

**Edward Hines, Jr. VA Hospital**  
**PGY2 Infectious Diseases Pharmacy Residency**  
*Overview for Interested Candidates*

*Thank you for your interest in our PGY2 Infectious Diseases Residency! Please find some important information regarding the PGY2 residency. Do not hesitate to contact the RPD with any questions!*

**Program Purpose:**

The purpose of this residency is to provide comprehensive learning experiences in a variety of Infectious Diseases-related areas to afford the resident(s) opportunity to advance and solidify their Infectious Diseases pharmacotherapy knowledgebase in order to qualify for an Infectious Diseases Clinical Pharmacy Specialist position upon graduation. Specifically, the resident will develop skills and abilities in Antimicrobial Stewardship, HIV/AIDS pharmacotherapy and general infectious diseases that will enable him/her to contribute both clinically and academically to the field of Infectious Diseases pharmacy practice.

**Program Director:**

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**Preceptors:**

Ursula C. Patel, PharmD, BCPS AQ-ID

- Antimicrobial Stewardship, Infectious Diseases Consults, Infectious Diseases/HIV Outpatient Clinic, Pharmacy Administration, Pharmacy Research

Raymond Byrne, PharmD, BCPS

- Outpatient Parenteral Antimicrobial Therapy (OPAT)

Sue Kim, PharmD, BCPS

- Critical Care

Jeffrey Wieczorkiewicz, PharmD, BCPS

- General Medicine

Kelly Echeverria, PharmD, BCPS

- Pharmacy Benefits Management (PBM)
- Drug Monograph

Marco Zambrano, PharmD, BCPS

- Orientation/Inpatient Pharmacy

Stacey Spadoni, MT (ASCP)

- Microbiology Lab

Kushal Shah, Pharm.D.

- Hepatitis C Clinic



### **Objectives:**

This PGY2 ID pharmacy residency program is a 12 month program that is intended to expose the resident to a variety of areas within the field of Infectious Diseases. The program builds on experiences gained through a PGY1 program and is designed to offer both didactic and clinical experiences leading to the development of a practitioner with expert knowledge and skills in the area of infectious diseases pharmacotherapy.

The goals and objectives of the program have been adapted from the goals and objectives developed by the American Society of Health-System Pharmacists (ASHP). More specific objectives and a list of activities have been developed for each rotation to help establish expectations for the resident. Additional practice experiences may be developed to meet the needs and interests of residents.

### **Accreditation:**

This PGY2 ID residency is ASHP accredited. The ASHP accreditation survey took place August 2016 and a 6-year accreditation period was granted in March 2017 (until 2023).

### **Licensure:**

In a VA setting, only one active state license is necessary to practice across the entire health care system. Although it is expected that the PGY2 resident will have already obtained his/her license previously, the resident must prove licensure at the time the PGY2 residency is offered to them. In addition, all residents must maintain their licensure throughout their residency year and be aware of the restrictions out of state licensure may have in the event the resident decides to moonlight in a non-VA setting during his/her residency year.



## **PGY2 Infectious Diseases Pharmacy Residency: Criteria for Successful Completion of the Program**

### **Purpose:**

To establish the criteria for successful completion of the PGY2 Infectious Diseases Residency program

### **Policy:**

The following are required criteria that the PGY2 ID resident must meet prior to receiving a residency certificate:

1. The resident must complete a major research project and written report in manuscript format suitable for publication.
2. In addition, the resident must complete the following during the residency:
  - a. a drug monograph
  - b. prepare and present at least one major case-based lecture (“seminar”)
  - c. at least one newsletter article
  - d. at least one journal club to pharmacists and other interested healthcare providers
  - e. update an existing or develop a new Infectious Diseases related treatment protocol
3. For the required Goals, the resident must have  $\geq 90\%$  achieved for the residency  
(all goals/objectives that fall under Outcomes R2, R3, R5, and R7 must be achieved for the residency)
4. All assignments in each rotation must be satisfactorily completed.
5. The resident must demonstrate compliance with all institutional and departmental policies.

## **Benefits and Leave**

### **Stipend/Benefits:**

The stipend for the 2019-2020 residency year is \$49,713. Pay periods are every 2 weeks. Benefits include 13 days paid annual leave, 10 holidays, sick leave, administrative leave for professional meetings, professional travel reimbursement when possible, and free parking. Health insurance is also available.

### **Leave:**

#### ***Annual Leave:***

Annual leave are vacation days for the employee to schedule. Employees accrue leave each pay period. Residents (and all employees with less than three years of government service) accrue 4 hours per pay period. Over the course of 26 pay periods or 52 weeks, the resident will accrue 13 days of annual leave. During the course of the residency year, the resident may enter leave as needed in the VATAS system. Leave requests should be made as early as possible to allow for staffing and schedule planning, preferably 2 weeks in advance, and must be approved by the RPD. As a courtesy, it is the resident's responsibility to directly notify the rotation preceptor(s) prior to taking approved leave.

