PGY1 Community-Based Pharmacy Residency Program Manual

2022 - 2023

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.

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Welcome!

Congratulations on starting your PGY1 Community-Based Pharmacy Residency at Froedtert & the Medical College of Wisconsin!

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 is 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 your residency 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, our goal is 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 Phamily!

Best regards,

Melanie Engels, PharmD, MBA

Director of Outpatient Pharmacy Services & PGY1 Community-Based Pharmacy Residency Program Director

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About Froedtert Health

Froedtert & the Medical College of Wisconsin

The Froedtert & the Medical College of Wisconsin (MCW) 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, Milwaukee's only adult Level I Trauma Center at Froedtert Hospital, and an internationally recognized training and research center engaged in thousands of clinical trials and studies. The Froedtert & MCW health network, which includes eight hospitals, nearly 2,000 physicians and more than 50 health centers and clinics, draws patients from throughout the Midwest and the nation. In our most recent fiscal year, outpatient visits were nearly 1.5 million, inpatient admissions to our hospitals were 55,085 and visits to our network physicians totaled 1.1 million.

Froedtert Hospital

Froedtert Hospital, is a 702-bed academic medical center and a leading referral resource for advanced medical care. Froedtert Hospital also operates the region's only adult Level I Trauma Center. The Primary adult teaching affiliate of the Medical College of Wisconsin, Froedtert Hospital is a major training facility for more than 1,000 medical, nursing, and health technical students annually. It is also a respected research facility with more than 2,000 research studies, including clinical trials, every year.

Froedtert Menomonee Falls Hospital

Froedtert Menomonee Falls Hospital, founded in 1964 by the citizens of Menomonee Falls and surrounding communities, is a full-service hospital that specializes in cancer care, heart and vascular care, orthopedics, women's health and advanced surgical procedures. Since 2017, the hospital has been home to inpatient training for Medical College of Wisconsin residents part of the Froedtert Menomonee Falls Hospital Family Medicine Residency Program. A three-year residency, the program includes 18 residents with six residents per class.

Froedtert Health and the Medical College of Wisconsin have shared mission, vision, and values.
- Mission: We advance the health of the diverse 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:
  - **Value People.** We treat others with respect, knowing that their feelings, thoughts, and experiences are as important as our own.
  - **Work Together.** We collaborate across the enterprise to put forward our best.
  - **Act Now.** We take action to solve problems and move forward quickly.
  - **Own It.** We take full accountability for our decisions, actions, and results.
  - **Break Through.** We change the future of care with creativity and innovation.
  - **Deliver Excellence.** We set the standard that others aspire to by always asking "What more can 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 Quality and Accountability Rankings

Vizient, an alliance of academic medical centers in the United States, provides rankings for academic medical center and affiliated hospitals based on quality, safety and service. In 2021, our collective hospitals ranked in the 82nd percentile as a system placing our health network among the best in the nation. Froedtert Hospital ranked 16 of 101 in the academic medical center category. Froedtert Menomonee Falls Hospital ranked 53 of 226 in the community hospital category. Vizient offers many resources to member hospitals as well as leadership and networking opportunities for pharmacists and pharmacy residents.

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@Froedtert

@froedtert.mcw

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 history 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

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
    - 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 and 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 and airway responses
    - Pharmacists will respond to all rapid responses in their assigned area

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

Quality and Process Improvement
- Pharmacists are actively engaged in quality and process improvement:
  - o 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
  - o Lead and support medication use related to achieving outcomes around quality measures (national patient safety goals, core measures, value-based purchasing)
  - o Active and timely participation and support of multidisciplinary process improvement
  - o Actively participate in business process committees throughout the hospital

Medication Distribution and Control

- Pharmacy staff will:
  - o Utilize inventory management software to purchase pharmaceuticals
  - o Purchase pharmaceuticals at the lowest possible price and maintain an inventory sufficient to meet the needs of our patients
  - o Obtain pharmaceuticals from primary wholesalers or direct from the manufacturers
  - o Procure, store, and distribute all medications used in the inpatient and ambulatory settings throughout Froedtert Hospital
  - o Prepare and label drug formulations, dosage forms, strengths, and packaging not commercially available in accordance with applicable practice standards and regulations.
  - o Ensure adequate quality assurance standards for these practices exist
  - o Prepare and label compounded sterile products in accordance with practice standards
  - o Prepare and label compounded and repackaged non-sterile products in accordance with practice standards
  - o Coordinate all drug recall notices and follow procedures to remove recalled products for return to the manufacturer and patient follow up if necessary
  - o Routinely monitor inventories of pharmaceuticals to ensure proper storage conditions and remove expired medications from stock
  - o Maintain accountability for the distribution of controlled substances and monitor systems to detect diversion
  - o Identify processes for safe handling and disposal of hazardous drugs
  - o 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 will:
  - o Provide direct comprehensive pharmaceutical care in the Cancer Center
  - o Coordinate medication use in the oncology patient population
  - o Perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
  - o Develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
  - o Prepare and label compounded hazardous products for the entire campus in accordance with practice standards
  - o Participate in clinical research and Investigational Drug Services
  - o Participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center
  - o Work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care

- Pharmacists will:
  - Assist in the education of patients receiving chemotherapy and adjuvant medications

Be responsible for the development, maintenance, and execution of Collaborative Practice Agreements with physicians

Froedtert Health Pharmacy Solutions (FHPS)

FHPS focuses on outpatient pharmacy services including retail, specialty, home infusion, and includes a full-service PBM.

Froedtert Pharmacy Retail Services
- Froedtert Pharmacies provide services Monday through Friday with certain locations offering weekend hours and the Froedtert Pharmacy #075 (at the Froedtert Hospital) location operating 365 days a year.
- There are 12 retail pharmacy locations and 1 remote dispensing site with plans to expand locations in FY23 (Bluemound and Holy Family).
- The three discharge pharmacies located within FMLH, FMFH, and FWBH are accredited by Community Health Accreditation Partner (CHAP), allowing Medicare Part B Billing for approved DME products with additional locations being approved for billing Medicare Part B medications.
- Pharmacy staff working in the Froedtert Pharmacy Retail Stores are responsible for:
  - Prescription data entry, claims adjudication, medication profile review, assessment for clinical appropriateness, identification of interactions or possible adverse events, collaborating with interdisciplinary team members, product dispensing, final product verification, cash handling and point-of-sale transactions, counseling patients on prescription and over-the-counter medications
  - Fulfill duties outlined in the Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
  - Support patients through challenges in receiving their medications by utilizing available resources, such as patient assistance programs, prior authorizations, Froedtert Rx Savings Plan, approved interchange polices, and programs, such as the Drug Repository Program, Diabetic Smart Start and Discount Programs, etc
  - Per Wisconsin State Law, pharmacists are required to counsel on new prescriptions, when therapy changes are made, when requested by the patient or patient agent or when the pharmacist deems necessary.
  - Additional services available include Medication Therapy Management, Immunizations, Quality Interventions, Enhanced Refill Processing, and the Froedtert & MCW App to assist patients in managing their medications

Froedtert Pharmacy Home Delivery & Specialty Services
Home Delivery
- Froedtert Pharmacy offers Home Delivery to seven states for no additional charge to patients.
- Before sending out any medications, the pharmacy staff proactively call patients to confirm their order, preventing missed doses and minimizing unwanted medication from being sent.

Specialty
- The Froedtert Pharmacy Specialty team manages high cost, often chronic medications used by our patients in and outside of our hospitals or clinics and touches a variety of areas within our health system and is URAC accredited. Each month a pharmacist reviews the patient's medical record to ensure their medications are appropriate and accurate.
- The Medication Access Team (MAT) is imbedded with the specialty pharmacy service line and perform the following duties:
  - Acquire prior authorizations for specialty medications infused, administered, or dispensed at any of the Froedtert and the Medical College of Wisconsin campuses, health centers, or Froedtert Pharmacies

- o Obtain medication and/or financial assistance for patients who are uninsured or unable to afford their specialty medication
- o Collaborate with social work, case management and financial counselors to ensure patient access to affordable medications
- o Review of pending Medicare write-offs to correct potential billing errors to maximize reimbursement

Froedtert Pharmacy Home Infusion Services
- Provides safe and effective option for patients to receive therapy via intravenous or other non-oral routes from the comfort of their own home or infusion suite.
- The Home Infusion team includes registered nurses and pharmacists and coverage spans the state of Wisconsin
- Home Infusion is accredited by the Joint Commission for home care services and is a certified Medicare provider for DME

Ambulatory Pharmacy Services

- Ambulatory pharmacists perform duties outlined above in the Clinical Pharmacist Scope of Service
- Pharmacists will:
  - o Provide medication therapy management Monday through Friday in many clinics across the organization
  - o Be responsibility for the development, maintenance and execution of Collaborative Practice Agreements with physicians
  - o 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 and ensures the safe, effective and fiscally responsible use of medications across the Froedtert & MCW health network. The team provides structure and support for the System Pharmacy and Therapeutics Committee and is integral to many critical medication management efforts across the health network, including:
  - o Medication utilization management for medication spending and reimbursement across the health network
  - o Effective medication shortage management to ensure patients and providers have access to the medications they need
  - o Formulary management with support for informatics and policy integration

- o Vigilance of safe medication use in accordance with regulatory requirements and best practices
- o Facilitation and oversight of medication guidelines, protocols, collaborative practice agreements, and clinical pathways
- o Development and maintenance of infusion pump libraries, user-friendly drug information resources, and communication tools
- o Continual monitoring of medication-use patterns and value-based care initiatives

Pharmacy Informatics/Epic Willow Teams

- The pharmacy informatics and Epic Willow teams 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
  - o Primarily responsible for the Epic Willow Inpatient application, Epic Willow Ambulatory application, medication related ancillary applications, medication related reporting and training of pharmacy staff
  - o Pharmacy Informatics and Epic Willow team members are routinely available Monday through Friday 8:00 am to 4:00 pm. A Pharmacy Informatics and Epic Willow team member is available during the evening and weekends if needed for urgent situations

- **Pharmacy Leadership Team**

Jim Klauck
SVP, Ancillary Services

Dale Drizd
Executive Director, FH Pharmacy Solutions (Interim Executive Director Ambulatory Care & Business Operations)

Justin Konkol
Director, Froedtert Hospital, Oncology Service Line & IDS
(Interim Executive Director Acute Care)

