students during the year, precept an APPE student and deliver at least two (2) hours of didactic lectures and/or facilitate a small group laboratory sessions.

## **Learning Experiences**

Upon completion of Orientation, the residents will complete six (6) required learning experiences. The remaining time of the residency year will be determined by resident interest and preceptor availability as elective time. The required learning experiences are 4-6 weeks in duration, and the elective learning experiences may vary from 2-8 weeks in duration. Specific information about individual learning experiences is available in PharmAcademic.

## **Evaluations**

During each learning experience, the resident will receive a midpoint and a final summative evaluation by their preceptor. The same evaluation form will be used for each. The final summative evaluation will occur at the end of the learning experience and will assess the resident's progress in meeting the residency goals and objectives. Longitudinal experiences will also have periodic (typically quarterly) and final summative evaluations.

To complete a learning experience the resident must successfully complete all assignments associated with the specific learning experience as defined in the learning experience description in PharmAcademic and/or provided by preceptor, meet the

minimum number of days required by the experience as noted in the learning experience description, and have no more than one-third of evaluable objectives marked as needs improvement (NI) at the time of the final summative evaluation.

Should the resident not complete the learning experience, it must be repeated. This repeat experience will be identical in terms of objectives, associated activities and requirements, but may be with a different preceptor. Inability to successfully complete the learning experience a second time will result in dismissal from the Program. Should a resident not complete their final learning experience or a longitudinal experience ending in June of their residency year, the requirement to repeat the experience to re-attempt completion will result in an extension of the residency year sufficient to re-assess resident skill and growth. Resident will continue to be paid the same resident salary / stipend during this time.

The resident will also complete three additional evaluations at the end of each learning experience: a self-evaluation, an evaluation of the preceptor, and an evaluation of the learning experience. Evaluations **MUST** be completed by the assigned due date.

To meet certificate requirements for the residency, a resident must “achieve for residency (ACHR)” an indicated amount of core Program objectives. These, by Program are:

**PGY1:** 6 of the 9 program core objectives (R1.1.1, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R3.1.1, R3.1.2, R3.2.4) and **MUST** include objectives R1.1.3, R1.1.4, R1.1.5, and R1.1.6

**PGY2:** 6 of the 9 program core objectives (R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R3.1.1, R3.2.3, R4.1.7) and **MUST** include objectives R1.1.3, R1.1.4, R1.1.5, R1.1.6, and R3.2.3

Any objective that has been evaluated as “Achieved” twice, may be considered for ACHR; any subsequent occurrence of “Needs improvement” for an objective negates existing ACHR status. Remaining objectives require, if evaluated more than 2 times, that the majority of these objectives be evaluated “Satisfactory Progress”. If evaluated 2 or less times, objectives must not exceed one occurrence of “Needs Improvement”. If the resident has 30% of their objectives that remain assessed as a “Needs improvement” throughout the year, a decision can be made by the Residency Director in conjunction with the preceptors to not award a residency certificate.

The Residency Director will also construct and maintain, upon a formal meeting with each resident, a quarterly developmental plan (to be completed in October, January, and April). The purpose of this quarterly developmental plan is to review overall resident progress, keep the resident on track with their residency goals and objectives and assigned/required projects. The discussion of the quarterly developmental plan will also consist of a review of progress of all the residency goals and objectives to date and required deliverables for certificate. The residency training plan may be adjusted at each quarterly evaluation as needed.