#### ***Sick Leave:***

Sick leave is time that may be used in the event of illness or medical appointments. Employees accrue leave each pay period in the same manner as annual leave. All employees accrue 4 hours per pay period. Sick leave may be used in the event of an illness, but may also be scheduled prior to medical/dental appointments. Care leave which will be deducted from sick leave balances may also be used to care for an immediate family member (defined as spouse, parent, child, etc.).

To schedule sick or care leave for previously scheduled appointments, check with the primary rotation preceptor in the same manner you would for annual leave. The resident would then enter the time off request in VATAS.

In the event the employee needs to use unplanned sick or care leave, the resident should immediately notify the person with whom they were scheduled to work with that day. Either the preceptor or the resident should then notify the Residency Director. When calling in sick, the resident must speak to a preceptor or the Residency Director. Leaving a message on voice mail or speaking to support personnel (e.g. secretary) is not an acceptable practice. Upon return to work, the resident must enter the leave information into VATAS.

#### ***Extended Leave:***

In the event that extended medical or family care leave is required the program will arrange for the program end date to be extended up to sixteen weeks if needed to enable the ID resident to meet all of the requirements of the program. Examples of extended medical or family care leave include but are not limited to: family member illness/death, resident or wife giving birth, resident illness, etc. In the event of the need for a resident to take extended leave, the resident can use their earned annual and sick leave and subsequently leave without pay. If medical or family leave needed exceeds 16 weeks, the ID resident



will be withdrawn from the program due to inability to meet the program requirements within the specified timeframe.

**Holidays:**

Residents are excused from work for all Federal holidays

**Authorized Absence (AA):**

If the resident is authorized to be away from work to attend an educational conference, a request for AA must be made. Like Annual Leave, time away must first be approved by the rotation preceptor and Residency Director. Residents should not schedule any time away from the rotation without receiving prior approval. AA requests are also made in VATAS ("LN" in VATAS). Examples of when AA may be granted include the ASHP mid-year meeting, Great Lakes Pharmacy Residency Conference, or any other meetings or conferences related to the VA and purpose of the residency. In addition, residents who interview at other facilities for jobs may also be given AA at the discretion of the RPD.



## **Hines VA Hospital Pharmacy Service (119) Pharmacy Resident Disciplinary Action**

Residents are expected to conduct themselves in a professional manner and to follow all pertinent Medical Center and Pharmacy Service policy and procedures. Residents are also expected to meet the standards for “minimum expected level of performance” for all performance elements to receive a pharmacy residency certificate.

If a resident fails to present themselves in a professional manner or fails to follow policy and procedures or fails to meet the standards of the performance elements, the appropriate disciplinary actions will be taken. The normal steps in a disciplinary action process are as follows:

1. Residents will be given verbal counseling by their primary preceptor or residency director if they fail to meet the above requirements for the first time. They will be counseled on the actions necessary to rectify the situation involved. The remedy or disciplinary actions will be decided solely by the involved primary preceptor or residency director. This verbal counseling will also be documented in their personnel file by the involved primary preceptor or residency director. The residency director must be informed of the action if they are not directly involved. It is not necessary to inform the Residency Advisory Committee (RAC) at this stage.
2. If a resident fails to correct his/her performance/behavior, the residency director and primary preceptor will meet together and jointly decide an appropriate disciplinary action against the resident (such as an additional project, removal from certain activities or working after normal hours, etc.) This action will be documented again in the personnel file and will be immediately communicated to the RAC. No approval is required from the RAC if the disciplinary action does not affect the Hospital Service. If the disciplinary action would affect Hospital Services, appropriate service managers/clinical coordinators should be consulted and action be first approved by the RAC.
3. If a resident still fails to correct his/her performance/behavior or meet the specific disciplinary action requirement, the residency director can recommend the resident be withdrawn from the program. This action will require the approval of the RAC and the Chief of Pharmacy Service. No action of dismissal will be taken against the resident until the final approval of the Chief of Pharmacy. Specifically, if the preceptor/RPD determines that the resident may be unable to complete the residency program in the designated time frame due to poor performance and/or unlikely completion of residency requirements, the RPD along with the RAC will develop a plan for adequate completion of the requirements and this shall be presented and reviewed with the resident. Action may include remedial work and extension of learning experiences. In certain circumstances, and with approval of the RPD, RAC and Chief of Pharmacy Service, the residency may be extended up to 4 weeks to allow the resident to successfully complete residency requirements in order to obtain a certificate of completion. If the resident is unable to



successfully complete residency requirements in this timeframe, he/she will not be awarded a residency certificate.