Kevin Pernach
Business Manager

Eric Siegenthaler
Director, Home Infusion

Jordan Spillane
Director, Ambulatory Services

Chris Vogt
Director, Pharmacy Centralized Services

Balaji Narayanan
Manager, Pharmacy Strategic Programs

Garret Newkirk
Director, Clinical Pharmacy Services

Chris Schuenke
Director, Pharmacy Informatics and Technology

Kristin Tiry
Operations Pharmacy Manager

Kate Schaafsma
Director, Community Hospital Division

Billing and Reimbursement Team

Brooke Halbach
Manager, Home Infusion Services

Tim Hinkley
Director, Specialty Pharmacy Services

Nick Olson
Ambulatory Pharmacy Manager

Jake Olson
340B Pharmacy Manager

Kristin Hanson
Medication Safety Officer

Pharmacy Analytics Team

Kristin Bialkowski
Clinical Pharmacy Manager

Brian Schitt
Operations Pharmacy Manager

Chris Sanders
Specialty Pharmacy Manager

Melanie Engels
Director, Outpatient Pharmacy

Jennifer Hardman
Ambulatory Pharmacy Manager

Residency Program

Pharmacy IT Team

Noah Franz
Operations Pharmacy Manager

Terry Audley
Clinical Pharmacy Manager

OPEN
Specialty Pharmacy Manager

OPEN
Director, VertuRx

Aida Hot Pharmacy Supervisor

Anticoagulation Stewardship Program

Brandon Marchan
Pharmacy Supervisor

Mindy Waggoner
Investigational Pharmacy Services Manager

Laura Avino
FWB Pharmacy Manager

Desirae Carter
Pharmacy Supervisor

Pain Stewardship Program

Jodi Evans Pharmacy Supervisor

Tara Feller
Clinical Pharmacy Manager

Jess Peterless
Operations Pharmacy Supervisor

Kate Lewis
Supervisor, Specialty Pharmacy

ID Stewardship Program

OPEN
Oncology Operations Pharmacy Manager

OPEN
Director, Holy Family Memorial

Ben Glennon
Supervisor, Home Delivery Operations

Center for Medication Utilization Program

OPEN
Oncology Clinical Pharmacy Manager

Kimberly Schrank
Retail Pharmacy Manager

Val Fredrickson
Retail Pharmacy Manager

Jessica Page
Retail Pharmacy Manager

OPEN
Retail Pharmacy Manager

Vinette Immekus
Pharmacy Supervisor

Direct Reports for Interim Executive Directors

- **Residency Program Leadership**

Kristin Hanson, BSPharm, MS
Program Director for Residency Programs

Teri Mattek
Pharmacy Education Coordinator

PGY1 Residency Programs

Froedtert Menomonee Falls Hospital PGY1

- **Terry Audley, BSPharm, FASHP**
  - 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
- **Jonathan White, PharmD, BCACP**
  - Residency Program Coordinator

Froedtert Hospital PGY1 Community

- **Melanie Engels, PharmD, MBA**
  - Residency Program Director
- **Kevin Stutt, PharmD**
  - Residency Program Coordinator

Health System Pharmacy Administration and Leadership PGY1 and PGY2

- **Justin Konkol, PharmD, MHA, BCPS, DPLA**
  - Residency Program Director
- **OPEN**
  - Residency Program Coordinator

Medication Use Safety and Policy PGY1 and PGY2

- **Kristin Hanson, BSPharm, MS**
  - Residency Program Director

PGY2 Residency Programs

PGY2 Ambulatory Care

- **Amanda Mauerman, PharmD, BCACP**
  - Residency Program Director
- **Jonathan White, PharmD, BCACP**
  - Residency Program Coordinator

PGY2 Critical Care

- **Joel Feih, PharmD, BCCCP**
  - Residency Program Director
- **Kaitlin Cooper-Johnson, PharmD, BCCCP**
  - Residency Program Coordinator

PGY2 Emergency Medicine

- **Cathyyen Dang, PharmD, BCPS**
  - Residency Program Director
- **Jessica Feih, PharmD, BCCCP**
  - Residency Program Coordinator

PGY2 Infectious Diseases

- **Alison Gibble, PharmD, BCIDP**
  - Residency Program Director

PGY2 Informatics

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

PGY2 Oncology

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

Residency Program Policies and HR Information

- **Resident Licensure**

Last Review:	September, 2020
Next Review:	September, 2023
Description:	keywords, licensure
Policy number:	40310-004
Origination date:	January, 2013
Purpose:	To define requirements related to licensure for pharmacy residents.

Policy: Consequences of failure to obtain licensure within the expected timeframe will be determined by the Residency Program Director, Residency Coordinator, Director of Pharmacy and a representative from Human Resources.

I. The pharmacy resident should submit appropriate documentation to the Wisconsin State Board of Pharmacy as soon as possible after learning they have matched with a Froedtert residency program.

II. The resident must be fully licensed as a pharmacist (successfully pass the NAPLEX and MPJE exam and have an active pharmacist license) within 90 days of the beginning of the residency.

III. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.

    a. If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the Residency Advisory Committee (RAC) may consider allowing a 30-day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.

        i.   If approved, this extension will be noted in the RAC minutes.
        ii. If this extension is not approved, the resident will be dismissed.

    b. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.

IV. If a 30 day extension has been provided and the resident is still not licensed as a pharmacist, the following describes the outcome for the resident.

    a. If the resident has signed up to retake the test(s) but not successfully completed, the RAC may consider allowing an additional extension, not to exceed 90 days (i.e. 210 days after the beginning of the residency).

        i.   If approved, this extension will be noted in the RAC minutes, and the residency will be suspended until such time as the resident is licensed as a pharmacist. Once licensed, the residency will be extended by the amount of time as the extension to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist. If the resident is not licensed as a pharmacist by the end of this extension, the resident will be dismissed.
        ii. If this extension is not approved, the resident will be dismissed.

    b. Factors taken into consideration will include:

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- Reason(s) for the delay (within or beyond the resident's control)
- Number of attempts to pass licensure exams
- Overall competency, ability and performance of the resident

- **Residency Program - Scheduled, Unscheduled, and Extended Absences from Residency**

Last Review: March, 2021
Next Review: March, 2024
Description: Residency program completion, extended absences, leave, LOA, PTO, sick time, holiday
Policy number: 40310-005
Origination date: September 2005
Purpose: To describe the requirements for residency completion and extended absences.

Policy:

A. Froedtert & the Medical College of Wisconsin PGY1 and PGY2 pharmacy residency programs are designed as 52-week programs of full time work. Combined PGY1/PGY2 pharmacy residency programs are designed as two consecutive 52-week programs. The non-traditional residency program allows the resident to meet the residency requirements over an extended period of time.

B. Residents may take up to a total of 21 days of time off (paid or unpaid) per year for vacation, interviews, sick time and holidays. Residents taking time off in excess of 21 days or 168 hours per year will need to make up those days in order to complete their residency program and earn a residency certificate.

C. The residency program will be extended up to 12 weeks (with pay) beyond the original expected completion date to facilitate completion of all program requirements for residents with an approved Leave of Absence during the residency year. The length of the extension will align with the duration of the approved leave.

D. In the event of extended or multiple intermittent absences beyond an approved Leave of Absence, the option to extend the residency will be at the discretion of the Residency Program Director and manager. The residency program may be extended up to 12 weeks beyond the original completion date.

E. Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate.

Procedure:
A. Residents will work with their program director, manager, and scheduler to request time off.

B. Residents may not schedule time off from staffing shifts. Unscheduled time off from a staffing shift may result in the make-up of that shift at a later date.

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

D. If an extension to the residency is a warranted, the duration of the extension will be determined by the amount of time missed.

Preparation: Kristin Hanson, BSPharm, MS
Authorization: Residency Steering Committee
Pharmacy Department Policy and Procedure Committee

Froedtert & MEDICAL COLLEGE of WISCONSIN

FROEDTERT PHARMACY POLICY

- **Title: Residency Program: Residency Program Completion**

Effective Date: June, 2021
Revised Date:

Entities Impacted: FMFH (X) FMLH (X) FMCWCP ( ) FWBH ( )   Policy Number Pending

PURPOSE: Describe requirements for residency program completion

DEFINITIONS: I:\FMLH\PHARMACY\Residency Program\Steering Committee\Agendas and Notes 2020-2021\Notes\Updated definition of progesss toward goals NI SP ACH ACHR 06.06.18 FINAL .pdf

POLICY: Residents much meet all completion requirements prior to being awarded a residency certificate.

Each residency program maintains a list of completion requirements specific to that program.

Completion requirements are included in the residency manual and provided to residency candidates at the time of their interview with the program.

Progress on achieving completion requirements will be monitored by the Residency Program Director or designee and documented as a part of the resident's development plan at least quarterly.

Residents are required to complete all program specific completion requirements by the end of the residency program.

For residency programs with a Patient Care Competency Area (R1); all objectives within that competency area must be Achieved for Residency (ACHR) by the end of the residency program.

At least 70% of the other required objectives must be Achieved for Residency (ACHR) and Satisfactory Progress (SP) must be made on all remaining required objectives by the end of the residency program.

PROCEDURE:

RELATED POLICIES/PROCEDURES:

AUTHORS: Terry Audley, John Muchka, Kristin Hanson

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FROEDTERT PHARMACY POLICY

• **Residency Program – Resident Performance Improvement Planning and Corrective Action**	Effective Date: 8/10/2005 Revised Date: 3/2/2020
Entities Impacted: FMFH ( ) FMLH (X) FMCWCP ( ) FWBH ( )	Policy Number: NA

PURPOSE: To provide guidance on handling situations in which pharmacy residents are not meeting or completing residency program requirements as expected.

DEFINITIONS: **Residency Program Director (RPD)** – The pharmacist on record with the American Society of Health System Pharmacists (ASHP) who is responsible for the leadership of a pharmacy residency program. This pharmacist may or may not be a formal leader at Froedtert Health..

Leader – The pharmacy resident's direct supervisor at Froedtert Health.

Mentor – A pharmacist assigned by the residency program director to assist with resident development during the residency year. The mentor is a Froedtert Health staff member who is typically not in a leadership role.

Advisor – A pharmacist assigned by the residency program director to assist with resident development and career planning during the residency year. The advisor is a Froedtert Health staff member who is typically in a leadership role.

Preceptor – A pharmacist who oversees a resident learner during a specific learning experience.

POLICY: A. In order to earn a residency certificate at Froedtert & the Medical College of Wisconsin, residents must meet criteria outlined in policy AD25.000, Residency Program Completion and Extended Absences.

B. If at any point during the residency program, it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal plan for improvement will be initiated by the Residency Program Director (RPD) and the resident's leader. The resident's mentor and/or advisor may be included depending on the circumstances.

C. Coaching will be used to correct deficiencies or behaviors initially unless:

1. The resident is having difficulty performing tasks required to independently staff in a pharmacist role.
2. The behavior or action would result in corrective action or dismissal for a staff member per Froedtert policies and procedures.

<ol style="list-style-type: lower-roman">
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.
Non-compliance with these policies will be handled by the resident's leader and the department's Human Resource liaison.

3. A pattern of behavior has been established and has not improved with coaching.

PROCEDURES: **Coaching**

A. When a preceptor or other member of the pharmacy department identifies that the resident is not meeting expectations, this information shall be communicated directly to the resident, the resident's RPD and the resident's direct leader.

1 In addition to verbal feedback, the preceptor should provide written feedback to the resident in Pharmacademic with clear direction for the improvements that are needed. "Needs Improvement" should be used to document deficiencies. The RPD and/or leader will investigate by following up with the resident's preceptor as well as other preceptors and pharmacists who have worked with the resident.

2 The RPD and leader will schedule a meeting with the resident to initiate a coaching conversation regarding identified problem areas and issues. A list of areas for improvement and goals to be achieved will be defined at this meeting. The rotation schedule and/or learning experiences may be adjusted in order to provide the resident an opportunity to show improvement. The resident's mentor and or advisor may also be included at the discretion of the RPD and leader.

3 The RPD and leader will write a formal plan with actionable goals that has a distinct timeline using the attached template. The resident and leader will sign off on this document. The leader will add this plan to the resident's personnel file.

4 The RPD and leader will schedule follow-up meetings with the resident at two and four weeks to discuss progress with the plan. Meetings may be scheduled sooner or more frequently if appropriate. Feedback will also be gathered from the resident's preceptors. If sufficient progress has been made, this will be documented on the plan and updated in the file. Based on the nature of the areas for improvement, the RPD and leader will determine if additional follow-up is needed.

Formal Performance Improvement Plan

B. At the end of the four-week time period, if it is determined that the resident has not made sufficient progress in improving performance, the RPD and leader may initiate a formal Performance Improvement

Plan with the assistance of their human resources liaison. Action may start here for situations listed under section C above.

