



**PGY Pharmacy Residency with
Ambulatory Focus
Pharmacy Residency Manual**

2019 – 2020

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Welcome!

Congratulations on starting your residency at Froedtert Hospital!

We are delighted to welcome you as the newest members of our Froedtert pharmacy team. Your pharmacy residency is an exciting and unique time. It will be a year devoted to learning and refining clinical skills. Our team is dedicated to providing a variety of high-quality learning experiences during your residency, empowering you to advance your practice to the highest level. Your residency year should be customized to your specific interests to progress your strengths and enhance areas of relative weaknesses.

This will be a year of great professional growth. The pharmacist you are today will be vastly different from the pharmacist that you will be on graduation day. This year will not be easy, but the more you invest in your growth and development the greater your personal and professional fulfillment will be upon completion. At Froedtert, it is our goal to partner with you to guide you on your journey to become a highly trained and competent pharmacist.

Again, congratulations and welcome to the Froedtert Family!

Best regards,

Justin Konkol, PharmD, BCPS, DPLA
Director of Pharmacy – Froedtert Hospital

This manual has been developed for the Pharmacy Residency Program at Froedtert Hospital to provide information on the policies, procedures, benefits, and other elements that may directly relate to the completion of our program. Questions regarding the manual may be addressed with the Residency Program Directors or the Residency Steering Committee. There may be changes to the policies and procedures at any time when deemed necessary. You will be informed of those changes accordingly.

About Froedtert Health

Froedtert & the Medical College of Wisconsin

The Froedtert & the Medical College of Wisconsin regional health network is a partnership between Froedtert Health and the Medical College of Wisconsin supporting a shared mission of patient care, innovation, medical research and education. Our health network operates eastern Wisconsin's only academic medical center and adult Level I Trauma Center at Froedtert Hospital, Milwaukee, an internationally recognized training and research center engaged in thousands of clinical trials and studies. The Froedtert & MCW health network, which includes five hospitals, more than 1,600 physicians and nearly 40 health centers and clinics, draws patients from throughout the Midwest and the nation. In our most recent fiscal year, outpatient visits exceeded 1.1 million, inpatient admissions to our hospitals were 49,250 and visits to our network physicians totaled 932,000.

Froedtert Hospital

Froedtert Hospital, the primary adult teaching affiliate for the Medical College of Wisconsin, is a 604-bed academic medical center that delivers advanced medical care. Froedtert Hospital is nationally recognized for exceptional physicians and nurses, research leadership, specialty expertise and state-of-the-art treatments and technology. It serves as an eastern Wisconsin referral center for advanced medical practice care in 37 specialties and is a major training facility with more than 1,000 medical, nursing and health technical students in training. In partnership with the Medical College of Wisconsin, it is also a respected research facility with more than 2,000 research studies, including clinical trials, conducted every year. Froedtert Hospital operates the region's only adult Level I Trauma Center.

Froedtert Health and the Medical College of Wisconsin have shared mission, vision, and values.

- **Mission:** We advance the health of the communities we serve through exceptional care enhanced by innovation and discovery
- **Vision Statement:** We will be the trusted leader by transforming health care and connecting communities to the best of academic medicine
- **Values:**
 - **Partnership:** partnering with patients, families and other organizations; collaborating with co-workers and colleagues
 - **Responsiveness:** meeting the needs of the community in prevention, wellness and providing integrated care for all ages
 - **Integrity:** using resources wisely; building trust
 - **Dignity and Respect:** creating an inclusive and compassionate environment for all people
 - **Excellence:** demonstrating excellence in all we do

Pharmacy Department

- **Mission:**
 - The Pharmacy Department at Froedtert & MCW provides:
 - High-quality, cost-effective, comprehensive, patient-centered care in an atmosphere of communication and shared respect
 - Life-long learning through the education of patients, students, residents, staff and other health care professionals
 - Research and discovery designed to enhance the quality and safety of medication use
- **Vision Statement:**
 - To improve the health of the community by achieving high-quality patient outcomes through appropriate use of medication therapy

Vizient Top 10 US Academic Medical Centers

Vizient (formerly the University HealthSystem Consortium) has recognized Froedtert & MCW Froedtert Hospital with a Bernard A. Birnbaum, MD, Quality Leadership Award multiple times, most recently in 2017. Froedtert & MCW Community Memorial Hospital most recently received this award in 2018. This award recognizes the top 10 performing academic or complex teaching medical centers in the nation. In 2017, Froedtert was ranked as the #3 academic medical center in the country based on data from the Vizient Quality and Accountability study! The award criteria reflect the national Institute of Medicine's 6 domains of care: safety, timeliness, effectiveness, efficiency, equity, and patient centeredness. Froedtert & MCW was the only state health system to have all of its hospitals recognized.

Departmental Information

Clinical Pharmacist Scope of Services

Safe and Effective Medication Use

- Pharmacists will take clinical action and make recommendations based on evidence to ensure safe and effective use of medications to meet therapeutic goals

Evaluation of Patient Profile and Medication Orders

- A pharmacist reviews the appropriateness of medication orders for medications to be dispensed in the hospital
- Each order will be evaluated for appropriateness prior to the first dose being dispensed (except in emergency situations or in those instances where a medication is administered under the direct supervision of a physician)
- Order verification in timely manner
 - For priority medications, verified within 15 minutes of receiving order
 - For non-urgent medications, verified within 60 minutes of receiving order
- Patient profile review upon order verification and continuously based upon team and patient acuity
 - Known drug allergies
 - Review of medication list for:
 - Drug-drug interactions
 - Drug-disease interactions
 - Duplicate or missing medications
 - Appropriate lab orders
 - Cost effective therapy
 - Assessment of therapeutic appropriateness
 - Indication
 - Route and method of administration
 - Anticipated toxicity or adverse effects
- Assessment of renal dosing upon order verification and upon profile review
- Therapeutic drug monitoring and ordering of associated laboratory procedures as indicated
- Daily antibiotic stewardship efforts to require indication and duration of therapy for each antibiotic ordered and to enforce current antimicrobial formulary restrictions and practice guidelines
- Ensure appropriate compliance for Risk Evaluation and Mitigation Strategy medications
- Support distribution needs to patient care area by coordinating with central pharmacy staff
- Direct pharmacy technicians and interns in their daily work through observing their performance, giving timely feedback, answering questions, providing guidance, and checking the accuracy of their work

Pharmacist Medication Dosing Services

- Pharmacists are responsible for the following pharmacy consult services:
 - Vancomycin and aminoglycosides
 - Antifungal medications
 - Direct thrombin inhibitors
 - Warfarin
 - Total parenteral nutrition

Medication Histories and Reconciliation

- Pharmacists are accountable for the following:
 - Obtain medication histories within 24 hours of patient admission
 - Complete admission medication reconciliation within 24 hours of patient admission
 - Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room
 - Review and verification of medications ordered greater than 27 days ago

Discharge Reconciliation and Coordination

- Pharmacists are held accountable for the following:
 - Complete discharge medication reconciliation prior to patient discharge
 - Complete discharge medication counseling to patient prior to discharge
 - Facilitate access to outpatient prescriptions prior to discharge as appropriate

Drug Information and Patient Education

- A primary focus for pharmacists on a daily basis includes:
 - Provide consultations in a timely and accurate manner to support other health professionals regarding medication therapy selection and management
 - Provide disease state and medication specific education during hospitalization

Multidisciplinary Team Involvement

- In order to better integrate into the medical team, pharmacists:
 - Attend daily care coordination rounds to facilitate discharge medication needs
 - Support and augment patient care rounds
 - Pharmacists document notes and care plans in the electronic medical record as appropriate

Communication Between Pharmacists

- To ensure proper care of patients through shift changes and transfers, pharmacists are to:
 - Proactively identify hand-off needs prior to the end of shifts and coordinate key hand-offs in the sign-out notes
 - Contact receiving pharmacy team members when appropriate regarding patient transfers from unit to unit to ensure continuity of care

Precepting and Teaching

- As part of an academic medical center, pharmacist duties include the following:
 - Daily teaching and incorporation of evidence-based learning into resident and student rotations
 - Evaluation and feedback for residents and students on a regular basis
 - Timely coordination of rotation activities
 - Effective use of residents, students and interns as pharmacist extenders

Formulary Management

- Pharmacists assess the following during the course of their daily duties:
 - Approved use and indication of formulary or restricted agents
 - Compliance and support of Froedtert Hospital evidence-based guidelines and medication use policies
 - Approved therapeutic interchanges for medications at order verification
 - Assessment and prospective planning of switching patients from IV to PO regimens when able
 - Completion of non-formulary request process
 - Supply documentation to health care providers regarding medication use and patient outcomes from medication therapy
 - Participate and provide input in the development and application of policies, procedures, clinical care plans, guidelines, order sets, interdisciplinary standards of care and protocols involving medication use
 - Verify the validity of off-label medication use with primary, secondary, and tertiary medication references

Emergency Management

- Pharmacists support and participate in emergency management
 - ICU or Emergency Department pharmacists respond to all Code 4 emergencies
 - Pharmacists will respond to all rapid responses in their assigned area

- Timely response to emergency or disaster management process
- Support rapid sequence intubation and conscious sedation

Quality and Process Improvement

- Pharmacists are actively engaged in quality and process improvement:
 - Represent the Pharmacy Department on committees, task forces, workgroups and unit-based councils that make decisions concerning medication use or engage in improvement initiatives which support patient-focused care
 - Lead and support medication use related to achieving outcomes around quality measures (national patient safety goals, core measures, value-based purchasing)
 - Active and timely participation and support of multidisciplinary process improvement
 - Actively participate in business process committees throughout the hospital