4. If the Chief of Pharmacy feels that the dismissal from the residency, as recommended by the residency director and approved by the RAC is appropriate, then the disciplinary action of dismissal will be taken by the Chief of Pharmacy. Residents will not have any recourse for appealing the decision of the Chief of Pharmacy.

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

### I. LEARNING EXPERIENCES/ROTATIONS

#### A. *Required:*

- i. Orientation/Pharmacy Operations (**1 month rotation**)
  - a. 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.
  - b. Preceptor(s): Ursula C. Patel, Pharm.D., BCPS, AAHIVP  
Marco Zambrano, Pharm.D.
- ii. Microbiology lab (**1 week concentrated experience**)
  - a. 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.
  - b. Preceptor: Stacey Spadoni, MT (ASCP)
- iii. 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., BCPS, AAHIVP
- iv. Infectious Diseases Consult Service (**1 month rotation**)
  - a. 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.





- b. Preceptor: Ursula C. Patel, Pharm.D., BCPS, AAHIVP
  
- v. General Medicine (**1 month rotation**)
  - a. 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.
  
  - b. Preceptor: Jeffrey Wieczorkiewicz, PharmD, BCPS
  
- vi. Infectious Diseases Consult Service & ASP (combined) (**level I – 1 month rotation; level II – 2 month extended experience, repeated twice**)
  - a. 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., BCPS, AAHIVP
  
- vii. Critical Care (**4-6 week rotation**)
  - a. 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.
  
  - b. Preceptor: Sue Kim, Pharm.D., BCPS
  
- viii. Pharmacy Benefits Management (PBM) (**1 month rotation**)
  - a. 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.

- b. Preceptor: Kelly Echevarria, PharmD, BCPS AQ-ID  
Ursula C. Patel, PharmD, BCPS, AAHIVP

- ix. Hepatitis C Clinic:

- a. Hepatology clinic consists of a multidisciplinary team made up of GI/Liver fellows, Hepatology attending(s), GI/Liver nurse practitioners (NP), and a Clinical Pharmacy Specialist (CPS). Veterans are referred to the CPS by a fellow or Hepatology attending after the provider determines need for Hepatitis C treatment. The CPS in Hepatology clinic initiates and follows patients receiving Hepatitis C treatment for their entire course of therapy. The CPS in this clinic is responsible for determining patient's candidacy for Hepatitis C treatment, prescribing appropriate medication, evaluating drug interactions, counseling veterans on Hepatitis C treatment and side effects, assessing compliance, evaluating labs related to Hepatitis C treatment, and adjusting medication therapy as needed. The CPS also provides disease state counseling and discusses prevention strategies prior to initiating Hepatitis C treatment. A Hepatology attending oversees this clinic and examines patients in this clinic when clinical assessment is warranted.

- b. Preceptor: Kushal Y. Shah, Pharm.D.

- x. 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 Northwestern University - Chicago College of Pharmacy as part of the Pharmacotherapeutics sequence focusing on Infectious Diseases.

- b. Preceptor: Jeffrey Wiczorkiewicz, PharmD, BCPS

**B. 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 Great Lakes 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., 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., 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., 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.

b. Preceptor: Ray Byrne, Pharm.D., BCPS

## 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:*

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



### III. Proposed Learning Experience Schedule 2019-2020

<b>Month</b>	<b>Learning Experience<sup>a</sup></b>	<b>Comments</b>
<b>July 2019</b>	Orientation/Pharmacy Operations <sup>b</sup>	
<b>August 2019</b>	Micro/ASP I	8/5–8/9 Micro 8/12- 8/30 ASP-RDA  Research
<b>September 2019</b>	ID consult service	ID/HIV clinic starts
<b>October 2019</b>	Gen Med	
<b>November 2019</b>	ID consult service & ASP – I	
<b>December 2019</b>	Hep C Clinic & Research time	ASHP Mid-year meeting
<b>January 2020</b>	PBM/Drug Monograph	
<b>February 2020</b>	ID consult service & ASP - II	
<b>March 2020</b>	ID consult service & ASP - II	
<b>April 2020</b>	Critical Care	
<b>May 2020</b>	ID consult service & ASP - II	
<b>June 2020</b>	ID consult service & ASP - II	

<sup>a</sup>Longitudinal 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.

<sup>b</sup>Orientation 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 (4<sup>th</sup> Tuesday of every month)
- C. Pharmacy and Therapeutics Committee meetings (4<sup>th</sup> 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. Great Lakes Pharmacy Residency Conference and/or other research-based forum
- C. IAS HIV Meeting (downtown Chicago in May)
- D. Antimicrobial Stewardship related meetings