1   The resident's leader will be responsible for discussing the situation with the department's HR liaison and their Director.

2   The leader and RPD will meet with the resident to discuss all areas in which it is believed the resident is still not meeting expectations. An official Performance Improvement Plan will be initiated based on the areas for improvement identified and timelines discussed. The leader and the resident will sign off on this document. This document and sign off will go into the resident's file, and will also reflect the understanding that if progress is not made during the established time frame, there is a possibility of dismissal from the program that would exclude the resident from earning a residency certificate.

3   It is the responsibility of the resident to achieve the documented goals. The leader and/or RPD will schedule follow-up meetings with the resident based on the timelines established in the performance improvement plan. The resident's mentor and/or advisor may be included in these meetings at the discretion of the resident's RPD and leader.

4   At the end of this time frame, if it is determined that the resident has not made progress toward completion of the goals, the RPD and the resident's direct leader shall discuss dismissal of the resident from the program and/or termination of employment.

5   The director of pharmacy, along with the resident's leader, and the RPD will make the final decision regarding dismissal/termination in consultation with the department's Human Resource liaison.

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: Pharmacy Policy Committee

ATTACHMENTS/APPENDICES:
Resident Coaching Documentation Template
Performance Improvement Plan Template

- **Residency Programs – Duty Hours**

Last Review: December, 2020
Next Review: December, 2023
Description: Residency, resident, duty hour
Policy number: TBD
Origination date: December 2020
Purpose: To ensure pharmacy residents are "fit for duty" by outlining a process for monitoring and tracking duty hours as a way to identify if and when interventions are needed to promote resident wellness and patient safety.

Definitions:

Duty Hours – Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. Duty hours include:
- Training and orientation, time to complete required certifications (ex. ACLS, BLS)
- 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

Duty hours do not include:
- Reading, studying & academic preparation time
- Travel time to & from off-site rotations
- Travel time to & from conferences
- Time to complete education, training or certification not required as part of residency program
- Resident & department social activities

Scheduled duty periods – Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
Moonlighting – Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
Bonus Shift – Terminology used at Froedtert & the Medical College of Wisconsin for "moonlighting shifts" that are periodically available to residents for additional compensation.
Continuous Duty – Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
Days Free – Calendar days with no scheduled residency-related activities. This includes weekends when not scheduled to staff.

Policy:

A. All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the American Society of Health System Pharmacists (ASHP) Pharmacy Specific Duty Hours and Accreditation Standards.

- Residents will review the ASHP Duty Hours document upon initiation of the residency training program.

- During orientation, the 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."
B. Maximum duty hours of work per week and duty-free times:
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting/bonus shifts.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

C. Moonlighting/Bonus Shifts
- Any moonlighting/bonus shifts worked at Froedtert Health or externally are included within duty hours.
- Once trained and licensed, residents may pick up bonus shifts at Froedtert Health as long as:
  i. The resident obtains permission from RPD prior to picking up their first shift.
  ii. The shifts do not interfere with residency program requirements.
  iii. The resident is meeting or exceeding residency program requirements.
  iv. The shift will not cause the resident to exceed duty hours rules.
- If a pharmacist believes the resident is showing signs of fatigue (excessive yawning, sedation, etc), the resident should be relieved of their duty. The pharmacist will notify the program director and the resident will be prohibited from moonlighting/bonus shifts for at least 4 weeks.
- Moonlighting/bonus shifts will be prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals.
- External moonlighting is discouraged, however, if a resident chooses to moonlight, hours must be disclosed with duty hours. If it is identified that moonlighting is interfering with fitness for duty, residents will be required to end moonlighting responsibilities.

D. Duty Hours Tracking
- Residents are expected to self-monitor their compliance with duty hours on a weekly basis. They will track compliance using the Duty Hours Tracking document or PharmAcademic custom evaluation at the discretion of the RPD.
- RPDs will review duty hours for each resident on a monthly basis. It is the resident's responsibility to notify their program director at any point there they are approaching a duty hours limit or if they are feeling excessive fatigue or exhaustion.
- If a resident is exceeding duty hours limits, the RPDs will work with the resident to identify a strategy to comply with the standard while meeting program requirements.

Author: Anne Zechlinski, PharmD
Approval:
Residency Steering Committee
Pharmacy Policy and Procedure Committee

- ## Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

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.

NI = Needs Improvement

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:
- 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

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.

SP = Satisfactory Progress

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:
- 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

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.

ACH = Achieved

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:
- 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

Preceptor Action: The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.

ACHR = Achieved for Residency

Definition: Resident has demonstrated a <u>**sustained performance of independently meeting or exceeding**</u> 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.

<u>**Who can mark as ACHR?**</u>
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

- **PharmAcademic Evaluations**

- All Froedtert residency programs utilize PharmAcademic for completion of resident performance evaluations.
- All evaluations should 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.

- **Duty Hours Tracking Documents**
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- Residents are expected to self-monitor their compliance with duty hours per the Duty Hours Policy.
- Duty hours tracking forms can be found at: I:\FMLH\PHARMACY\Residency Program\2021-2022\Duty Hours 2021-2022
- ASHP Duty Hours Guidance: I:\FMLH\PHARMACY\Residency Program\2021-2022\Duty Hours 2021-2022\ASHP Duty Hours Guidance

- **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 work 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 (either due to PTO or work-from-home).
    - Residents must alert their preceptor and RPD in advance of planned work-from-home outside of the local area (ie, > 60 miles from campus).
- 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 21 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 RPD and 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 21 days away/year.

Figure 1. Entering Kronos and Documenting PTO
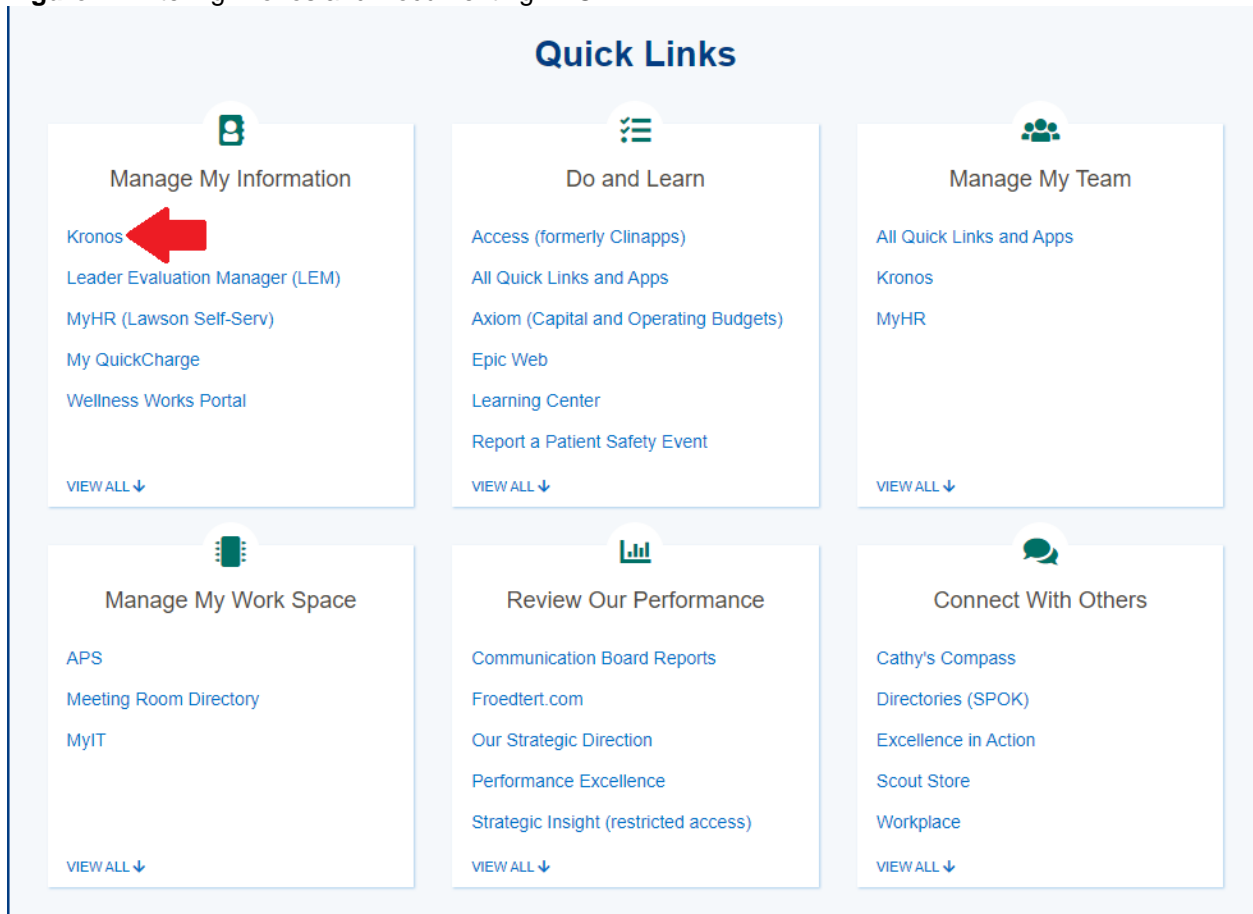
Workforce Central® Version 8.1.8

User Name

Password

Education Material

Enter Epic Credentials

		Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period
+	×	Fri 6/18			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	8.0
+	×	Sat 6/19												8.0
+	×	Sun 6/20												8.0
+	×	Mon 6/21									8:00AM-4:00...	8.0	8.0	16.0
+	×	Tue 6/22			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	24.0
+	×	Wed 6/23			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	32.0
+	×	Thu 6/24			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	40.0
+	×	Fri 6/25			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	48.0
+	×	Sat 6/26												48.0
+	×	Sun 6/27												48.0
+	×	Mon 6/28			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	56.0
+	×	Tue 6/29			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	64.0
+	×	Wed 6/30			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	72.0
+	×	Thu 7/01			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	80.0

Remove scheduled In and Out Times

		Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period
+	×	Fri 6/18			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	8.0
+	×	Sat 6/19												8.0
+	×	Sun 6/20												8.0
+	×	Mon 6/21	PTO	8.0							8:00AM-4:00...	8.0	8.0	16.0
+	×	Tue 6/22			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	24.0
+	×	Wed 6/23			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	32.0
+	×	Thu 6/24			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	40.0
+	×	Fri 6/25			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	48.0
+	×	Sat 6/26												48.0
+	×	Sun 6/27												48.0
+	×	Mon 6/28			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	56.0
+	×	Tue 6/29			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	64.0
+	×	Wed 6/30			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	72.0
+	×	Thu 7/01			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	80.0

Enter Pay Code "PTO" and Number of Hours

Back to

- **Holidays**

- Froedtert Hospital recognizes six official holidays: Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents who staff in areas that are open on holidays are required to staff up to 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.
- For PGY2s, if an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements. This should be arranged with their RPD and manager.

- **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 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, notify your preceptors and residency program director of the absence as soon as possible.
- For ambulatory/retail staffing shifts/rotation:
  - Contact the on-call leader/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 leader/coordinator will seek coverage options for 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 leader 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 absences unless other arrangements are made with preceptors and your manager.

- **Bereavement**

- To provide staff with 0.5 FTE to 1.0 FTE time away from their job when a death in their family occurs.
- Eligible staff may be granted a maximum of three scheduled work days, if necessary, to observe a period of bereavement when having suffered the loss of a:
  - Parent
  - Brother/Sister
  - Grandparent
- See Bereavement FH-HR.023 for additional details

- **Professional Leave/Business Days**

- Professional leave will be granted to attend the ASHP Midyear Clinical Meeting, the Great Lakes Pharmacy Resident Conference, Wisconsin Pharmacy Resident Conference and other meetings approved by Residency Steering Committee.
- Additional days may be approved for the resident to use to attend other professional meetings; however, both approval by the resident's program director, impacted preceptor(s) and manager must be obtained.

