**Edward Hines, Jr. VA PGY2 ID Residency – Overview/Structure**

1. **LEARNING EXPERIENCES/ROTATION**
2. ***Required:***
3. Orientation/Pharmacy Operations ***(1 month rotation)***
4. During this rotation, the resident will become oriented to the PGY2 ID Pharmacy Residency as well as meet staff and learn about the organization and pharmacy operations. The orientation rotation will be tailored to the needs of the resident and the length of this rotation will depend on previous experiences (if the resident is a former Hines VA PGY1 resident, orientation will primarily be structured around orienting to the PGY2 program and staffing in the Inpatient and/or Outpatient pharmacies). During this month, the RPD will review the resident's incoming strengths, weaknesses, previous experiences, interests, and career goals in order to develop a customized training plan for the resident.
5. Preceptor(s): Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP

Joelle Farano, Pharm.D., BCPS

1. Microbiology lab ***(1 week concentrated experience)***
2. The microbiology rotation will take place in the Hines VA microbiology laboratory. The PGY2 resident will work closely with an assigned microbiology technician to discuss the theory and practice of the isolation and identification of pathogenic bacteria, mycobacteria, fungus and viruses as well as discuss the fundamentals of antimicrobial susceptibility testing, infectious disease serology, and molecular diagnostics.
3. Preceptor: Stacey Spadoni, MT (ASCP)

1. Antimicrobial Stewardship Program – Restricted Drug Approvals (ASP-RDA) ***(3-4 week rotation)***

a. Primary responsibilities include reviewing restricted antimicrobial requests to determine appropriateness, communicating recommendations and providing education to providers, documenting approval decisions electronically in patient chart.

b. Preceptor: Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP

1. Infectious Diseases Consult Service ***(1 month rotation)***
2. The ID consult team at the Hines VA is multidisciplinary and includes the ID attending, ID fellow, medical resident(s) and student(s), and ID Clinical Pharmacy Specialist (along with pharmacy resident and student if on rotation). The PGY2 ID resident will be attending the majority of rounds independently after discussing patients with preceptor. He/she will also be responsible for precepting the pharmacy resident and/or student if on ID rotation.
3. Preceptor: Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP
4. General Medicine ***(1 month rotation)***
5. The resident will be assigned to work with one of the medical teams by the general medicine preceptor. The resident is expected to attend and participate in daily team rounds, provide medication education to patients and health care providers and perform medication reconciliation as appropriate. The resident will be responsible for evaluating all non-formulary and/or restricted antibiotic requests. The resident will participate in leading topic and patient discussions with an emphasis on infectious diseases.
6. Preceptor: Jeffrey Wieczorkiewicz, PharmD, BCPS
7. Infectious Diseases Consult Service & ASP (combined) ***(level I – 1 month rotation; level II – 2 month extended experience, repeated twice)***
8. The PGY2 resident will combine responsibilities from the ID consult and ASP rotations during this experience. Time management and prioritization of clinical duties will be a focus of this rotation. The resident will get a good sense of “the day in the life of an ID clinical pharmacist.” There are two levels of this combined rotation, level I and level II. Level I will introduce the resident to the multiple responsibilities of a general ID pharmacist and will allow the resident to determine his/her own method for prioritizing tasks in order to place patient care first. During level II, the resident will be more independent and may take on a student and resident at the same time – the resident will essentially be in the ID PharmD role during this phase.

b. Preceptor: Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP

1. Critical Care ***(4-6 week rotation)***
2. The Critical Care rotation is a 4-6 week learning experience. The duration of this experience will depend on whether the resident has had a Critical Care rotation as a PGY1 resident as well as his/her comfort level in this area. This rotation is designed to provide the resident with a unique experience in caring for critically ill patients in the medical or surgical intensive care units at the Hines VA hospital. The PGY2 resident will be involved with providing drug information, appropriate drug therapy recommendations and monitoring plans all in collaboration with members of the ICU interdisciplinary team. The resident will also review and discuss important ICU-related topics with the preceptor(s) and other interested health care providers.
3. Preceptor: Alex Gregorowicz, Pharm.D, BCCCP
4. Pharmacy Benefits Management (PBM) ***(1 month rotation)***
5. The PGY2 resident’s role in this learning experience will be to ensure safe and effective medication use across the VA system. Tasks include but are not limited to policy writing and editing, formulary and criteria for use review, and development of educational materials that will be available to all VA facilities for implementation and use at the local level. Documents are developed through multidisciplinary interaction with clinical experts from the field. A drug monograph will be developed during this learning experience.
6. Preceptor: Kelly Echevarria, PharmD, BCPS AQ-ID, BCIDP