Medication Distribution and Control

- Pharmacy staff utilize inventory management software to purchase pharmaceuticals
- Pharmacy staff purchase pharmaceuticals at the lowest possible price and maintain an inventory sufficient to meet the needs of our patients
- Pharmacy staff obtain pharmaceuticals from primary wholesalers or direct from the manufacturers
- Pharmacy staff are responsible for procuring, storing, and distributing all medications used in the inpatient and ambulatory settings throughout Froedtert Hospital
- Pharmacy staff are responsible for the preparation and labeling of drug formulations, dosage forms, strengths, and packaging not commercially available in accordance with applicable practice standards and regulations. Adequate quality assurance standards for these practices exist
- Pharmacy staff prepare and label compounded sterile products in accordance with practice standards
- Pharmacy staff prepare and label compounded and repackaged non-sterile products in accordance with practice standards
- Pharmacy staff coordinate all drug recall notices and follow procedures to remove recalled products for return to the manufacturer and patient follow up if necessary
- Pharmacy staff routinely monitor inventories of pharmaceuticals to ensure proper storage conditions and remove expired medications from stock
- Pharmacy staff maintain accountability for the distribution of controlled substances and monitor systems to detect diversion
- Pharmacy staff identify processes for safe handling and disposal of hazardous drugs
- Pharmacy staff identify practices to ensure adequate supply of emergency medications needed in the event of an incident resulting in mass casualties

Clinical Cancer Center Services

- Pharmacy staff provide direct comprehensive pharmaceutical care in the Cancer Center
- Pharmacy staff coordinate medication use in the oncology patient population
- Pharmacy staff perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
- Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
- Pharmacists assist in the education of patients receiving chemotherapy and adjuvant medications
- Pharmacy staff work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians

- Pharmacy staff develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology
- Pharmacy staff prepare and label compounded hazardous products for the entire campus in accordance with practice standards
- Pharmacy staff participate in clinical research and Investigational Drug Services
- Pharmacy staff participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center

Outpatient Pharmacy Services

- Outpatient pharmacies are open Monday through Friday; Saturday and Sunday with limited hours
- Outpatient pharmacies are accredited by the Joint Commission to provide DME including test strips to patients with Medicare Part B
- Pharmacy staff are responsible for medication profile review, assessment of clinical appropriateness and identification of interactions or possible adverse effects, dispensing of medications and appropriate adjudication of claims
- Pharmacy staff perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
- Pharmacists counsel every patient on every medication dispensed which is a requirement of the Wisconsin Board of Pharmacy
- Pharmacy staff assist patients with patient assistance programs and prior authorizations
- Pharmacy staff are responsible for maintaining compliance with the 340B program
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians

Ambulatory Pharmacy Services

- Ambulatory pharmacists perform duties outlined above in the Clinical Pharmacist Scope of Service
- Pharmacists provide medication therapy management Monday through Friday in many clinics across the organization
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians
- Pharmacists work with multi-disciplinary teams to provide patient care in the clinic setting

Investigational Drug Services

- Pharmacy staff are responsible for the proper procurement storage, labeling, dispensing, record keeping and disposal of investigational drugs for all clinical research at Froedtert Hospital and clinics on the Froedtert Hospital campus
- Investigational drugs will only be dispensed to patients enrolled in an IRB-approved research study and only after informed consent has been completed and verified by a pharmacist
- Pharmacy staff are responsible for proper storage, labeling, dispensing, record keeping and disposal of emergency use medications, medications available as a part of an expanded access program, and compassionate use medications
- Pharmacy staff will work with the clinical team as needed to facilitate authorization through the IRB, correspondence with the supplying company and procurement of drug as needed
- Investigational Drug Service team members are responsible for preparing protocol summaries to facilitate after-hours dispensing of medications for clinical trials where necessary
- Investigational Drug Service team members are routinely available Monday through Friday 7:00 am to 5:30 pm. An Investigational Drug Service team member is available during the evening and weekends if needed for urgent situations

Center for Medication Utilization

- The Center for Medication Utilization (CMU) team promotes the safe, effective and fiscally responsible use of medications across Froedtert & MCW. The team is involved in many critical medication management efforts, including:
 - Medication utilization management of the drug budget
 - Effective drug shortage management to ensure patients and providers have access to the medications needed for patient care
 - Medication formulary and policy development and ongoing management
 - Creation, oversight, and maintenance of medication guidelines, protocols and clinical pathways
 - Development and maintenance of drug information, and communication tools
 - Identification and implementation of medication cost saving initiatives

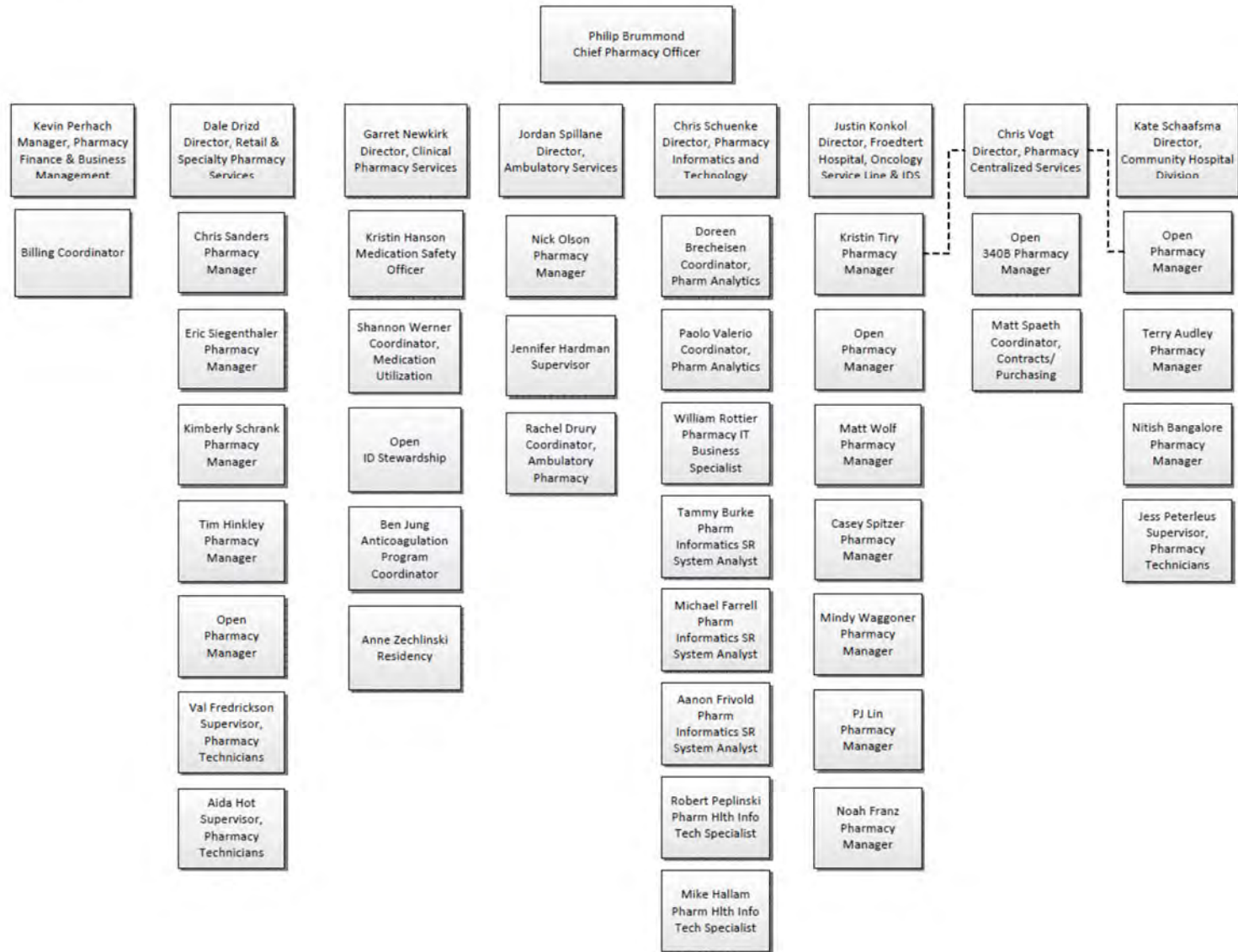
Pharmacy Informatics

- The pharmacy informatics team manages, implements, and designs automation and technology including the electronic health record, distributive technologies, and ancillary programs across the Froedtert and the Medical College enterprise
 - Primarily responsible for the Epic Willow Inpatient application, Epic Willow Ambulatory application, Epic Beacon application, medication related ancillary applications, medication related reporting and training of pharmacy staff
 - Pharmacy Informatics team members are routinely available Monday through Friday 8:00 am to 4:00 pm. A Pharmacy Informatics team member is available during the evening and weekends if needed for urgent situations