- **Professional Meeting Attendance and Funding**

- Each PGY1 resident is allotted a $1200 stipend and each PGY2 resident is allotted an $1800 stipend to offset travel, lodging, and registration expenses for professional meeting attendance.
- Stipends are not to be used to offset membership dues, meals or items other than those mentioned above
- 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 should anticipate attending the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
- PGY1 residents present a poster at the Vizient Pharmacy Council meeting (or approved alternative).
- PGY1 residents should plan 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.

Figure 2: Company Codes and Accounting Units for Travel Reimbursement

	Company	Accounting Unit
PGY1 FMF	2010	40310
PGY1 (Acute Care)	3000	40310
PGY1 (Am Care)	3000	40310
PGY1 (Community)	1430	75050
PGY1 (HSPAL)	3000	40310
PGY1 (MUSP)	3000	40310
PGY2 Admin	3000	75000
PGY2 Am Care	3000	75010
PGY2 Crit Care	3000	75000
PGY2 EM	3000	75000
PGY2 ID	3000	75000
PGY2 Informatics	1000	75001
PGY2 MUSP	1000	75001
PGY2 Oncology	3000	75020

866100   Prof Develop/Seminar   Conferences, trainings, books

## Resources for Residents

- **Laptops, Workstations, and Pagers**

- Residents will be issued laptop computers, home work stations, 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 should not store documents containing Health Insurance Portability and Accountability Act (HIPAA) information directly on computer hard drives, but rather these documents should be stored on Froedtert Network and accessed via the VPN or remote access portal.

- Residents should also password protect all documents containing Health Insurance Portability and Accountability Act (HIPAA) information (see example below "Example: How to Password-Protect Patient Data").
  - **Workstations:** A monitor, laptop docking station, mouse, and keyboard are issued for use at home.
    - **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. Equipment must be returned at the end of residency training program.
- If there are issues with device performance (i.e. low battery life, missing applications, etc), the resident is responsible for contacting IT for fix through the myIT app (see Figure 4).
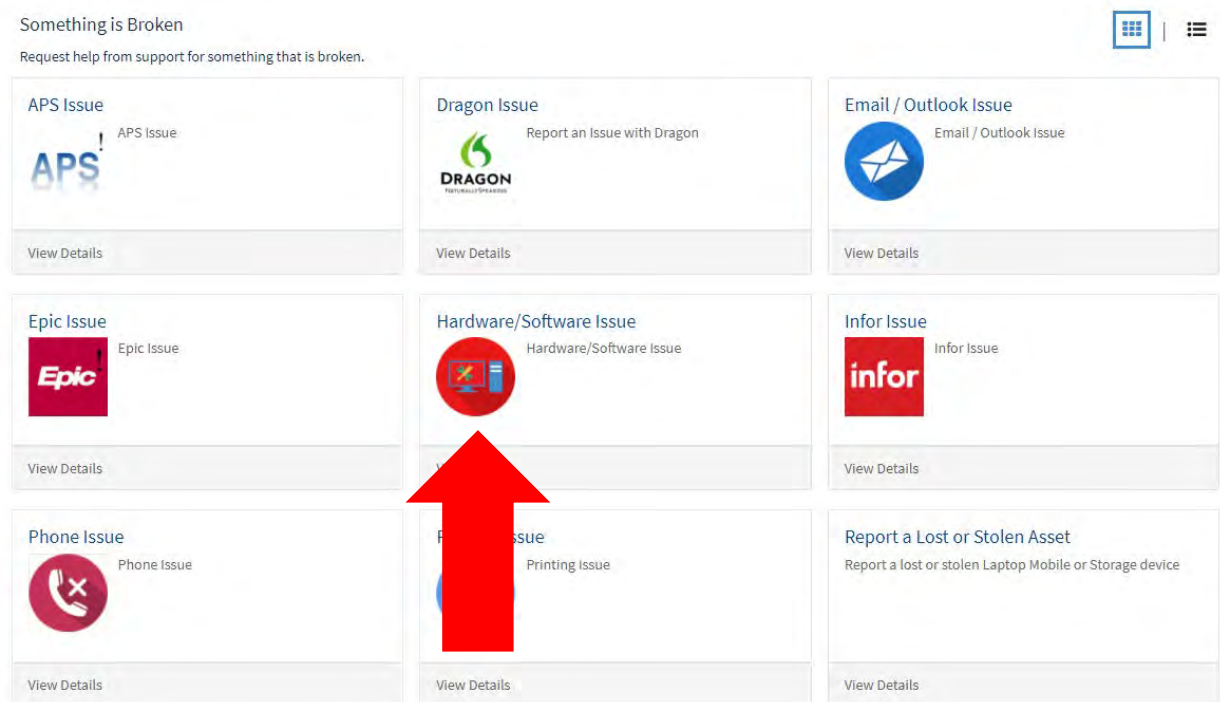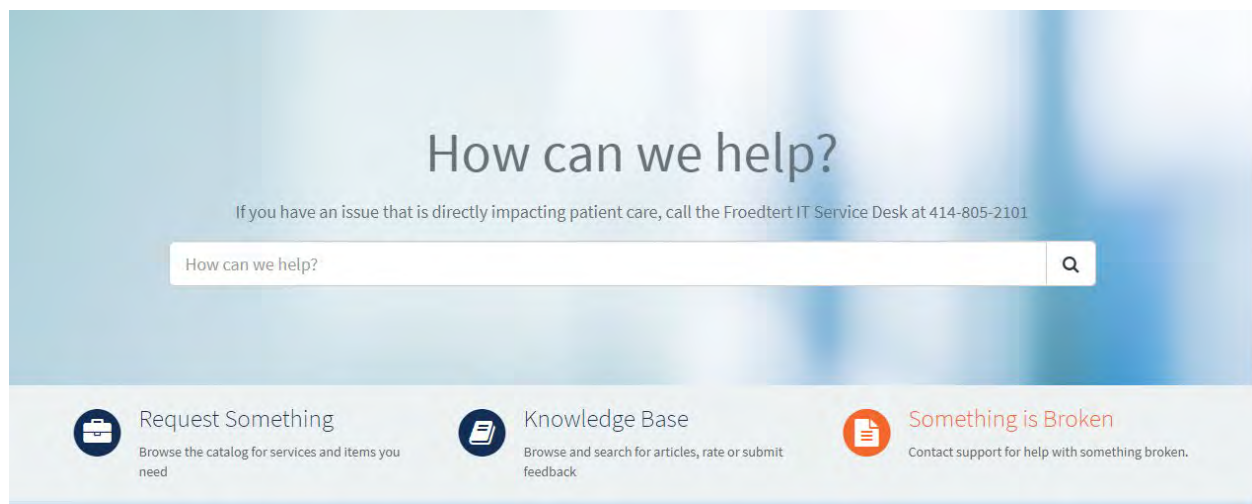
Figure 3. How to Password Protect Patient Data
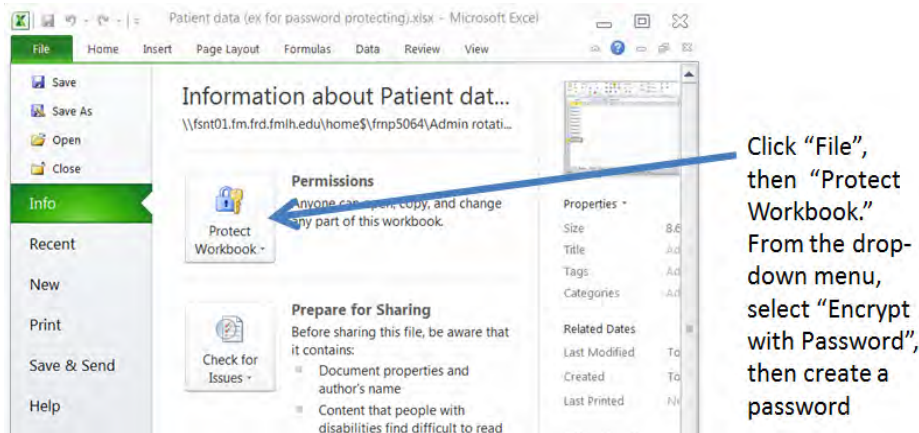
Figure 4. How to enter myIT requests (Use Epic Credentials to Log In to MyIT)

Back to
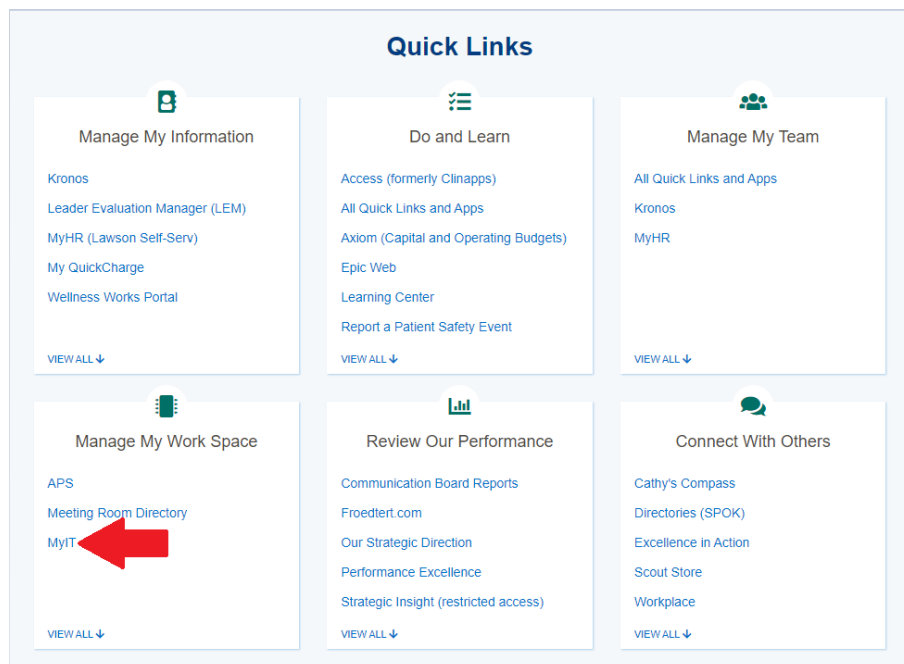
**Figure 4 (Cont.).** How to enter myIT requests (Use Epic Credentials to Log In to MyIT)

- **Remote Access**

- Residents must log in to the Automated Provisioning System (APS) in order to request remote access. Intranet link to APS
  - Use Froedtert Network Credentials to log in, and select "Request for Myself" under "My Access"

  Type in "remote access" using search bar to find line item below (see screenshot). Select Remote – Basic Remote Access. Once approved, this will give access to the remote access site:

https://remote.froedtert.com. When using laptop from an off-campus location, all Froedtert applications will be accessed through this portal.