**Residents and Preceptors must jointly complete the First Day and Last Day of learning experience checklists and submit them to the Residency Director. Failure to complete the Last Day of learning experience checklist WILL delay the start of the next learning experience! All PharmAcademic evaluations MUST be completed on the last day of the learning experience!!!**

### **Residency Meetings**

Residents are required to attend scheduled residency presentations (including but not limited to case presentations, journal clubs, research presentations), and any scheduled Pharmacy Department Staff Meetings. It is expected that the resident will arrange coverage for any immediate needs (direct or indirect patient care) to have dedicated time to these learning opportunities. Dedicated weekly meetings (typically every Wednesday and Friday and the first and third Tuesday of each month between noon and 1PM) will be reserved for RxUpdates. RxUpdate time slots will be used to facilitate residency presentation and provide dedicated time to complete the ASHP required appendix topics for the PGY2 Pediatric Pharmacy program. PGY1 residents **MAY** attend RxUpdate topic discussion sessions pursuant to the PGY2 Pediatric Pharmacy appendix list of topics as interest and availability allows, but are not required.

Additional periodic residency meetings will be scheduled with the Residency Program Director to ensure the residents are on track with their required projects and timelines, allow for open discussion of issues / concerns / suggestions, and to complete required evaluations. The residents will be required to attend all established meetings – absence from a required meeting **MUST** be approved by the Residency Program Director **BEFORE** the occurrence

### **Resident's Work Storage**

Each resident is expected to maintain a repository of their work. The storage platform may be electronic or hard copy and shall contain copies of all completed projects and presentations, as well as any other information the resident or preceptor deems relevant. It is **STRONGLY** encouraged that these materials be stored in / uploaded regularly into PharmAcademic by the resident.

## Residency Certificate Requirements

### PGY1 Pharmacy Residency

The PGY1 resident will be awarded a Residency Certificate upon successful completion of the following requirements of the residency (**all must be completed by June 30<sup>th</sup> of the residency year**):

- Follows the hospital and departmental policies and procedures
- Successfully completes all required and elective learning experiences and all learning experience associated expectations / requirements
- Achieve for residency (ACHR) 6 of the 9 program core objectives (R1.1.1, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R3.1.1, R3.1.2, R3.2.4) and **MUST** include objectives R1.1.3, R1.1.4, R1.1.5, and R1.1.6.
  - 75% of remaining objectives must be marked ACHR
- Completes a minimum of one (1) formulary monograph and one (1) formulary category review
- Completes one (1) drug use evaluation and presents findings via a poster at the ASHP Midyear Clinical Meeting and the appropriate CHOP committee
- Obtains an ASHP accredited Teaching Certificate Program
- Completes assigned ADR reports and Medication Safety Project
- Delivers a minimum of four (4) presentations on required learning experiences and three (3) journal clubs
- Completes a Residency Project including preparation of a manuscript in publishable form and presentation of the Residency Project at the Eastern States Residency Conference (or a suitable alternative conference)

### PGY2 Pediatric Pharmacy Residency

The PGY2 resident will be awarded a Residency Certificate upon successful completion of the following requirements of the residency (**all must be completed by June 30<sup>th</sup> of the residency year**):

- Follows the hospital and departmental policies and procedures;
- Successfully completes all required and elective learning experiences and all learning experience associated expectations / requirements
- Achieve for residency (ACHR) 6 of the 9 program core objectives (R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.1.7, R1.1.8, R3.1.1, R3.2.3, R4.1.7) and **MUST** include objectives R1.1.3, R1.1.4, R1.1.5, R1.1.6, and R3.2.3
  - 75% of remaining objectives must be marked ACHR
- Completes assigned ADR reports and Medication Safety Project
- Completes a minimum of two (2) formulary monographs, one (1) formulary class review, and one (1) drug use evaluation; with findings presented to the appropriate committee and disseminated via ISBARQ or Department Newsletter
- Delivers a minimum of four (4) presentations on required learning experiences and three journal clubs
- Completes an educational module for the Pharmacy Staff and associated didactic lecture for Pediatric Pharmacotherapy elective

- Documented completion of provision of direct patient care and/or case-based or topic discussions pursuant to listed requirements from ASHP mandated PGY2 Pediatric appendix topic areas
- Completes a Residency Project including preparation of a manuscript in publishable form and presentation of the Residency Project at the Eastern States Residency Conference (or a suitable alternative conference)

***Good Luck in your Residency Year!***