1. Hepatology/Transplant:

a.This four-week rotation is designed to develop the resident with the disease states relating to hepatitis and kidney transplantation as well as current trends in safe, effective pharmaceutical management of these patients in the outpatient setting.

b.Preceptor: Margi Shah, Pharm.D., BCACP

Anne Thorndyke, Pharm.D., BCPS

1. Formal Lecture

a. The resident will create and present a formal lecture in the field of Infectious Diseases on a topic to be determined. This lecture will be presented to pharmacy students at Midwestern University - Chicago College of Pharmacy as part of the Pharmacotherapeutics sequence focusing on Infectious Diseases.

b. Preceptor: Jeffrey Wieczorkiewicz, PharmD, BCPS

1. ***Longitudinal:***

i. Pharmacy Resident Research Project:

. a. A completed research project is a requirement of the residency program. The intent of the PGY2 project is to provide the resident with the opportunity to build upon and develop the skills and processes necessary to perform research. The residency director and interested preceptors will meet with the resident(s) early in residency, during Orientation month, to discuss potential research project ideas. The residency director and primary preceptor for the project will help guide the resident through the research process. The resident is expected to have made sufficient progress to present final results at the Illinois Pharmacy Residency Conference (or similar forum). The resident may also present the results of their project to the Pharmacy department. The final report for the project must be submitted to the Residency Program Director in a format suitable for publication by the last day of the residency.

b. Preceptor: Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP (or other interested preceptor)

ii. ID Pharmacy Administration:

a. This year-long longitudinal experience will consist of projects and experiences related to management of anti-infectives. It may include projects, infection control initiatives, regulatory practices, guideline/protocol development, and practice leadership as it relates to infectious diseases pharmacy practice. The resident will take a role in public health as well as accreditation requirements for the institution. The resident will assist the department in identifying opportunities for improvement in regards to antimicrobial use. In addition, the resident will develop his or her personal, leadership, and management skills.

b. Preceptor: Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP

iii. Infectious Diseases/HIV clinic:

a. The Hines VA Hospital has a half-day clinic twice weekly in which adult patients with either HIV/AIDs and/or chronic infections are seen by ID providers. The ID pharmacy resident will participate in this clinic by reviewing all HIV drug regimens to assess for appropriateness and for potential drug interactions, reviewing laboratory parameters, ensuring vaccinations are up to date and counseling patients as needed. The resident will assist in administering a Medication Adherence Questionnaire to the HIV patients. In addition, the resident will be responsible for answering questions posed by other ID providers.

b. Preceptor: Ursula C. Patel, Pharm.D., BCIDP, BCPS, AAHIVP

iv. Outpatient Parenteral Antimicrobial Therapy (OPAT):

a. Patients discharged home on long-term home IV antibiotics are followed by a multidisciplinary team at Hines VA, including venous access nurses, pharmacists, and physicians. Patient’s laboratory parameters and clinical progress are monitored on a regular basis and the patients are followed in the outpatient ID clinic. The ID resident will be involved with assessing whether a patient is an appropriate candidate for home IV therapy, determining an appropriate IV regimen for the patient, and assisting with regular laboratory monitoring. The goal will be for the resident to follow at least 2 OPAT patients per month.

Preceptor: Ray Byrne, Pharm.D., BCPS

1. ***Elective:***
   1. Transplant Infectious Diseases:

a. The resident will join the Transplant Infectious Diseases team for a four-week rotation at Loyola University Medical Center (LUMC). The multi-disciplinary team consists of an attending physician, infectious diseases fellow, and a clinical pharmacist. The Transplant Infectious Diseases consult team is a consulting service for patients with a suspected or confirmed infection, and history of a solid-organ transplant, bone-marrow transplant, acute leukemia/myelodysplastic syndrome or is being evaluated for one of the aforementioned transplants. The Transplant Infectious Diseases team census ranges from 5-16 patients at a time. Patients may be located in any area of the hospital. The resident is expected to communicate recommendations and interventions with the pharmacists on the patients' primary team in order to ensure continuity of care.