Figure 5. How to Request Remote Access via APS
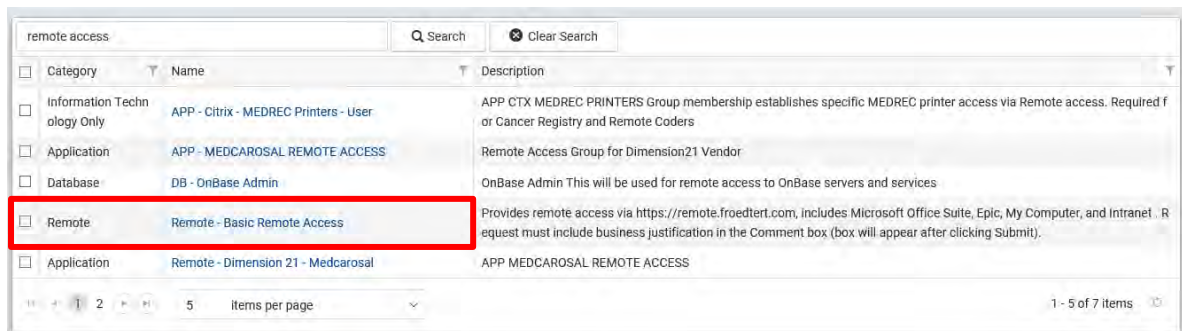

Remote Access
- Remote access should be requested in order to gain access to Froedtert applications (including Epic) and documents at home. When using a personal device, residents may use the remote portal. When using Froedtert issued laptop, VPN access should be utilized.
- To access remote portal, Citrix must be downloaded. 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 dual authentication. The app should be downloaded on a personal devise from Froedtert Campus in order to link it with the account. 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://remote.froedtert.com/
- 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)
- VPN is the preferred method to connect remotely using Froedtert issued laptop.
    - To see if you have VPN access, click on the icon in Figure 6
    - If you do not have the VPN application downloaded on the Froedtert issued laptop, request this application via a MyIT request under "Install Application" with the application being "Cisco AnyConnect VPN software"
    - Instructions for logging into VPN can be found here: I:\FMLH\PHARMACY\Residency Program\2021-2022\Orientation\VPN Access Instructions

Figure 6. VPN Access
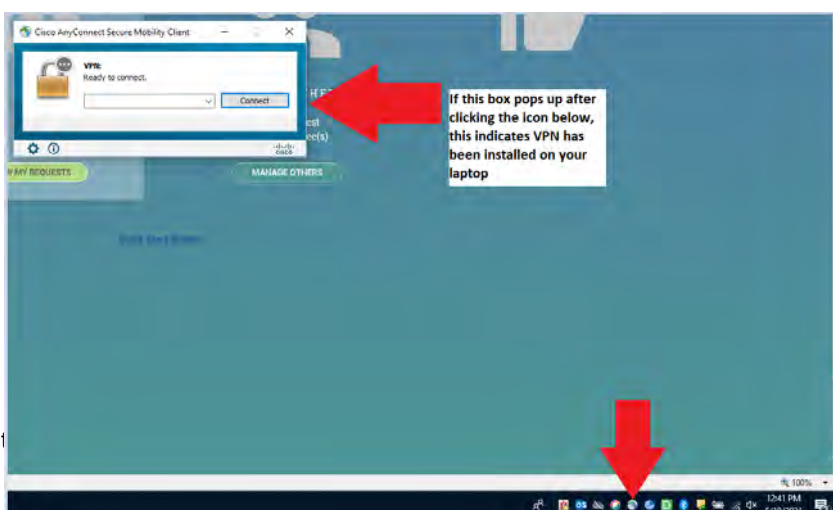
- o If you do not have access, you will need to request it via myIT (follow instructions in Figure 4, but request "Service Application" and note "Cisco AnyConnect VPN" as the desired application
- o Instructions for logging in to VPN can be found here: I:\FMLH\PHARMACY\Residency Program\2021-2022\Orientation\VPN Access Instructions

- **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 7: Requesting Personal Device Sync
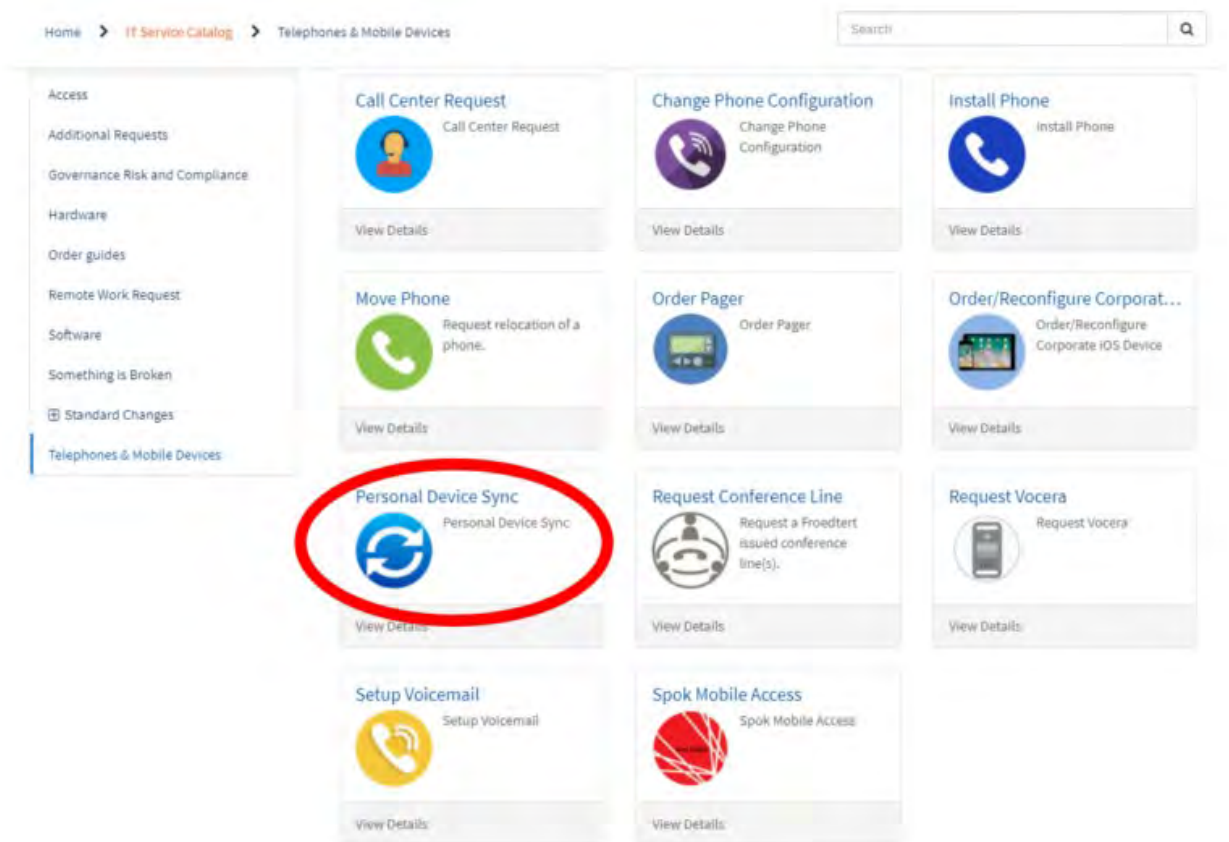
- Once access request has been processed, the Outlook App can be used to access email and calendar Instructions on how to use the app are available on the IT website.
  - Android: http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Mobile%20Device%20Documents/Android%20Outlook%20Support%20Document%20for%20Personal.pdf

- iOS:
  http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technol ogy/Mobile%20Device%20Documents/iOS%20Outlook%20Support%20Document%20for%20Pers onal.pdf

- **Workplace**
- Workplace is the primary location for organizational communication. It is a work version of the Facebook platform.
- You will receive an email 2 weeks after your first paycheck to set up a Workplace account – before this, you will not be able to create an account.
- You should create a Workplace login using your Froedtert email address. You are also encouraged to download the Workplace app on your phone or tablet.
  - *https://froedtert.workplace.com/*
  - Downloading the Workplace Mobile app
- All employees are expected to keep up-to-date with organizational communications posted on Workplace.
- Employees are also encouraged to comment/like posts and post work-related content.

- **WebEx Teams**
- All Froedtert employees have access to the WebEx and WebEx Teams platform to use for virtual meetings.
- In order to schedule a meeting using WebEx, create a calendar appointment and in the location, type @webex. Once the meeting is sent, login information will be populated within the body of the appointment.
- Additional capabilities are available using the WebEx Teams Application. This should be available on all Froedtert computers. It can also be downloaded onto a personal computer from: https://www.webex.com/downloads.html/.
- User guides for Webex Teams are posted here: https://fh.sp.froedtert.com/cwt/cwt/index.html.
- Frequently asked questions (eg, how to create a meeting space, how to schedule meetings, etc.) are answered here: I:\FMLH\PHARMACY\Residency Program\2021-2022\Orientation\WebEx FAQs
-

Figure 8: Meeting Set-Up Using Webex Teams
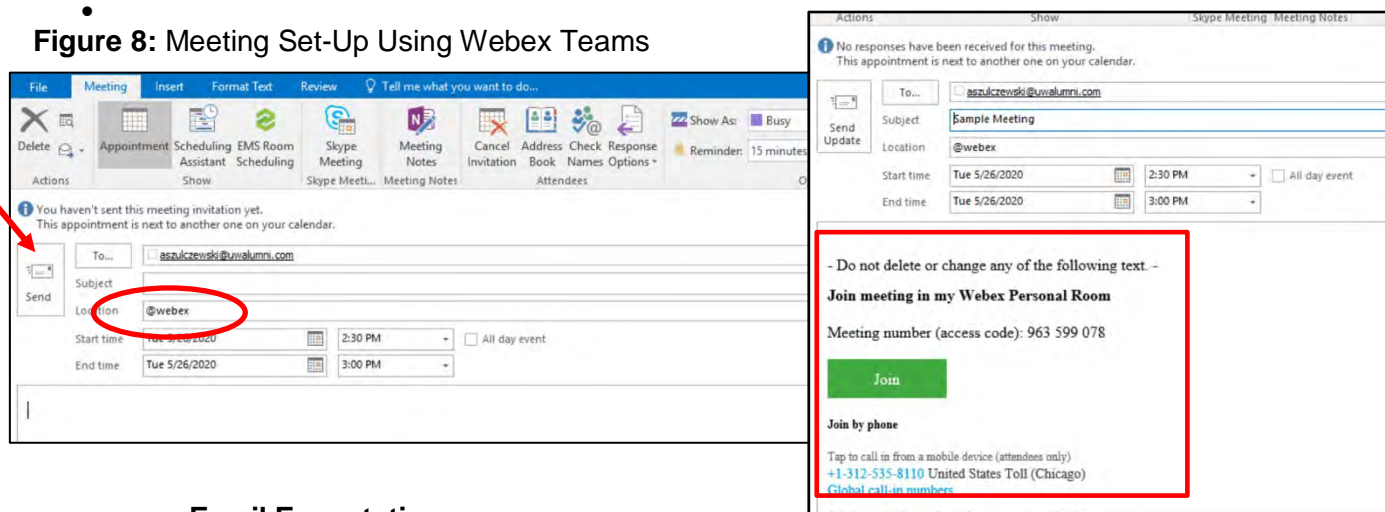
- **Email Expectations**

- 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.