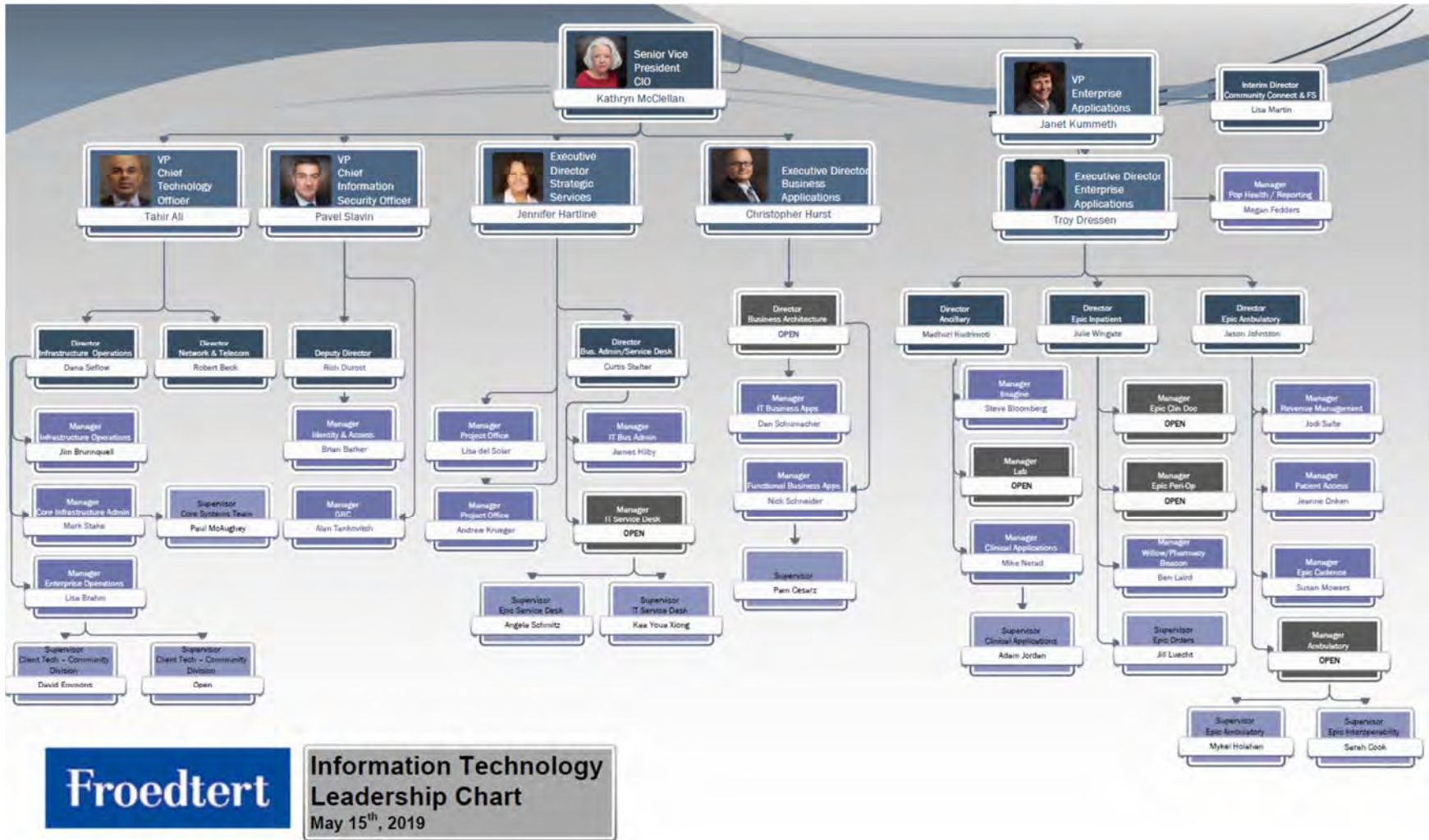
Prior Authorization/Patient Assistance Services

- Specialty Pharmacy at Froedtert and the Medical College of Wisconsin touches a variety of areas within our health system. In its simplest form, specialty pharmacy refers to the overall management of the high cost, often chronic medications used by our patients in and outside of our hospitals or clinics. The work of the Specialty Pharmacy team at Froedtert includes:
 - Acquire prior authorizations for specialty medications infused or administered at any of our Froedtert and the Medical College of Wisconsin campuses and health centers
 - Acquire prior authorizations for specialty medication prescriptions dispensed from one of our Froedtert outpatient pharmacies
 - Obtain medication and/or financial assistance for patients who are uninsured or unable to afford their specialty medication
 - Management of the drug repository at Froedtert Hospital and dispensing of prescriptions to qualified patients
 - Collaborate with social work, case management and financial counselors to ensure patient access to affordable medications
 - Review of pending Medicare write-offs to correct potential billing errors to maximize reimbursement

Pharmacy Leadership Team



Informatics Leadership



Froedtert Information Technology Leadership Chart
May 15th, 2019

Residency Program Leadership

Kristin Hanson, BSP Pharm, MS

Program Director for Residency Programs

Teri Mattek

Pharmacy Education Coordinator

PGY1 Residency Programs

Community Memorial Hospital PGY1

- **Terry Audley, RPh**
 - Residency Program Director
- **John Muchka, PharmD, BCPS**
 - Residency Program Coordinator

Froedtert Hospital (Acute Care Focus) PGY1

- **Anne Zechlinski, PharmD, BCPS**
 - Residency Program Director
- **Amanda Pilo, PharmD, BCPS**
 - Residency Program Coordinator

Froedtert Hospital (Ambulatory Focus) PGY1

- **Mickey Hart, PharmD, BCACP**
 - Residency Program Director
- **OPEN**
 - Residency Program Coordinator

Health System Pharmacy Administration PGY1 and PGY2

- **Philip Brummond, PharmD, MS, FASHP**
 - Residency Program Director
- **Justin Konkol, PharmD, BCPS, DPLA**
 - Residency Program Coordinator

PGY2 Residency Programs

PGY2 Ambulatory Care

- **Amanda Maurer**, PharmD, BCACP
 - Residency Program Director
- **OPEN**
 - Residency Program Coordinator

PGY2 Critical Care

- **Bill Peppard**, PharmD, BCPS, FCCM
 - Residency Program Director
- **OPEN**
 - Residency Program Coordinator

PGY2 Drug Information

- **Kristin Hanson**, BSP Pharm, MS
 - Residency Program Director
- **Mary Frances Picone**, PharmD, BCPS
 - Residency Program Coordinator

PGY2 Emergency Medicine

- **Cathyen Dang**, PharmD, BCPS
 - Residency Program Director
- **Jessica Cowell**, PharmD, BCCCP
 - Residency Program Coordinator

PGY2 Infectious Diseases

- **Alison Gible**, PharmD
 - Residency Program Director

PGY2 Informatics

- **Jill Zimmerman**, PharmD, MS
 - Residency Program Director
- **Brian Dekarske**, PharmD
 - Residency Program Coordinator

PGY2 Medication Safety

- **Kristin Hanson**, BSP Pharm, MS
 - Residency Program Director

PGY2 Oncology

- **Melissa Rhoades**, PharmD, BCOP
 - Residency Program Director
- **Felicia Zook**, PharmD, BCOP
 - Residency Program Coordinator

Residency Program Policies

Licensure

- Pharmacist licensure in Wisconsin is required within 90 days of the residency start date
- Failure to meet the 90 day deadline will result in schedule adjustment, leave without pay until licensure is obtained, or dismissal from the residency program
- Additional details can be found in the Residency Licensure Policy

Residency Program Completion Attendance Requirements and Extended Absences

- The pharmacy residency programs at Froedtert Hospital are each 52-week programs
- A minimum of 50 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion
- In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements
- Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate
- Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired
- Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert policies specific to the situation

Residency Program Completion Performance Requirements

- In order to complete residency and earn a residency certificate, the resident must:
 - Complete all program-specific requirements as outlined in the residency manual at an acceptable level of quality
 - Demonstrate good progress in meeting program goals as indicated by a level of “Achieved for Residency” on at least 70% of required goals and “Satisfactory Progress” on remaining required goals

Resident Disciplinary Action

- See Pharmacy Department Policy [AD25.100](#)
- At any point during the residency program, if it is determined that a resident is consistently or substantially not fulfilling the expectations of the residency, a formal process for improvement will be initiated by the Residency Program Director (RPD).
- As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.

PharmAcademic Evaluations

- All Froedtert residency programs utilize PharmAcademic for completion of resident performance evaluations.
- All evaluations should ideally be completed by the last day of rotation or absolutely no later than the following Sunday.
- PharmAcademic evaluations are critical for both monitoring resident progress and rotation experience and should be completed thoroughly.

Table 1: Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

<p>Formal Evaluation Standard definitions of progress toward achieving goals and objectives will allow for consistent interpretation and help provide consistent assessment and subsequent feedback for all Froedtert & the Medical College of Wisconsin pharmacy residents in all residency programs. The following definitions will be used for needs improvement (NI), satisfactory progress (SP), achieved (ACH), and achieved for residency (ACHR) will be used in all PharmAcademic evaluations.</p>
<p><u>NI = Needs Improvement</u> Definition: Resident is not meeting expectations. The resident is performing below the level that would be expected of a resident at this point in their training program as evidenced by meeting 1 or more of the following characteristics:</p> <ul style="list-style-type: none">• Requires direct and repeated supervision, guidance, intervention, or prompting• Make questionable, unsafe, or non-evidence-based decisions• Fails to complete tasks in a time appropriate manner• Fails to incorporate or seek out feedback• Acts in an unprofessional manner <p>Preceptor Action: The preceptor is required to document criteria-based, specific comments within PharmAcademic, citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the RPD, RPC, and mentor early in the learning experience if resident performance concerns are noted. The resident’s progress should be communicated to the preceptor team in a timely fashion, using whatever mechanism that residency program uses for preceptor communication (i.e. Residency Advisory Committee, etc.). The preceptor should determine when to reevaluate the goal/objective that for which a “NI” was assigned, ideally in about 4 months, and may necessitate a change in resident schedule.</p>
<p><u>SP = Satisfactory Progress</u> Definition: Resident is meeting expectations. The resident is performing at the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics:</p> <ul style="list-style-type: none">• Requires infrequent supervision, guidance, intervention, or prompting• Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor• Completes tasks in a time appropriate manner with limited prompting and guidance• Incorporates feedback from preceptors with minimal prompting• Acts in a professional manner <p>Preceptor Action: The preceptor is required to document criteria-based, qualitative written comments that are specific and actionable, and acknowledge the resident’s skill progression within PharmAcademic.</p>
<p><u>ACH = Achieved</u> Definition: Resident is consistently meeting expectations. Resident is independently performing at or above the level of performance expected at the conclusion of the residency program. Resident displays all of the following characteristics:</p> <ul style="list-style-type: none">• Appropriately seeks guidance when needed• Consistently makes appropriate, safe, or evidence-based decisions on an independent basis• Independently and competently completes assigned tasks• Consistently demonstrates ownership of actions and consequences• Accurately reflects on performance and can create a sound plan for improvement• Acts in a professional manner <p>Preceptor Action: The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</p>
<p><u>ACHR = Achieved for Residency</u></p>

Definition: Resident has demonstrated a **sustained performance of independently meeting or exceeding** expectations for the end of the year.