Preceptor: Maressa Santarossa, Pharm.D., BCIDP

**II. OTHER RESPONSIBILITIES/ACTIVITIES**

**A. *Pharmacokinetics and IV to PO conversion programs***

The ID resident will initially participate in these programs run by the Inpatient Clinical Pharmacists and then will eventually oversee them. Responsibilities include ensuring patients are on appropriate dosing of vancomycin and aminoglycosides by regularly following drug levels, determining whether a patient is an appropriate candidate for an IV to PO antimicrobial switch based on the Hines VA protocol, and effectively communicating recommendations to providers.

**B*. Teaching***

i. Precepting Pharmacy students and Hines VA PGY1 residents

The ID rotation is currently an elective rotation for students and residents. The Hines VA serves as a training site for Midwestern University, University of Illinois at Chicago (UIC), and Chicago State University (CSU) students. The PGY2 ID resident will get experience with precepting both students and residents and will be involved in activities such as leading topic discussions on various ID related topics, reviewing ID consult patients with the trainee, and assisting the preceptor in evaluating journal clubs, case presentations and overall rotation performance.

ii. Educating ID medical providers

The ID resident will attend the weekly “viral load” meetings (HIV case presentations/education) as well as the bi-monthly ID Interest Rounds and Microbiology Rounds where interesting cases are presented to an audience consisting of ID attendings, fellows, residents, students, and pharmacists.

The ID resident will be expected to present at least twice at the “viral load” meetings with an HIV Pharmacotherapy-related topic.

**C. *Projects to be completed during residency in addition to major research project*:**

1. a drug monograph
2. at least one journal club presented to pharmacists and other interested healthcare providers
3. at least one case-based lecture/seminar on an ID related topic
4. at least one newsletter article for the Pharmacy newsletter
5. update an existing or develop a new Infectious Diseases related treatment protocol

**III.** **Proposed Learning Experience Schedule 2021-2022**

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| ***Month*** | ***Learning Experiencea*** | ***Comments*** |
| **July 2021** | Orientation/Pharmacy Operationsb |  |
| **August 2021** | Micro/ASP I | 8/2–8/6 Micro  8/9- 8/31 ASP-RDA  Research |
| **September 2021** | ID consult service | ID/HIV clinic starts |
| **October 2021** | Gen Med |  |
| **November 2021** | ID consult service & ASP – I |  |
| **December 2021** | Hepatology/Transplant | ASHP Mid-year meeting |
| **January 2022** | Critical Care |  |
| **February 2022** | ID consult service & ASP - II |  |
| **March 2022** | ID consult service & ASP - II |  |
| **April 2022** | PBM |  |
| **May 2022** | ID consult service & ASP - II | \*ID Transplant as an elective is an option |
| **June 2022** | ID consult service & ASP - II |  |

aLongitudinal learning experiences/activities such as specialty clinics, OPAT, kinetics and IV to PO program, teaching, research and ID pharmacy administration will be incorporated into core rotations.

bOrientation activities: new employee orientation, computer systems, mandatory TMS trainings, development of customized plan, familiarization of policies and procedures, choosing a research project; Pharmacy Operations portion will take place in Inpatient Pharmacy setting

**III. Evaluation Strategy**

A. PharmAcademic

i. Required and Elective rotations – informal midpoint evaluation and formal summative evaluation (as applicable) at end of each rotation

ii. Longitudinal rotations – evaluations will be done on a quarterly basis

\*All rotations-- at the end of the rotation the ID resident will complete a

summative self-evaluation along with a preceptor and learning experience evaluation and the preceptor will complete a summative evaluation. The ID resident and preceptor will then meet to compare and discuss the evaluations.

**IV. Required Meetings/Activities at VA/Loyola**

*(when resident is able to attend – patient care will take priority)*

A. ASP meetings (dates to be determined)

B. Infection Control Committee meetings (4th Tuesday every other month)

C. Pharmacy and Therapeutics Committee meetings (4th Tuesday every other month)

D. PGY1/PGY2 journal clubs and seminars

E. HIV Viral Load meetings (weekly on Mondays)

F. ID Interest and Micro Rounds & Journal Clubs (Thursdays)

G. Grand Rounds (when topic is ID related)

**V. Professional Meetings**

A. ASHP Mid-Year Clinical Meeting

B. Illinois Pharmacy Residency Research Conference

C. IAS HIV Meeting (downtown Chicago in May)

D. Antimicrobial Stewardship related meetings