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- It is expected that residents create an email signature using the Froedtert approved template (see link 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

Figure 9: Setting an Out of Office Alert (Automatic Reply)
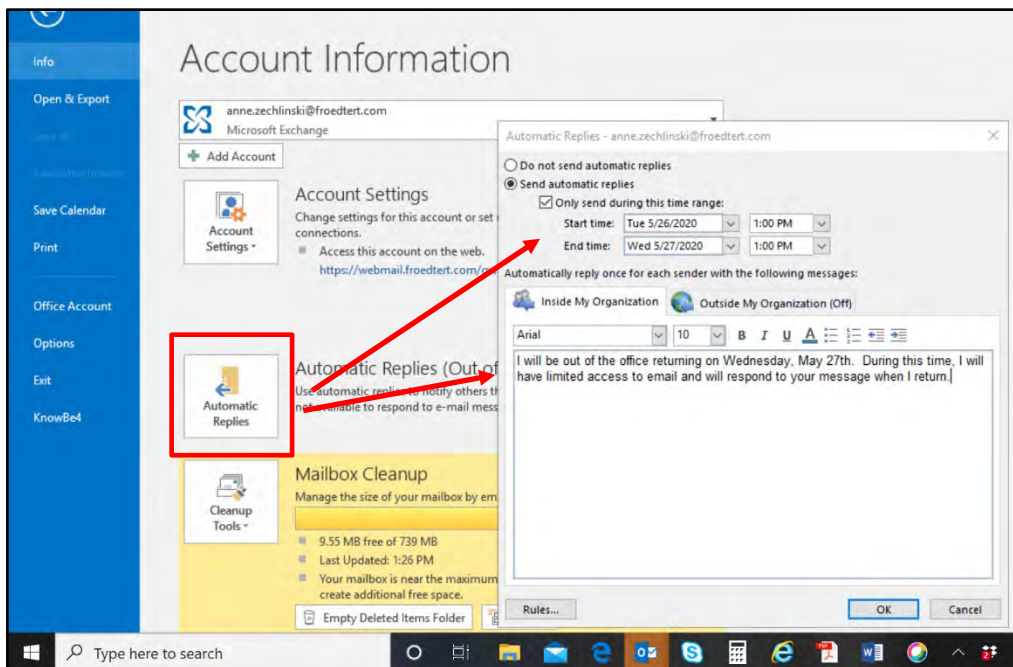
- **Dress Code**

- The Froedtert Dress Code - Personal Appearance Policy is posted on the Scout page at link below: http://fhpolicy.s1.fchhome.com/Content/Policies.aspx?ContentTypeId=7a1c99c1-2e09-41a2-8256-d606906e7a55#
- 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 and pharmacy operations areas (central, day hospital, etc.). In the ED and pharmacy operations areas, residents may choose to wear their own scrubs or request Froedtert issued scrubs. In the OR, residents must wear Froedtert issued scrubs.
- 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 strongly 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
    - You will receive an email from Teri Mattek with the order form so that you can order your white coat before the start of residency.
        - If you cannot find the email, the order form can be found on Sharepoint:

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- https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20Froedt%20Pharm%20order%20form%20Nov21.doc&action=default

- The department will reimburse residents for embroidery, but resident will be responsible for paying for coat
- Deanna Zapfel, Administrative Coordinator, is the contact person for white coats, should you need any additional coats throughout the year

- **Scrub Request Forms**

- Froedtert issued scrubs must be worn in OR areas and may be worn in ED and pharmacy operational areas. The scrub request form is available on the Environmental Services site: http://intranet.froedtert.com/?id=26274&sid=1
- Complete form, obtain manager signature and fax
- Contact Deanna Zapfel, Administrative Coordinator with any questions

- **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 FH Print Services - Internal (fh-printservices.com)

  - Use the following titles:
    - "PGY1 Pharmacy Resident"
    - "PGY1 Health-System Pharmacy Administration and Leadership Resident"
    - "PGY1 Medication Use Safety and Policy Resident"
    - "PGY2 (Program Name) Pharmacy Resident"

Residency Project Resources

- **Residency Project Sharepoint**
  - Information about research protocols, posters, and presentations can be found here: https://datacollectionrb.sp.froedtert.com/sites/pharmacy/residency/Poster%20and%20Presentation%20Resources/Forms/
  - There are also past resident project abstracts, posters, and presentations on this website that may serve as examples
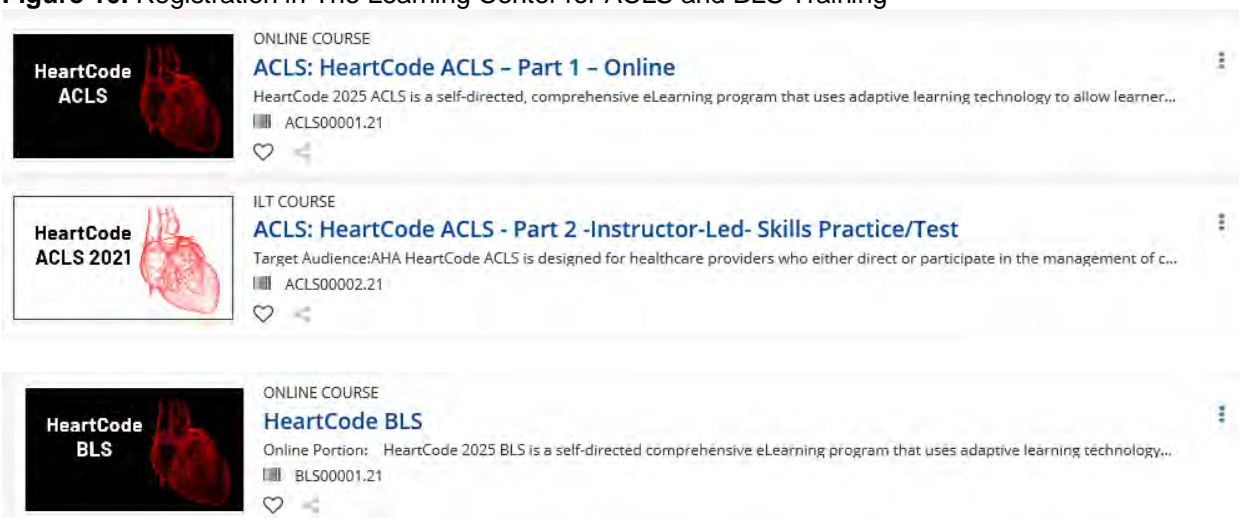
- **MCW Biostatistics Support**
- Residents will have the opportunity to seek statistics support for their projects through the MCW Biostatistics Department.
- The Pharmacy Research Committee will prioritize and approve resident projects for statistics support based on complexity of the statistics required, type of project, likelihood of publication and other factors.
- More information will follow regarding this process.

- **Presentation and Poster Templates**

- *Presentations*
    - Froedtert Health has a presentation template that should be used when creating presentations to be shared internally and externally.
    - Residents should use the template with the Froedtert & Medical College of Wisconsin logo.
    - Templates are located here: http://intranet.froedtert.com/?id=17587&sid=5
    - Pharmacy-specific templates will be shared via the I: Drive or email
- *Posters*
    - The Pharmacy Research Committee has developed templates to be used for student, resident, and staff-presented posters.
    - Poster templates are located here: I:\FMLH\PHARMACY\Residency Program\2021-2022\Resident Posters\Templates and Instructions

Additional General Information

- **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 PGY1 HSPA-L and PGY1 MUSP 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 10. Registration in The Learning Center for ACLS and BLS Training

ONLINE COURSE
ACLS: HeartCode ACLS – Part 1 – Online
HeartCode 2025 ACLS is a self-directed, comprehensive eLearning program that uses adaptive learning technology to allow learner...
ACLS00001.21

ILT COURSE
ACLS: HeartCode ACLS - Part 2 -Instructor-Led- Skills Practice/Test
Target Audience:AHA HeartCode ACLS is designed for healthcare providers who either direct or participate in the management of c...
ACLS00002.21

ONLINE COURSE
HeartCode BLS
Online Portion: HeartCode 2025 BLS is a self-directed comprehensive eLearning program that uses adaptive learning technology,...
BLS00001.21

- 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.
  - On Saturdays, Sundays and major holidays, residents may park in patient parking structures (Parking area 1 on 92nd street and 3 on 87th street).
  - Off-Peak Times (Mon-Fri, 6PM-8AM), residents may park in parking area 1 or parking area 3. Must arrive AFTER 6PM and leave BEFORE 8AM.
- Residents are encouraged to use technology for participation in off-site meetings using WebEx in order to minimize travel time.
- Additional details about parking can be found in the parking handbook.

- **Project Days**

- 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.

- Residents may choose to work remotely on their project days, but should be available via WebEx, email and/or cell phone.

- **Working Remotely**

- Some pharmacy department staff have transitioned to work-from-home (WFH) full-time or in a hybrid model. Generally, residents will be expected to work-from-home if completing a rotation in these areas.
- All informatics team members are permanent WFH, center for medication use and stewardship pharmacists are currently in a hybrid model.
- If a resident intends to work-from-home in a location outside of the local area (ie, their home in the Milwaukee area), their RPD and/or manager should be notified.

- **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 Wisconsin

- **Research Certificate**
- Residents have the option of completing a formal Pharmacy Research Certificate over the course of residency training.
- Residents are encouraged to discuss participation in the Research Certificate with their program director.

- **Pharmacy Society of Wisconsin Membership**
- Pharmacy Society of Wisconsin is covered by Froedtert & the Medical College of Wisconsin for all pharmacy residents and staff.
- PGY1 residents who are in their first year of practice receive their first year of registration free regardless of employment and are encouraged to register with PSW and affiliate with Froedtert.
- PGY2 residents who are new to Froedtert will be added to Froedtert's member list within the first half of the residency year.

- **Wellness and Resilience Resources**
- In addition to residency programming to address wellness, resilience and prevention of burnout, Froedtert Health offers a variety of wellness resources that are available to all employees.
- Many of these are listed on the Wellness Works intranet page: http://intranet.froedtert.com/wellnessworks
- The Employee Assistance Program (EAP) also offers a variety of services that are included as part of the benefits package. http://intranet.froedtert.com/EAP

- **Excellence in Action**
- This platform can be used to submit recognitions for fellow residents, other pharmacists/ pharmacy staff members, or other healthcare professionals or staff who went above and beyond to help you, a patient, or others.
- Link: http://intranet.froedtert.com/?id=24359&sid=5

- **COVID19 Resources and Guidance**
- Information regarding COVID19 has been changing rapidly, so employees are encouraged to visit the intranet pages below for the most up-to-date information. Residents are also encouraged to carefully review organizational and departmental communications regarding this topic as they are released.
- Information from Internal Occupational Health regarding COVID19 exposure or symptoms is available here: http://intranet.froedtert.com/IOH
- General information about COVID19 at Froedtert can be found here: http://intranet.froedtert.com/?id=27904&sid=1
- Clinical resources about COVID can be found here: https://intranet.froedtert.com/?id=27870&sid=1
- Froedtert residents will adhere to any Froedtert Health mandated business travel restrictions due to COVID19.
- Froedtert residents are strongly encouraged to discuss any personal travel plans with their manager and/or residency program director in advance of departure.
- All staff must wear a medical grade simple mask while working on the Froedtert campuses.
- There may be times throughout the year or specific rotations where residents are asked to work from home (WFH). Generally, residents may do project days and participate in academic afternoon activities from home.