Note: Once a goal is marked as ACHR, further evaluation in future learning experiences is optional. If a resident regresses in performance after a goal is marked as ACHR, it may be unchecked by the RPD or RPC.

Who can mark as ACHR?

Documentation (within PharmAcademic) of a resident's achievement of a goal/objective for the residency program will be the responsibility of the RPD, RPC, and mentor. This can be done at any point throughout the year, ideally in coordination with a formalized process for resident evaluation such as monthly Residency Advisory Committee or quarterly evaluations / customized training plans.

Last revised 06.06.18 WJ

Duty Hours

- When providing patient care, it is important to be fit for duty; this means being mindful of hours worked and ensuring that residents arrive to work able to complete required duties
- ASHP (American Society of Health-System Pharmacists) duty hour guidelines
 - Hours worked are limited to 80 hours per week, which includes regular staffing shifts, residency-related activities and bonus shifts the resident volunteers to work. This can be averaged over a 4 week period
 - Residents must be provided 1 day in 7 free of all educational and clinical activities, averaged over a 4 week period. One day is defined as a continuous 24 hour period.
 - Residents should have at minimum 8 hours between scheduled duty periods.
- Duty hours include:
 - All scheduled clinical and academic activities related to the pharmacy residency program (includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs)
 - “Moon-lighting” outside of Froedtert is strongly discouraged among residents. If a resident chooses to work intermittently outside of Froedtert, they must report this to their residency program director and manager
 - Bonus shifts at Froedtert; residents are only eligible to work these shifts if they are meeting or exceeding expectations as determined by residency program director
- Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor
- Residents are expected to self-monitor their compliance with duty hours and complete the Duty Hours Tracking Tool on a weekly basis. The Duty Hours Tracking Tool will be submitted to their residency program director on a monthly basis. It is the resident’s responsibility to notify their residency program director at any point where they are approaching 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting
- Additional details can be found in the Froedtert & MCW Residency Training Programs Duty Hours Document
- Duty hours tracking forms can be found at: <I:\FMLH\PHARMACY\Residency Program\2019-2020\Duty Hours 2019-2020>

Bonus Shifts

- PGY1 and PGY2 pharmacy residents at Froedtert are eligible to pick up bonus staffing shifts to help meet department staffing needs. Residents will be paid a lump bonus sum for working a half shift (\$320) or full shift (\$640). **Bonus shifts will be paid every other pay period for the preceding four weeks.**
- The following criteria apply:
 - Shifts will be solicited and approved by a manager. Available shifts will be assigned and divided between interested residents, per manager and residency program director discretion
 - Resident must be "meeting" or "exceeding" requirements of the residency program and meeting all applicable residency deadlines (i.e. low-performing residents should spend their time focusing on residency program, not extra shifts)
 - Residents will only be able to pick up shifts that do not conflict with residency responsibilities. This will mean that they would be eligible to pick up weekend shifts (when not staffing as residents) or the PM position (1700-2100) of open shifts
 - Shifts are paid as a bonus in half and full shift blocks (e.g. working from 1700 until 2130, instead of 2100, is still paid as a half bonus shift). Residents will not be "mandated" to work bonus shifts
 - ASHP (American Society of Health-System Pharmacists) duty hour guidelines apply

- Residents should report bonus shifts worked to their manager. For residents working bonus shifts in the inpatient setting at FMLH, they will be added to Humanity by the manager who has assigned the shift which will prompt payment

Resident Attendance Expectations

- Residents are expected to be on-site at least 8 hours/day Monday-Friday
- Residents are expected to notify their program director and manager in advance (as soon as possible) in the event that they will not be on-site on a weekday
- The following are examples when RPD and manager should be notified:
 - Resident is taking scheduled PTO (vacation, interview, etc) or bereavement time
 - Resident is off during the week with the intent of making up the day on a weekend
 - Resident has an unscheduled absence (sick, emergency, etc)

Paid Time Off

- Residents are allotted fourteen vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident’s responsibility to identify coverage and communicate the switch
- It is the responsibility of the resident to notify their rotation preceptor of days off
- Requests for ≤ 2 days off must be made at the beginning of the rotation in which they fall
- Requests for > 2 consecutive days off should be made as soon as possible or at least one month in advance to allow for any necessary rotation schedule adjustments
- In the case of an absence on rotation, making up the rotation day on a weekend as opposed to using PTO will be assessed on a case-by-case basis at the discretion of the rotation preceptor(s)
- Resident is responsible for updating Kronos to reflect days off prior to sign-off by manager
- When possible, ambulatory residents should follow the Outpatient Pharmacy Department PTO Picking Procedure, found here: <https://goo.gl/Uzsl85>
- Residents are allowed bereavement pay per Froedtert’s policy. Time away for bereavement counts towards the 14 days away/year

Figure 1. Documenting PTO in Kronos

The figure consists of two screenshots of the Kronos software interface, illustrating how to document PTO. Both screenshots show a table with columns for Date, Pay Code, Amount, in, Transfer, Out, in, Transfer, Out, Shift, Daily, and Cumulative. The top screenshot shows a resident's schedule with a red box around the 'Amount' column for a specific day, and a blue callout bubble pointing to it that says "Remove scheduled times". The bottom screenshot shows the same schedule with a red box around the 'Pay Code' column for a specific day, and a blue callout bubble pointing to it that says "Add the pay code 'PTO' and the number of hours, click 'Save'".

Holidays

- Froedtert Hospital recognizes six official holidays: Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents are required to staff two 10-hour holiday shifts during the residency year (described under Resident Staffing Requirements)
- Time off for holidays is subtracted from PTO
- Residents may elect to be present on rotation (instead of taking PTO) on holidays when not assigned to "staff" with approval of preceptor and residency program director

Professional Leave/Business Days

- Professional leave will be granted to attend the ASHP Midyear Clinical Meeting, the Great Lakes Residents Conference, and other meetings approved by Residency Steering Committee
- Additionally, more days may be approved for the resident to use to attend other professional organization meetings; however, both approval by the resident's program director, manager and the residency steering committee must be obtained

Unscheduled Absences

- For inpatient/oncology staffing shifts/rotation:
 - Contact central pharmacy at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (414-805-2690) regardless if you are on rotation or staffing. The manager on-call will cover your scheduled shift if staffing. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day
 - If on rotation, the manager on-call will notify your preceptors and residency program director of the absence. The resident may also send notification if desired
- For ambulatory/retail staffing shifts/rotation:
 - Contact the on-call manager/coordinator at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (pager: 414-314-1369) regardless if you are on rotation or staffing
 - If staffing, the on-call manager/coordinator will cover your scheduled shift. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day
 - If on rotation, the manager on-call will notify your preceptor(s), RPD, and manager of the absence. The resident may also send notification if desired
- PTO will be used for unscheduled absence unless other arrangements are made with preceptors and your manager

Professional Meeting Attendance and Funding

- Each PGY1 resident is allotted a \$1200 stipend and each PGY2 resident is allotted a \$1800 stipend to offset travel, lodging, and registration expenses for professional meeting attendance
- Expenses exceeding the stipend amount will be covered by the resident.
- Unused portions of the stipend are not payable to the resident and cannot be carried over for the following year.

PGY1 Residents

- PGY1 residents are expected to attend the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
- PGY1 residents are expected to present a poster at the Vizient Pharmacy Council meeting
- PGY1 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.

- The \$1200 travel stipend is intended to offset the expenses related to ASHP Midyear / Vizient Council meeting
- Any remaining balance may be utilized to offset expenses for other professional meetings
- Separate funding is provided for the PGY1 residents to attend one regional residency conference

PGY2 Residents

- Attendance at the ASHP Midyear meeting is optional for PGY2 residents (unless required by the specific PGY2 program).
 - PGY2 residents who elect to attend ASHP Midyear, are expected to attend the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting and present a poster at the Vizient meeting
 - PGY2 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through end of day on Monday.
- The \$1800 travel stipend may be used to cover ASHP Midyear as well as other professional meetings, conferences (e.g. ACCP, SCCM, HOPA, UGM, XGM, etc) and residency conferences.