- **Staff must self-assess daily for symptoms of illness**
  - All staff must daily self-assess for symptoms of illness, including COVID, prior to the start of any work shift.
  - Reporting for work indicates that you have self-assessed and are symptom-free.
  - Froedtert & MCW staff and physicians/APPs are now required to use the Screen2Work process _only_ if they are experiencing COVID-19 symptoms or have had an exposure.
  - Refer to the Work Restrictions for Staff Exposed to or Infected With Infectious Disease Policy for more information about illnesses, restrictions and quarantines.
  - Screen2Work **is not** required for those who self-assess as symptom-free without an exposure.
  - You must use Screen2Work to be cleared to work on-site at any Froedtert Health facility, and follow the instructions, if answering yes to any symptom:
    - fever greater than 100 degrees in the last 48 hours
    - chills with or without shaking
    - new or unexplained shortness of breath or difficulty breathing
    - new cough in the last five days
    - muscle or body aches not due to exercise
    - new loss of taste or smell
    - nausea, vomiting or diarrhea of unknown origin
    - new sore throat
    - new headache
    - fatigue
    - new congestion or runny nose
    - personal positive test for COVID-19 in the last five days
    - exposed to someone who tested positive for COVID-19
  - Any staff reporting to work with symptoms must be removed from their duties and asked to return home. Staff must report absences resulting from screening to their leader.
  - To Obtain Screen2Work:
    - Download the Froedtert & MCW mobile app from the Apple App Store or Google Play. Note: This is different from the MyChart app.
    - Create an account with the app using a personal e-mail and password. Employees who use this app for on-demand virtual visits use the same e-mail address they use for their MyChart account.
    - Employees should text the word "SCREEN" to 262-439-0969 to activate Screen2Work. Use your work e-mail address when activating the tool. Make sure you have access to your work email when activating Screen2Work.
    - You must install operating system version 9 or higher on your IPhone or Android smartphone.
  - Complete your daily self-assessment screening within two hours before entering a Froedtert or MCW work or learning location. The two-hour window is in line with standard patient care staffing call-in processes.
  - Froedtert Health and MCW employees can follow the Screen2Work Online Option, if needed
  - Staff needing to complete the Screen2Work process are encouraged to complete prior to coming into work.

Figure 11. Screen2Work program within the Froedtert & MCW mobile app.
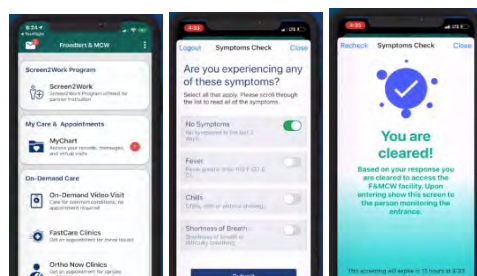
Medical College of Wisconsin Teaching Certificate Program

TEACHING CERTIFICATE PROGRAM

Learn. Innovate. Engage. Advocate.

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.

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Pharmacy Research Certificate Overview

Residents have the option to complete a formal Pharmacy Research Certificate over the course of their residency training. The certificate is optional for most residents. However, individual residency programs have the opportunity to require additional components as part of certificate completion; they may also require the certificate as part of residency completion requirements. Discuss with your Residency Program Director what his or her expectations are for the Pharmacy Research Certificate.

The purpose of the Pharmacy Research Certificate program is to enhance the research development curriculum at Froedtert & the Medical College of Wisconsin (MCW) and provide rigorous training for those interested in pursuing a career with continued scholarly pursuits.

Goals and Objectives:

1. Increase pharmacist understanding of and ability to interpret biostatistics in medical literature.
2. Increase comfort and awareness of the various research processes and resources available at Froedtert & MCW.
   a. Improve understanding of how to develop a research question.
   b. Improve understanding of departmental research processes.
   c. Decrease barriers to research.
   d. Familiarize staff and increase the number of research mentors.
   e. Increase engagement of staff in research.
3. Improve quality of research project submissions.
4. Improve quality of research posters and presentations.
5. Increase resident and staff publication rates and attitudes towards publishing.

Program Leadership:

Joel T. Feih, PharmD, BCCCP
Clinical Pharmacist, Froedtert Hospital
PGY2 Critical Care Pharmacy Residency Program Director
Froedtert & the Medical College of Wisconsin
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joel.feih@froedtert.com
***primary contact**

Kristin Busse, PharmD, BCPS
Assistant Professor of Regulatory Sciences
Medical College of Wisconsin, School of Pharmacy
Regulated Research Oversight Program Director
Medical College of Wisconsin, Office of Research
Medical College of Wisconsin
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Pain Stewardship Coordinator
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william.peppard@froedtert.com

Components for Completion of the Certificate:

- Attendance at 100% of live Research Development Series sessions, including selected Academic Afternoon sessions (*described below*)
- Active participation in Research Development Series sessions, whether joining live or virtual
- Preparation of a manuscript suitable for publication in a peer-reviewed journal
- Poster or oral presentation at a national-, regional-, or state-level meeting
- Program evaluation and feedback

Residency Program Director approval is required prior to granting the certificate. The certificate is optional for most residents. However, individual residency programs have the opportunity to require additional components as part of certificate completion; they may also require the certificate as part of residency completion requirements. Discuss with your Residency Program Director what his or her expectations are for the Pharmacy Research Certificate.

Research Development Series (RDS):

Most sessions of the RDS are 1 hour long and will occur during a typical Academic Afternoon schedule; to achieve 100% attendance, participants will have to make up any missed sessions. It is strongly recommended that residents avoid missing live sessions; if unavoidable, a make-up plan must be developed by discussing with program leadership prior to the anticipated absence (eg, staffing, PTO). Unexpected or emergent absences will be accommodated on a case-by-case basis. Sessions will be recorded and provided via Webex Teams; additional activities or assignments may be required as part of a make-up plan.

Each session has associated objectives and recommended project activities. The participant is expected to complete the recommended project activities prior to the corresponding discussion session and then use the information from each session to modify and optimize that component of their residency project.

Timing	Topic
July through September (approximately once weekly)	Introduction to Projects at Froedtert & the Medical College of Wisconsin
	Developing a Research Question and Specific Aims
	Institutional Review Board (IRB) and Institutional Research Processes
	Obtaining Reports and Data for Quality Improvement and Research Projects
	Research Best Practices from a Librarian's Perspective
	Evidence-Based Medicine
	Basic Study Designs
	Advanced Study Designs
	Types of Data, Descriptive Statistics
	Inferential Statistics
October	Database Management and Design
November	Miscellaneous Statistics
January	Preparing a Research Abstract: Focus on Presenting Results
March	Manuscript Writing

Residents are encouraged to reach out to program leadership for the certificate with questions or for further discussion. An overview presentation will be provided during New Resident Orientation. If planning to participate, a commitment to the program will be required by early July.

PGY1 Community-Based Pharmacy Residency Information

- **Purpose**
- PGY1 Community-Based Pharmacy Residency Program Purpose: To build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

- **Description**
- Provides flexible, comprehensive training in a variety of community pharmacy settings to provide a myriad of patient care services while developing confidence and competence in utilizing clinical knowledge, resources, and technology within the Froedtert & Medical College of Wisconsin health system.
- Residents will gain foundational skills required of community-based practitioners throughout residency experiences in regards to patient-centered dispensing, medication therapy management (MTM), disease state education and management, immunizations, health and wellness, pharmacy management, leadership, and teaching.

- **Required Learning Experiences**

Name	Description/Overview	Duration	Resident Time
Onboarding – Training & Orientation (Required; Rotational)	Beginning of the residency year. Designed to familiarize the resident to the practice site, policies, procedures, and workflows, and residency requirements. The resident will follow overall pharmacy department and organizational onboarding requirements of all employees but also receive focused training in the home-based site along with other outpatient pharmacy settings as an introduction for the coming residency year. An onboarding checklist *(Deliverable)* required of all pharmacists will be reviewed at the midpoint and end of this experience with the resident to identify areas of strength and areas for focus and opportunity. During this time, the resident will also follow all Froedtert Pharmacy residency program orientation requirements and timelines. Will cover: The residency's purpose and practice environment The appropriate accreditation standards, competencies, goals and objectives Design of the residency program including all program requirements, expectations, and deliverables for successful residency program completion Description of required and elective learning experiences Evaluation strategy and process Residency manual contents Residency policies: requirements for completion, moonlighting, duty hours, dismissal Education to the resident during orientation on burnout syndrome, the risks and mitigation strategies.	6 weeks -1 week over block will be spent in required organization and residency orientation activities -Time may vary if elective certificates (teaching/research) are selected -4 weeks at home-base pharmacy -1 week over block orienting and training at assigned staffing sites (in addition to home-base staffing requirement)	Included in calculations with relevant experiences (home-base, alternative staffing location)

	Resources available on the ASHP website can be found here: https://www.ashp.org/wellbeing		
Patient Service Commitment – Staffing Component (Required; Longitudinal) *Patient Care*	Staff at the primary site and other Froedtert Retail Pharmacies on weekends and holidays. Activities within this practice area include safely and efficiently completing drug utilization review, product dispensing, prescription verification, consultation, inventory management, self-care consultation, and collaboration with other health care team members on medication therapy; assist patients with medication management and adherence, address patient concerns (including financial burden), and precept pharmacy students. Apply evidence and guideline based patient care in community pharmacy setting while adhering to all pharmacy department policy and procedures. Develop and build upon other important skills including workflow prioritization, leadership, and utilization of layered learning principals.	12 months ~10 hours per week at home base site, Fridays, 0800-1830 ~2 weekend shifts per month at Froedtert Community Pharmacies (2 days (4 hour shifts) per month)) 1 major & 1 minor holiday per resident year (One 8-hour shift, One Home Base 10-hour shift)	24% = Home Base 2% = Other retail pharmacy location
Community Patient-Centered Pharmacy Services - Clinical Component (Required; Longitudinal) *Patient Care*	*(Deliverable)* Presentation w/handout – Audience: Patients, Caregivers, and/or Members of the community *(Deliverable)* At least 3 different immunizations administered while following the immunization policy *(Deliverable)* At least 3 health and wellness services provided *(Deliverable)* At least 3 different chronic disease states for CMRs and TMRs *(Deliverable)* Involvement in care transitions including medication reconciliation, CMRs, and transition plans in partnership with the Primary Care Home-Base Clinic Learning Experience Precept IPPE/APPE students	12 months ~1 day every other week at home base site Every other Wednesday, 8 hours, 0800-1630	11%
Community Pharmacy Topic Discussions & Journal Clubs (Required; Longitudinal)	Staying current on disease states, medications, and regulatory requirements is a continuous process for pharmacists. Pharmacists must embrace life-long learning as the field of pharmacy and industry evolves. Networking with colleagues in community pharmacy to learn from one another is necessary for information sharing. Collaboration with MCW Community Residents to facilitate and participate in topics involving clinical, regulatory, and/or administrative/practice-based topics, including a quarterly journal club. Each resident is responsible for delivering two topic discussion sessions and one journal club session. *(Deliverable)* Presentation w/handout – Audience: Pharmacists *(Deliverable)* Self-evaluation, peer evaluation, audience assessment(s)	12 months Sessions scheduled third Tuesday of each month for 1.5 hours	1%
Retail Pharmacy Policy Committee	As a participant on the committee, the resident will serve as an advisor to leadership and liaison to staff regarding retail pharmacy practice as it	12 months	

(Required; Longitudinal)	pertains to policies and procedures by the following actions: -Recommends policies and procedures that maintain and improve the Froedtert Health Pharmacy Solutions mission. -Reviews existing and new policies and procedures. -Assists with translating regulations, legislation, standards, and other guidance set forth by governing bodies -Develops and deliveries education to staff members on revised and new policies at monthly retail staff meeting -Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists *(Deliverable)*	Monthly policy meetings ~1 hour in length Monthly retail staff meetings ~1.5 hours in length	3%
Specialty Pharmacy Quality Committee (Required; Longitudinal)	-Supports compliance with URAC & ACHC Accreditation Standards and Requirements -Guides Quality Improvement Program for specialty medications and specialty program -Quality Improvement Project: Identify the change to implement, develop a feasible design, implement the change, evaluate the outcomes, and complete a final written report *(Deliverable)*	12 months ~2.5 hours per month (meetings and follow-up items; CQI project work)	3%
Community-Based Medication Safety (Required; Longitudinal)	-Provides the resident with safety perspectives in retail and home delivery & specialty pharmacy along with a thorough understanding of the medication use process. -The resident will actively participate in the review, investigation, monitoring and trending of medication safety event reports for the outpatient pharmacies and present findings and opportunities for prevention and improvement to preceptors. - Final Business Plan *(Deliverable)* includes detailed financial plan and marketing plan; established timeline; implementation design, training, and scope; data collection; data analysis; outcomes and impact evaluation of the new or enhanced service; conclusions and next steps.	12 months ~4 hours each month reviewing and investigating safety event reports/~4 hours each month in relevant preceptor or committee meetings	3%
Practice-Related Project (Required; Longitudinal)	-Resident identifies and designs the practice-related project with sound methodology using evidence-based principles and a systematic approach written in the appropriate format (*Deliverable* – Practice-Related Project Protocol) -The resident presents the protocol and receives approval (if conditional approval, modifications and full approval required) to move forward with the practice-related project protocol from the Pharmacy Research Committee along with the IRB (approval or exempt), prior to beginning any data collection (*Deliverable* – documented approval from	12 months ~4 hours per month Varies based on project timeline Increased effort periods may be required during timeframes when materials are being prepared and	2%