Expense Reports/Reimbursement

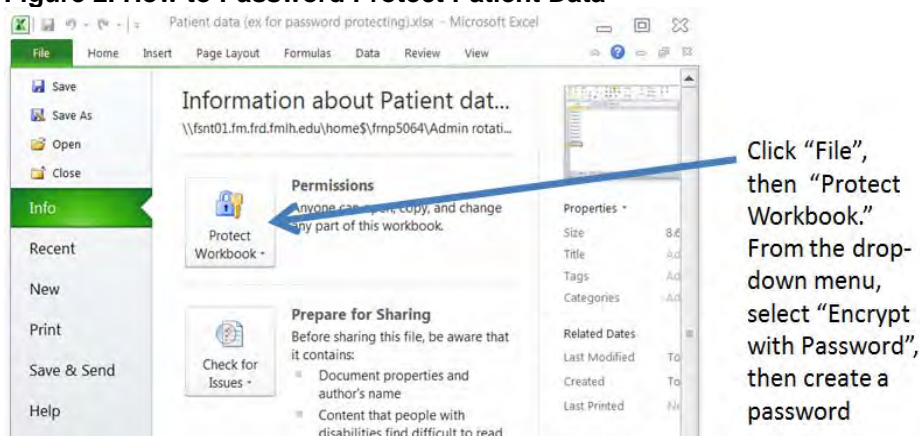
- To complete an expense report:
 - Froedtert Scout (main screen) → Departments → Finance → Expense Reimbursement
Link: <https://fh.sp.froedtert.com/sites/1580/default.aspx>
- All expense reports for travel must be completed prior to the trip or within two weeks from the return date in order to ensure reimbursement
- All original receipts must be kept and attached to the electronic 'Expense Reimbursement' request
- Residents are expected to keep track of their stipends and not request reimbursement for amounts greater than the allotted stipend
- All expense reimbursement for resident travel should be submitted with manager listed as "Kristin Hanson"
- Contact your manager and RPD prior to planning any travel or before applying for reimbursement

Resources for Residents

Laptops and Pagers

- Residents will be issued laptop computers and personal pagers to be used throughout the year
 - **Laptops:** Laptops should be used as a workstation while on rotation (including for clinical rotations) as well as can be used at home. Laptops should be stored in a secure location.
 - Residents are required to password-protect all documents containing Health Insurance Portability and Accountability Act (HIPAA) information (see example below “Example: How to Password-Protect Patient Data”).
 - **Pagers:** Pagers should be carried by the resident while on campus. Expected response time if paged is 15 minutes or less during business hours. Residents may have assigned “on-call” times when pagers need to be carried 24/7. Residents may obtain app to manage pager on their phone.
- Any loss or damage to these items must be reported to the residency program director as soon as possible. The resident may be responsible for covering any fees related to loss or damage.

Figure 2. How to Password Protect Patient Data



Remote Access

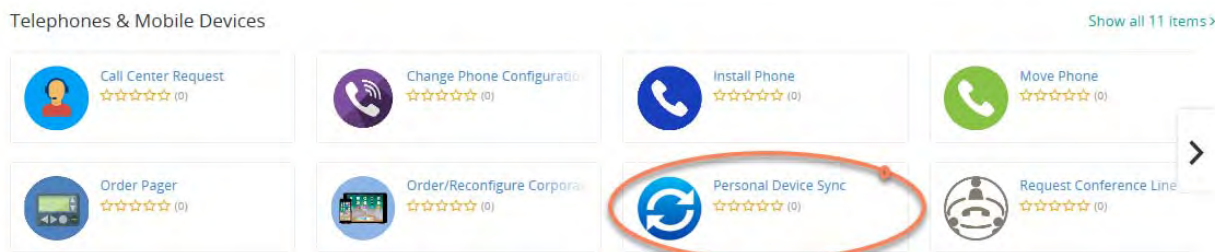
- Citrix must be downloaded on any computers used to access the Froedtert system remotely. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.
- The VIP App must be downloaded and used as a method for remote authentication. The app should be downloaded from Froedtert Campus. Click link below to access instructions: <http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Forms/Free%20Symantec%20VIP%20Access%20App%20Instructions%20V9.pdf>
- Link to Froedtert remote desktop: <https://connect.froedterthealth.org>
- Once logged in, the following applications should be available:
 - Epic
 - Microsoft Outlook, Excel, Word, PowerPoint, OneNote
 - Froedtert Intranet
 - Froedtert Network (H: Drive and I: Drive)
 - Vizient Safety Intelligence – Safety Event Reporting System

Personal Device Access

- Residents may access email on a personal device (phone or tablet). The Froedtert Health Personal Device User Agreement must be completed in order to set up access on the device.

- This can be found on Scout (also referred to as the “intranet”). Open internet explorer:
Homepage > Departments > Information Technology (Froedtert Health) > Froedtert Health Information Technology > Mobile Devices > MyITPortal

Figure 3: Requesting Personal Device Sync



- The device must have a password or bioID
- Once set up, IT will have the right and ability to erase company information on the device if needed
- Once access request has been processed, the Outlook App can be used to access email and calendar Instructions on how to use the app are available on the IT website
 - Android:
<http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Mobile%20Device%20Documents/Android%20Outlook%20Support%20Document%20for%20Personal.pdf>
 - iOS:
<http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Mobile%20Device%20Documents/iOS%20Outlook%20Support%20Document%20for%20Personal.pdf>

Email Expectations

- Residents are expected to check Froedtert email daily Monday through Friday during the work week. Responses to email are expected within 24 “business hours” of receipt.
- The specified response time is not required during PTO/vacation, however, residents should use an out-of-office alert to notify sender of absence. Residents are expected to follow-up on email as soon as possible upon return.
- It is expected that residents create an email signature using the Froedtert approved template (see below). Directions on how to set up an email signature can be found on the Scout page under Marketing and Communications Department – Brand Resource Center
<http://intranet.froedtert.com/?id=17585&sid=5>

Dress Code

- The Froedtert Dress Code - Personal Appearance Policy is posted on the Scout page at link below: <http://fhpolicy.s1.fchhome.com/Content/ViewContent.aspx?contentId=6d41f7b7-ddee-48e1-8c50-61ddba4dd521&ContentTypeId=ccb019f2-dd72-4de5-8175-dd9629f47da0>
- In general, residents are expected to wear business casual attire when on rotation and staffing on decentral units, ambulatory clinics, outpatient pharmacies or in office environments
- Scrubs are acceptable in the ED, OR or pharmacy operations areas (central, day hospital, etc.)
- More formal attire will be required for special events. For example, suits are required for presentations outside the organization (i.e. Midyear posters, Great Lakes Presentations)
- White coats are encouraged when on a clinical rotation or when staffing decentrally

White Coats

- Residents will need to fill out the Pharmacy Department Lab Coat/Logo Order form
 - This can be found on Sharepoint:
https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame2.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20Order.doc&action=default
 - The department will pay for embroidery, but resident will be responsible for paying for coat
 - Deanna Zapfel, Administrative Coordinator, is the contact person for white coats

Scrub Request Forms

- Scrubs will be needed for certain rotations, in certain programs. To obtain scrubs a request form must be filled out
- Deanna Zapfel, Administrative Coordinator, is the contact person to obtain scrubs for pharmacy department employees

Business Cards

- Residents should place orders for business cards prior to September so that they arrive in time for recruitment season
 - This can be found on Scout, open internet explorer: **Homepage > Departments > Supply Chain > Business Card Request Form**
 - Use the following titles:
 - "PGY1 Pharmacy Resident"
 - "PGY1 Health-System Pharmacy Administration Resident"
 - "PGY2 (Program Name) Pharmacy Resident"

Wisconsin Prescription Drug Monitoring Program (ePDMP)

- Residents should register with the Wisconsin Prescription Drug Monitoring Program as it will be a needed resource to carry out staffing duties as a pharmacist
- Note that you will need to be licensed in order to register
- Prescribers are responsible for checking ePDMP prior to prescribing any controlled substances at discharge or for use in the ambulatory setting
 - **Apply for access**
 - Go to: <https://pdmp.wi.gov/>
 - Click "Register"
 - Select "Healthcare Professional"
 - Complete required fields including your license number
 - Select a username and password
 - Look for confirmation email from "noreply@pdmp.wi.gov"
 - **Logging in**
 - Go to: <https://pdmp.wi.gov/>
 - Type in username and password
 - Click "Patient Report" to look up a patient

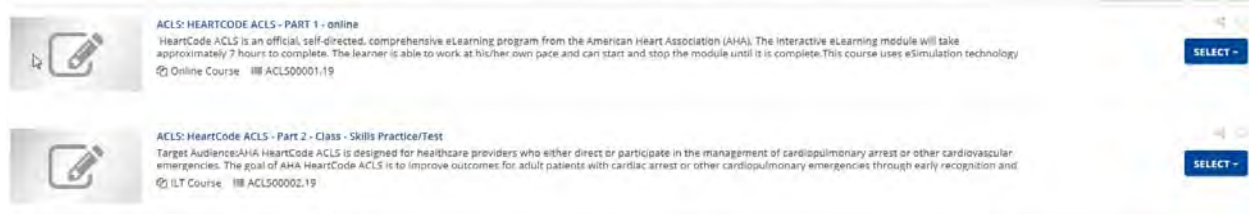
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications

- Froedtert offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
 - PGY2 residents in Critical Care and Emergency Medicine, and PGY1 acute care and HSPA residents are required to maintain ACLS certification. Residents are expected to

complete ACLS prior to starting ICU or ED rotations or staffing in these areas. ACLS is optional for other PGY2 residents
BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.

- Enrollment
 - Enrollment is done through [The Learning Center](#) by searching for ACLS or BLS. Prior to being able to access materials for the course, a manager must approve via the Learning Center
 - Residents may take one project day to complete the course. Residents are responsible for scheduling Part 2 of ACLS/BLS based on their rotation/staffing schedule

Figure 4. Registration in The Learning Center for ACLS Training



- ACLS
 - Online portion takes about 7 hours and requires knowledge of CPR as well as ability to identify basic rhythms. This portion is very comprehensive and does take some preparation to pass. Some course materials are provided, although the use of other resources may be helpful
 - “Megacode” portion (Part 2) is scheduled separately and occurs off-site (usually across street within WAC building). Participants are required to run a code without the assistance of others. This portion takes about 4 hours and occurs after online portion is completed
 - Completion of both portions of the course is required in order to pass

Parking

- Residents must adhere to their assigned parking locations (i.e. use of off-site parking lots and riding shuttle)
- Residents are encouraged to use technology for participation in off-site meetings using lync/skype in order to minimize travel time
- Any one-time requests for on-site parking (i.e. for a day or a portion of a day) must be made in advance and be approved by our Director of Pharmacy and VP

Project Days/Working Remotely

- Residents may be allocated project days at the discretion of their residency program director. These days are to be used for program-related projects and research activities. The number of days and when they can be taken will vary based on the residency program.
- In general, residents are expected to be on-site for project days. If the resident wishes to work remotely, permission must be obtained from RPD and manager.

Additional General Information

Vizient Committee Involvement

- Residents can elect to join the Vizient Pharmacy Network Committees
- This elective experience will provide residents the ability to participate on projects and network with individuals at academic medical centers across the country
- The Froedtert team has been involved in the following committees:
 - Ambulatory Pharmacy Development
 - Business of Pharmacy Enterprise
 - Cancer Care
 - Med Use Informatics and Technology
 - Professional Development Workforce
 - Quality Safety and Compliance
 - Research
 - Supply Chain Optimization

Academia Opportunities

- Academia and precepting opportunities are available through Concordia University of Wisconsin (CUW) School of Pharmacy, the Medical College of Wisconsin (MCW) School of Pharmacy, and University of Wisconsin-Madison (UW) School of Pharmacy
- An optional teaching certificate is available through the Medical College of

Medical College of Wisconsin Teaching Certificate Program



The Medical College of Wisconsin (MCW) Pharmacy School Teaching and Learning Certificate Program offers an innovative and interprofessional learning environment that prepares the educators of the future for success in didactic and experiential settings.

PROGRAM BENEFITS

Innovative Our curriculum embraces active learning pedagogy, employing team-based learning (TBL) and utilizing technology to enhance the learning experience. Participants may gain experience with several educational platforms, including ExamSoft, TopHat, Storyline Articulate, GoAnimate!, and NeehrPerfect.

Interprofessional Collaborative, interprofessional learning is a cornerstone of MCW's teaching philosophy. Participants will have the opportunity to participate in interprofessional educational sessions with local health professions students, including physicians, nurses, medical interpreters, anesthesiologist assistants and others.

Flexible We provide on-demand, web-based learning sessions and a two-year program completion window to provide flexibility for participants to complete requirements at their own pace.

Personalized The small size of our program enables us to provide personalized support and feedback to program participants. All participants will have a formal mentor to encourage their professional growth throughout the program. Academic Educator Distinction is available for participants who desire additional training and experience to prepare for a career in academia.





TEACHING CERTIFICATE PROGRAM STRUCTURE

- Participants may elect to complete the program requirements over 1 or 2 years
- Required learning modules are provided as a combination of live educational seminars and recorded web-based lectures
- Didactic learning opportunities are available in several core MCW Pharmacy School courses, including the longitudinal Patient Care Lab and the Integrated Sequence therapeutics classes

Residents

The program is designed to facilitate achievement of PGY1 and PGY2 ASHP residency program objectives relating to teaching and precepting



TEACHING CERTIFICATE REQUIREMENTS

At a minimum, participants will engage in the following activities at the MCW Pharmacy School:

- Attend introductory session "boot camp" at the beginning of the academic year (July)
- Complete required monthly modules (live and remote sessions offered)
- Deliver two hours of didactic lecture
- Lead one Patient Care Lab activity
- Facilitate six Patient Care Lab activities
- (Co)-Precept one IPPE/APPE student
- Develop a teaching portfolio and personal teaching philosophy

Available live/online modules include:

Teaching and Learning Styles • Curricular Design • Teaching with Technology • Evaluation and Assessment Strategies • Preceptor Essentials • Academia Structure, Rank & Promotion • Learning Objectives • Effective Presentations • Scholarship of Teaching and Learning • Interprofessional Education • And Many More!

PROGRAM COSTS

The cost of the program for practicing pharmacists is \$400. A discounted enrollment cost of \$100 is available for MCW Preceptors participating in the Preceptor Benefits Program, bronze-gold level. Complimentary enrollment is provided for pharmacists currently enrolled in a residency program.

WWW.MCW.EDU/PHARMACY | MCW PHARMACY SCHOOL | 8701 WATERTOWN PLANK RD. | MILWAUKEE, WI 53226

PHARMTEACHCERT@MCW.EDU | 414.955.7476 | [MCWSCHOOLOFFARMACY](https://www.facebook.com/MCWSCHOOLOFFARMACY) | [@MCWPHARMACY](https://www.instagram.com/MCWPHARMACY)

Residency Program Policies

Title: Residency Program Completion & Extended Absences
Policy Type: Departmental
Department: Pharmacy
Policy Number: AD25.000
Origin Date: 09/13/2005
Date Revised: 01/9/2013
Supercedes: 08/30/2009
Topic(s): Administrative
Keyword(s): Residency program completion, extended absences
Scope: Froedtert Pharmacy

Policy:

The pharmacy residency programs at Froedtert Hospital are each 52-week programs. A minimum of 50 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion. Furthermore, residents are required to complete all activities outlined on the Activity Checklist at a level of acceptable quality. Finally, good progress must be demonstrated on all program goals as indicated by a level of "Achieved for the Residency" on at least 70% of required goals and "Satisfactory Progress" on all remaining required goals.

In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements. Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate. Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired.

Procedure:

Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert policies specific to the situation.

Preparation: Kristin Hanson, MS, RPh

Authorization: _____
Director of Pharmacy **Date**

Title: Resident Disciplinary Action
Policy Type: Departmental
Department: Pharmacy
Policy Number: AD25.100
Origin Date: 08/10/2005
Date Revised: 01/9/2013
Supercedes: 8/30/2009
Topic(s): Administrative
Keyword(s): Resident failure to meet expectations
Scope: Froedtert Pharmacy

Policy:

At any point during the residency program, if it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal process for improvement will be initiated by the Residency Program Director (RPD). As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.

**Froedtert & the Medical College of Wisconsin
Residency Training Programs
Duty Hours
July 2015**

Overview

All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the ASHP Pharmacy Specific Duty Hours and Accreditation Standards. <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

Process

Residents are expected to review the ASHP Duty Hours document upon initiation of the residency training program.

During orientation, the Residency Program Director (RPD) will review requirements related to Duty Hours with residents. Furthermore, the RPD will highlight and emphasize resident accountability and responsibility as it relates to patient safety and the importance of being “fit for duty”.

“Moon-lighting” outside of Froedtert is strongly discouraged among residents. If a resident opts to work intermittently outside of Froedtert, it is expected that they will report the activity to their RPD. This activity is included as a part of duty hours.

Any additional shifts (bonus shifts) worked within Froedtert are included within duty hours. As outlined separately, these shifts must not interfere with other residency requirements. Only residents meeting or exceeding expectations as determined by the RPD are eligible to pick up bonus shifts.

Residents are expected to self-monitor their compliance with duty hours and complete the Duty Hours Tracking Tool on a weekly basis. The Duty Hours Tracking Tool will be submitted to the RPD on a monthly basis. It is the resident’s responsibility to notify their RPD at any point where they are approaching a duty hours limit.

Duty Hours Tracking Tool Instructions

Refer to the ASHP Duty-Hour Requirements for Pharmacy Residencies for specific definitions and details. Definitions below are adapted from ASHP.

Residency Duty Hours are all scheduled clinical, administrative & academic activities related to the residency program including:

- Patient care activities (rotation & staffing)
- Administrative responsibilities
- Committee appointments and assignments
- Scheduled conferences (Milwaukee Citywide, Midyear, GLPRC, etc)
- Projects & tasks assigned by preceptors, program director or coordinator required to meet the goals & objects of the program
- Work to complete year-long residency project
- Assignments for longitudinal rotations

Residency Duty Hours do NOT include:

- Reading, studying & academic preparation time
- Travel time to & from off-site rotations
- Travel time to & from conferences
- Resident & department social activities

Moonlighting / Bonus Shift Hours

- Extra staffing hours at Froedtert (beyond normal staffing requirements)
- Hours from external moonlighting

Days Free include those calendar days with no **scheduled** residency related activities (although you may still choose to work on projects, readings, etc)

PGY1 Resident Project Timeline

March/April 2019	May 2019	June 2019
<ul style="list-style-type: none"> • Call for projects from staff • Remind any potential project advisors to complete CITI training 	<ul style="list-style-type: none"> • Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training 	<ul style="list-style-type: none"> • Finalized project list distributed to incoming residents
Resident action steps = none	Resident action steps <ul style="list-style-type: none"> • Go to https://www.citiprogram.org/ and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators 	Resident action steps <ul style="list-style-type: none"> • Review available projects and prepare questions to ask project leads once on-site
July 2019	August 2019	September 2019
<ul style="list-style-type: none"> • Project leads will present available projects to residents during orientation • Residents submit project rankings (usually top 3) • Projects are assigned • Research team established • Scoping of project and scoping presentation preparation begins 	<ul style="list-style-type: none"> • Work with advisor and project team to scope project and develop protocol (template available) 	<ul style="list-style-type: none"> • Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback • PRC submits feedback that resident must respond to and return in order to obtain protocol approval
Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Follow up with project leads to get any questions answered prior to submitting project rank list <input type="checkbox"/> Submit rank list by deadline <input type="checkbox"/> Build research team with help of project advisor <input type="checkbox"/> Plan project and begin creating scoping presentation (template on residency SharePoint site) 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Schedule and coordinate necessary team meetings <input type="checkbox"/> Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send protocol draft to Kristin Busse one week prior to PRC presentation date (kristin.busse@froedtert.com) <input type="checkbox"/> Respond to e-mail containing feedback within one week <input type="checkbox"/> Distribute finalized protocol to team <input type="checkbox"/> Complete e-bridge registration and submission
October 2019	November 2019	December 2019
<ul style="list-style-type: none"> • Begin data collection after receiving protocol approval • Draft Vizient poster abstract • Submit Vizient poster abstract 	<ul style="list-style-type: none"> • Begin working on Vizient Poster • Submit Vizient Poster after reviewed by research team 	<ul style="list-style-type: none"> • Midyear Meeting
Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send abstract to project team 2 weeks prior to deadline <input type="checkbox"/> Submit finalized abstract by deadline 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send to poster draft to project team 2 weeks prior to proof deadline <input type="checkbox"/> Submit for proof printing by deadline <input type="checkbox"/> Submit for final printing by deadline 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Present poster
January 2020	February 2020	March 2020
<ul style="list-style-type: none"> • Midpoint check-in with PRC (via email) • Develop Great Lakes abstract 	<ul style="list-style-type: none"> • Great Lakes abstract due 	<ul style="list-style-type: none"> • Develop Great Lakes slide set and presentation
Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send abstract to team 2 weeks prior to submission deadline <input type="checkbox"/> Send to RPD, at least 3 business days prior to submission deadline 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Submit abstract by deadline 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Submit slide set to RPD and project team prior to deadline <input type="checkbox"/> Complete Great Lakes practice presentations
April 2020	May 2020	June 2020
<ul style="list-style-type: none"> • Great Lakes slide set submission • Great Lakes Conference 	<ul style="list-style-type: none"> • Develop project manuscript 	<ul style="list-style-type: none"> • Manuscript submission deadline • Project wrap-up
Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Submit slide set prior to deadline <input type="checkbox"/> Present at Great Lakes Conference 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send to project team prior to deadline <input type="checkbox"/> Send to mentor/advisor by deadline 	Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Submit manuscript to RPD by deadline <input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor

PGY1 Pharmacy Residency with Ambulatory Focus Staffing Requirements

Staffing Experience

- PGY1 Pharmacy Residents with Ambulatory Focus have four general staffing requirements:
 - Weekday staffing once per week, typically on Fridays
 - Typically a 10-hour shift in 87th St Pharmacy, 92nd St Pharmacy, or Medication Management /Home Delivery Pharmacy (exceptions possible)
 - The resident should solicit feedback from the closing pharmacist at the 92nd St Pharmacy for each staffing shift there, both during training and throughout the residency year:
 - Start with resident reflecting on how they thought the day went overall and how they felt about their own performance
 - Resident to ask RPh what they felt the resident did well that day
 - Resident to ask RPh what focuses for improvement or opportunities for growth the resident has
 - Resident and RPh discuss how to facilitate continued growth – coaching, modeling, mentors, discussions, etc.
 - Weekend staffing every fourth week
 - Two eight-hour shifts per weekend
 - Weekends may be traded between residents with approval from the Residency Program Director and communication with Michelle Beeler, Pharmacy Scheduler
 - Holiday staffing
 - Each resident will staff one major and one minor holiday
 - Major holidays: Thanksgiving, Christmas Day, New Year’s Eve
 - Minor holidays (following Monday): Labor Day, Easter, Memorial Day
 - Holiday staffing generally includes the actual holiday in addition to two additional days surrounding the holiday
 - Staffing pulls
 - Each resident may be “pulled” from a rotation to a staffing shift for up to four eight-hour shifts per residency year in order to alleviate staffing shortages in the case of sick calls, etc.
 - Pulls beyond this will be paid out as “bonus shifts”

Staffing Preceptor

- Staffing preceptors are pharmacists paired with each resident. Their primary purpose is to provide residents guidance, feedback and support throughout the year with an emphasis on training, development and advancement
- Residents and staffing preceptors are expected to meet weekly during the training and orientation time period, then monthly.
- Staffing preceptors are assigned by Kate Schaafsma

Precepting Experiences

- PGY1 Residents will participate in orientation activities for IPPE and APPE students beginning ambulatory or community rotations at Froedtert, on a rotating basis and in partnership with the PGY1 HSPA Residents
 - APPE schedules and training documents: <I:\FMLH\PHARMACY\Community Residency\Residency Materials\Resident Resources>

- PGY1 Residents with Ambulatory Focus may participate in precepting of IPPE and APPE students in a variety of roles, from informal to formal preceptorship

Required Experiences

Committee Membership

- Rotating involvement with FMLH Ambulatory PNT, Medication Warnings & Alerts, and Specialty Pharmacy Quality Committee (options may change)
- Assignments such as small projects, taking of minutes, etc. may be required
- It is the resident's responsibility to ensure that they have appropriate calendar invites for each meeting and understand their responsibilities to each committee prior to the first scheduled meeting

Administrative Responsibility – options may change, more than one resident may be assigned to each

- Pharmacy Week coordinator
- Midyear logistics coordinator
- Milwaukee residency conference (Citywide) coordinator
- GLPRC logistics coordinator
- Residency discussion & BCPS session coordinator
- UW career fair & sit visit coordinator
- other career fair & sit visit coordinator
- Iowa career fair & site visit coordinator
- Early recruitment activity coordinator
- Historian
- Monday conference coordinator

Recruitment Events – options may change

- Pharmacy Society of Wisconsin (PSW) Annual Meeting
- Illinois Council of Health-System Pharmacists (ICHSP) Annual Meeting
- Concordia University of Wisconsin
- University of Wisconsin – Madison
 - Other options will rotate (University of Iowa, University of Michigan, etc.)

Milwaukee Citywide Resident Events

- Citywide resident events occur at different pharmacy residency program sites throughout the Milwaukee area

Other Experiences

Vizient Pharmacy & American Society of Health-system Pharmacists (ASHP) Midyear Clinical Meeting

- Occurs in early December
- Activities:
 - Vizient committee meeting and participation
 - Midyear meeting attendance and participation
 - Poster presentation (at UHC meeting)
 - Resident recruitment at ASHP Residency Showcase
 - Others as required (e.g., participation with PPS interviews)

Great Lakes Pharmacy Resident Conference (April)

- Occurs in late April
- A regional conference that offers the opportunity for residents from Illinois, Indiana, Kentucky, Michigan, Ohio and Wisconsin to present their research projects to their peers and colleagues
- Activities:
 - Yearlong project presentation (20 minute presentation and 5 minutes for questions)
 - Attendance and active participation during other resident presentation
 - Others as required

Mentorship Experiences

Residency Mentor

- Residency mentors are pharmacists paired with each resident. Their primary purpose is to provide residents guidance throughout the year with an emphasis on development and education
- Residents and mentors are expected to meet approximately monthly.
- Mentors are chosen by the residents in close consultation with Kate Schaafsma and Jordan Ambrose.

Residency Advisor

- Residency advisors are pharmacy managers paired with each resident. Their primary purpose is to provide guidance throughout the year with an emphasis on overall professional development and career advancement.
- Residents and advisors are expected to meet approximately monthly.
- Advisors are a leader selected by Kate Schaafsma and Jordan Ambrose.

Evaluation & Documentation

- Contact primary preceptors for each rotation approximately 2 weeks prior to the start of each rotation with an introductory e-mail (see [pre-rotation communication expectations](#))
- Evaluations should be completed in PharmAcademic by their assigned due dates and may include both midpoint and final evaluations as well as quarterly evaluations for longitudinal experiences
- In order to pass the residency, good progress must be demonstrated on all program goals as indicated by a level of “Achieved for the Residency” on at least 70% of required goals and “Satisfactory Progress” on all remaining required goals.
- Residents are responsible for monitoring their progress on residency objectives and must keep preceptors informed about objectives that should be focused on for each rotation

Outpatient Pharmacy HoursF&MCW Outpatient Pharmacy	Hours of Operation	Phone Number
92 nd Street Pharmacy	M-F: 7 am to 8 pm Sa: 8 am to 5 pm Su/Holidays: 10 am to 5 pm	(414) 805-5117
87 th Street Pharmacy	M-F: 8:30 am to 6 pm	(414) 805-9790
Cancer Center Pharmacy	M-F: 9 am to 5 pm	(414) 805-0977
Center for Advanced Care Pharmacy	M-F: 9 am to 5 pm	(414) 805-1295
Eye Institute Pharmacy	M-F: 8 am to 4 pm	(414) 955-3360
Community Memorial Hospital Outpatient Pharmacy	M-F: 9 am to 5 pm	(262) 257-3073
St. Joseph's Hospital Outpatient Pharmacy	M-F: 9 am to 5 pm	(262) 836-5411
Town Hall Health Center Pharmacy	M-R: 8 am to 8 pm F: 8 am to 5 pm Sa: 8 am to 12 pm	(262) 532-3050
Moorland Reserve Health Center Pharmacy	M-F: 9 am to 5 pm	(262) 798-7386
Tosa (Plank Road) Health Center Pharmacy	M-F: 9 am to 5 pm	(414) 955-3350
ISC Mail / Specialty Pharmacy	M-F: 6:30 am to 6:30 pm	(414) 805-5690
Mequon Prescription Center	M-F: 9 am to 5 pm	(262) 518-1899
Drexel / Oak Creek Pharmacy	M-F: 9 am to 5 pm	(414) 346-8050

Pre-rotation Communication Expectations

Below are the elements that should be included in your communication as well as an example of an exceptional pre-rotation email.

Goals:

- In order for you and your preceptor to adequately prepare for your rotation, you must provide your preceptors with your goals for the rotation. You need to have at least 3-4 goals that you would like to work toward. Make sure that your goals are specific and appropriate for the time assigned to the rotation. For 1-2 week rotations, you may only have 1-2 goals.
- Example good goal: Become familiar with the selection and narrowing of antibiotic therapy and overall treatment of community acquired vs. hospital acquired pneumonia in the ICU setting
- Example poor goal: Improve knowledge of antibiotics - **too broad**
- Example good goal: Increase comfort and confidence in making recommendations and interacting with physicians during patient care rounds
- Example poor goal: Increase confidence - **too broad**

Learning Style:

- Additionally, it is helpful if you provide information about your learning style. Although you may or may not have taken a formal learning style assessment, you should still be able to provide a general description of what is most effective for you.
- Example: I like to be quizzed on new information, I am a hands on learner - I learn by doing, I like to observe first prior to trying new things on my own

Schedule:

Notify your preceptors with any meetings, staffing days, and if a project day will be scheduled during the rotation. Since schedules are likely to change, make sure that you provide your preceptor with any updates on the first day and throughout the rotation.

Strengths and Opportunities for Improvement:

- The goal for this portion is to take feedback that you have received on previous rotations and communicate it to your next preceptors.
- Example: My identified strengths on my previous rotation were ability to thoroughly review a patient profile identify drug-related problems and ability to prepare topic discussions for students. Opportunities for improvement were my time management in working up patients, improving confidence by speaking up more on rounds, and looking up information prior to asking for the answer from my preceptor.

Example - Pre-Rotation Email

Goals:

1. Be able to **analyze** a complex patient and make drug therapy plans and interventions as needed.
2. Gain **confidence** in making recommendations to the team; enhance my **communication** skills.
3. Better understand the pharmacology and appropriate use of **antiepileptic drugs** in the critical care setting (indications, appropriate orders, side effects, therapeutic drug levels, etc.)
4. Better understand therapies for **common disease states** seen in the NICU (i.e., TBI, SAH, status epilepticus, CNS infections, brain tumors, stroke, neurological disorders, and common neurosurgical procedures).
5. Become more familiar with **neurosurgical procedures** and related medication use issues:
 - a. Which meds to hold, which meds are unnecessary/necessary (med rec)
 - b. Which meds are necessary to use with certain procedures or devices and which to avoid
6. Broaden and deepen my understanding of the appropriate use of **antibiotics**, especially in the NICU patient population and be able to recognize **pharmacokinetic** changes which occur in patients with traumatic brain injury, CNS infections, and other neurological states.
7. Become familiar with **NICU-specific orders** and better understand which drugs can/cannot be used on the regular hospital floors.
8. Gain a better understanding of **emergent situations** where certain meds are truly needed STAT; learn which meds need to come from central, and which are usually prepared in the ICU.

Expectations:

- Feedback on a daily basis if possible and warranted.
- Wrap-up on **Thursday 2/26** with some sort of feedback/evaluation of the week.
- Constructive criticism is ok (and helpful most of the time)!
- Decision on a NICU **project** early on so I have time to work on it while still in the NICU rotation.
- If there is something you think I should be doing and I'm NOT, please let me know right away so I can change/correct it!

Learning Style:

- Repetition.
 - I like to be able to WRITE things down and go back to them later, so if I take a lot of notes, that's why. I like to be able to see things later to remind me of what was talked about earlier.
 - If asked a question, I like to have time to look into things I don't know or am not sure about.

Schedule:

- Monday, 2/23: No scheduled meetings
- Tuesday, 2/24:
 - 1200-1300 Resident Candidate Interview Lunch
 - **DONE ON ROTATION BY 1615/1630** (central PM shift @ 1700)
- Wednesday, 2/25:
 - 1130-1230 Resident Discussion
 - 1230-1300 Rounding with Kristin Hanson
- Thursday, 2/26: 1330-1430 Med Error Committee Meeting
- **Friday, 2/27: NOT ON ROTATION (Staff 8p/weekend)**
- **NOTE: Project Full Day will be Monday, March 2nd**

Strengths:

- Thorough profile review
- Precepting students

Areas for Improvement:

- Efficiency
- Confidence
- Looking up information before going to preceptor for answer

Important Deadline

PGY2 Early Commitment

- Official communications regarding PGY2 early commitment processes are sent to all residents in late September or early October
- PGY1 Pharmacy Residents with Ambulatory Focus are considered eligible to apply for all Froedtert PGY2 Residencies *except* Critical Care and Emergency Medicine (subject to change)
- Interested residents should express interest in a PGY2 program by around October 10th
- Applications deadline for PGY2 programs is usually around November 1st
 - Applications require a personal statement and CV at minimum, although other requirements may be added by the program director for each residency program

Other Froedtert Residency Programs

PGY1 Pharmacy Residency (Ambulatory Focus)	
Required Rotations	Staffing, Anemia, Anticoagulation, Transitions of care/HDCP, Drug policy/Med use, New or expanded service/program developmet, Primary care (select at least 1 from internal medicine, cardiology, endocrine, PCMH), Specialty care (select at least 1 from GI/Hep B, Heme/Onc, HIV/ID, Pulmonary, Rheumatology, Transplant)
Elective Rotations	Academia/teaching, Behavioral health, ED medicine, Geriatrics, Investigational drug service (IDS), Primary care (internal medicine, cardiology, endocrine, PCMH), Specialty care (GI/Hep B, Heme/Onc, Pulmonary, Rheumatology, Transplant)
PGY1/PGY2 Health-System Pharmacy Administration Residency	
<i>PGY1 Year - see PGY1 (plus one additional required pharmacy administration rotation and medication use), PGY2 Year - listed below</i>	
Required	Administrative focus (2-4 weeks), ambulatory leadership (4 weeks), budgeting and financial services (4 weeks), clinical management (4 weeks), community pharmacy management (4 weeks), health-system pharmacy administration (6 weeks), operations and technology management (4 weeks), pharmacy informatics (4 weeks)
Elective	Academia administration, medication utilization and outcomes, specialty pharmacy leadership, oncology leadership, community hospital leadership, 340B management, advanced elective rotation in previous required rotations, others defined by the resident
Longitudinal	Executive leadership, medication safety, personnel management, scheduling, supervision, resident project
Additional learning experiences	Master's of Healthcare Administration Curriculum (2 years), monthly leadership book club, administrative roundtable, leadership self-assessment (DiSC), manager on-call responsibilities, student rotation coordination and precepting, internship program management, health-system site visits, Pharmacy Society of Wisconsin Leadership activities, attendance at state and national meetings including ASHP Conference for Leaders in Health-System Administration and the Midyear Clinical Meeting
PGY2 Ambulatory Care Pharmacy Residency	
Rotations	Ambulatory clinical experience (staffing), service development, primary care/internal medicine, ambulatory administration, wellness/outreach
Elective	Academia, infectious disease/HIV clinic, cardiology/advanced heart failure clinic, psychiatry clinic, endocrine clinic, GI/hepatology clinic, geriatrics, emergency department, hematology/oncology clinic, hospital discharge care program, investigational drug service, pulmonary clinic, specialty pharmacy/infusion clinic, MTM/transitions of care, medication safety
PGY2 Critical Care Pharmacy Residency	
Required	Surgical/trauma critical care, critical care medicine, neurosurgical critical care, cardiovascular critical care, emergency medicine, nutrition support
Elective	Toxicology, infectious disease, solid organ transplant, peri-operative pharmacy services, academia
PGY2 Drug Information Pharmacy Residency	
Required	Center for medication utilization I&II, medication safety, pharmacy informatics, pharmacy supply chain and budget, investigational drug services, antimicrobial stewardship, specialty pharmacy/infusion clinic pharmacy, clinical practice (staffing)
Elective	Academia, clinical management, medical writing, poison control
PGY2 Emergency Medicine Pharmacy Residency	
Required	Adult emergency medicine, community adult/community emergency medicine, toxicology, emergency medical services, medical intensive care, at least one of the following: cardiovascular critical care, neurosurgical critical care, surgical/trauma critical care
Elective	Academia, cardiology, HIV clinic, infectious disease, inpatient hematology
PGY2 Infectious Diseases Pharmacy Residency	
Required	Adult immunocompetent infectious disease consult service, adult immunocompromised infectious disease consult service, antimicrobial stewardship, antimicrobial stewardship administration, microbiology/pathology, research, longitudinal HIV/OPAT clinic
Elective	Hematology/oncology, bone marrow transplant, solid organ transplant, emergency medicine, medical intensive care, surgical critical care, hepatitis C clinic, solid organ transplant clinic, pediatric infectious disease consult service (at Children's Hospital of WI), academia, community hospital infectious disease consult/antimicrobial stewardship (Community Memorial Hospital)
PGY2 Informatics Pharmacy Residency	
Required	Electronic health record, clinical decision support, beacon, ambulatory, operational administration, informatics administration, automation and interfacing, drug information, medication safety
Elective	Reporting, design and human factors, academia
PGY2 Oncology Pharmacy Residency	
Required	Inpatient acute care oncology and solid malignancies, inpatient blood and marrow transplant, inpatient hematologic malignancies, investigational drug service, ambulatory hematology & blood and marrow transplant, ambulatory oncology (GI, gyn/onc & thoracic, breast, GU, CNS, endocrine), drug policy, medication safety, practice leadership, research project
Elective	Infectious disease, informatics, palliative care, administration, critical care oncology, academia, benign hematology