	Pharmacy Research Committee; *Deliverable* – documented IRB approval or IRB exemption status) -Collaborate with the project advisor and project team to : Create Timeline, Implement Project, Collect Data, Accurately Assess Impact (include assessment of sustainability, as applicable) -Develop and present poster to an external audience *(Deliverable)* –December – Vizient/ASHP -Develop and present oral presentation to an external audience *(Deliverable)* – April - GLPRC -Develop a written final practice-related project manuscript following author guidelines and format requirements of an appropriate peer-reviewed journal, regardless of intention to publish *(Deliverable)* Residents should consider their own development goals when selecting a project, including desire to publish and whether research certificate program opportunity will be pursued. This will assist in selecting a project that has the appropriate scope and design. All projects follow the process of: Developing a project protocol, obtaining necessary approvals (Research Committee, IRB, P&T, etc), execute the project design once approved, analyze data and present findings at Vizient, Midyear, and Great Lakes Pharmacy Resident Conference, and completion of a manuscript (regardless of intent to publish).	presented throughout the year. -Professional days away from rotation will be provided for attendance at Vizient, ASHP Midyear, and Great Lakes Pharmacy Resident Conference	
Discharge Pharmacy/Transitions of Care (Required; Rotational) *Patient Care*	Experience with discharge patients, pharmacists and technicians, along with transition of care technicians, inpatient pharmacists, and other interdisciplinary care team members. Activities within this practice area include researching insurance coverage and formulary preference, completing therapeutic interchanges per policy and optimizing patient copays while reducing financial burden, communicating with inpatient pharmacists and technicians and reviewing medication profiles. The resident will be challenged to ensure patients have the appropriate knowledge, skills and tools required for a successful health care management once discharged and minimize risk of readmission due to medication-related reasons. Serve as primary liaison between inpatient care team and outpatient pharmacy team within the discharge pharmacy location.	4 weeks ~20 hours per week Shift: 0800-1630	4%
Home Delivery Pharmacy (Required; Rotational) *Patient Care*	The resident will have the opportunity to be directly involved in the day-to-day activities of a pharmacist primarily focused on the operational/dispensing portion of the process with the Home Delivery Pharmacy Team.	6 weeks 24 hours per week Shift: 0730-1600	6%

	The most common disease states that the resident will engage with include: primary care, internal medicine, solid organ transplant, oncology, infectious disease, pulmonary, rheumatology, GI, dermatology, and neurology.		
Medication Access Services (Required; Rotational) *Patient Care*	Resident will gain a thorough understanding of the services provided to patients to ensure timely and affordable access to their medication therapy, including the Medication Access Prior Authorization and Refill teams.	5 weeks 20 hours per week Shift: 0800-1630	4%
Home Infusion Pharmacy (Required; Rotational) *Patient Care*	Froedtert Pharmacy Home Infusion team, a group of pharmacists, pharmacy technicians, nurse liaisons, and infusion nurses. Activities within this practice area include management of patients receiving IV or injectable medications. Disease states that are frequently encountered include: infectious disease, cardiology, gastroenterology, hematology/oncology, and neurology. The resident will be asked to apply clinical knowledge to a unique and broad population of patients, understand sterile compounding, practice strong time management skills, and communication with multiple members of an interdisciplinary team. Presentation w/handout: Audience – other health care professional (nurses) *(Deliverable)*	5 weeks 30 hours per week Shift: 0830-1700	4%
Community Pharmacy Leadership & Administration (Required; Rotational)	Resident gains understanding of the roles and responsibilities of pharmacy leaders in the outpatient setting. The resident will actively participate in the decision-making processes that support managing and leading clinical pharmacy services and operational workflows within the community practice setting while maintaining compliance with accrediting bodies, regulatory agencies, and high-quality, safe, effective, and efficient patient care. Identify and pursue opportunity at local, state, or national level. *(Deliverable)*	5 weeks 20 hours per week Shift: 0700-1530, 0800-1630, 0830-1700; varies on meeting schedule	4%
Specialty Pharmacy (Required; Rotational) *Patient Care*	Responsible for completing monthly reviews of patient medical records, reviewing prescription fill dates, counseling patients and confirming refills of their specialty medications. The resident will have the opportunity to be directly involved in the day-to-day activities of a Froedtert Specialty Pharmacist. Resident will also attend Specialty accreditation meetings (URAC, ACHC, and Specialty Pharmacy Quality Committee). Community Based Resident will participate in department project initiatives.	6 weeks 24 hours per week Shift: 0730-1600	6%
Primary Care Home-Based Clinic (Required; Longitudinal) *Patient Care*	Clinical pharmacy services in primary care setting Manage at least THREE chronic disease states Follow The Pharmacists' Patient Care Process, including Collect, Assess, Plan, Implement, Follow-up *(Deliverable)*	11 months ~1 day every other week at home base site Every other Wednesday, 8 hours,	11%

	Manage Care Transitions, including identify, medication reconciliation, CMR, transition plan *(Deliverable)* Follow-up will include patient care outcomes assessment in overall acceptance rate and success rate *(Deliverable)*	0800-1630 (2 week orientation block)	
Elective Rotations Learning Experiences (Two 4-week blocks; 4% each)			
Community Pharmacy Technology (Elective; Rotational)	Residents will gain an understanding of existing technology within the outpatient pharmacies. Resident will become involved in requirements to maintain, upgrade, troubleshoot, and evaluate technologies. The resident will gain exposure to day-to-day technology utilization and how issues are evaluated, prioritized and resolved. Technology life cycles will be reviewed and the resident will be provided insight and involvement with vendor relationships, interface capabilities, corporate IT structure, IT Security requirements, and how to navigate assessment and review of emerging technology solutions in the market, including current state and existing organizational, interface, or capability limitations compared to prospective state. Must-haves versus nice-to-haves, regulatory and compliance requirements, and gaps that existing solution could provide with enhancement or upgrade versus what new option might provide will be part of evaluation and comprehension.	4 weeks 20 hours per week Shift: 0800-1630	(4%)
The Business of Health-System Pharmacy in Outpatient Settings (Elective; Rotational)	Through the experience, the resident will be able to recognize outside forces that affect revenue cycle and financial health of community based pharmacy. Residents will gain an understanding of the budget processes and engage with the appropriate leaders to gain insight and potential solutions to address budget questions and concerns.	4 weeks 20 hours per week Shift: 0800-1630	(4%)
Executive Leadership (Elective; Rotational)	With Executive Director of FHPS; senior leadership experience with high-level oversight and responsibility of FHPS business lines; interactions with C-suite executives and directors; insight into strategic planning, fiscal responsibility, navigating and advocating for FHPS with competing organizational priorities and limited corporate resources Provides experiences related to executive leadership and strategic planning, organizational alignment, relationship development & maintenance, and FHPS Board responsibilities.	4 weeks 20 hours per week Shift: 8 hours per rotation day; variable start/stop pending schedule; 0700-1700	(4%)
Specialty Home Infusion (Elective; Rotational)	Focused patient care experience on the specialty medications managed by Home Infusion Pharmacy. Accreditation requirements, distribution channels, prior authorization and benefits	4 weeks 20 hours per week	(4%)

	investigation, patient advocacy, policies & procedures	Shift: 0700-1530	

Remaining 6% of resident time for fulfillment of teaching requirements, residency academic afternoon sessions, and other administrative and residency activity requirements. _46%_ of the resident's time is spent in patient care activities at the _home-base site_. **70%** of the resident's time is spent in experiences & activities providing **patient care**.

Longitudinal, Elective Learning Experiences the resident may select include the teaching certificate and research certificate, as described above. These are longitudinal 12 month elective rotations.

Residents may also elect to apply for becoming a primary preceptor with MCW School of Pharmacy for an opportunity to precept IPPE students. This is an additional longitudinal experience that is 8 weeks long.

Rotational, Elective Learning Experiences available for selection include: Executive Leadership, Specialty Home Infusion, The Business of Health-System Pharmacy in Outpatient Settings, and Community Pharmacy Technology.

> Other rotational electives may be developed or residents may select a second block with a required rotation that is modified to provide additional or advanced experiences based upon resident interest, goals, and career plans.

Residents have two 4-week blocks reserved for rotational elective learning experience selections.

- **Community-Based Patient Service Commitment – Staffing Component Additional Details:**
- Weekends may be traded between residents or with retail pharmacist staff members with approval from the Residency Program Director and communication with Outpatient Pharmacy Scheduler
  - o Holiday staffing
    - Each resident will staff one major and one minor holiday
      - Major holidays: Thanksgiving, Christmas Day, New Year's Eve
      - Minor holidays: Labor Day, Memorial Day
    - Holiday staffing generally includes the actual holiday in addition to one additional day or weekend surrounding the holiday
  - o Staffing pulls
    - Each resident may be "pulled" from a rotation to a staffing shift for up to 32 hours 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"

- **Patient Service Commitment – Staffing Preceptor:**
  - The staffing preceptor is home-base site coordinator. Their primary purpose is to provide residents guidance, feedback, and support throughout the year with an emphasis on training, development, and advancement
  - Resident and preceptor are expected to meet weekly during the 6-week training and orientation rotation block, then monthly or more frequently thereafter, if needed.
  - Staffing preceptor will obtain feedback from the resident's assigned staffing location(s) to provide more comprehensive and meaningful conversations with the resident.
    - o Pharmacists staffing with residents or following the solo shift of the resident will be asked to provide feedback to the staffing preceptor to provide further evaluation and guidance to the resident.

- **Precepting Experience Opportunities**
- PGY1 Pharmacy (Community Focus) Residents may participate in precepting of IPPE and APPE students in a variety of roles, from informal to formal preceptorship
- PGY1 Pharmacy (Community Focus) Residents may have the ability to participate in orientation activities and learning experiences for IPPE and APPE students beginning community rotations at Froedtert
- PGY1 Pharmacy (Community Focus) Residents will have the opportunity to interact with and provide guidance to outpatient pharmacy interns during rotation and staffing experiences

- **Recruitment Events – options are announced annually as scheduled**
    - Residents play an important role in the recruitment process and promote the residency program at designated platforms and informally during interactions with prospective candidates. Residents provide information about the program and have the unique perspective of being a current resident in the program to provide valuable insight and answers for those in search of a residency.
        - Pharmacy Society of Wisconsin (PSW) Annual Meeting
        - Medical College of Wisconsin
        - Concordia University of Wisconsin
        - University of Wisconsin – Madison
        - Illinois Council of Health-System Pharmacists (ICHP) Annual Meeting
        - University of Minnesota
        - University of Iowa
        - University of Michigan

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

Conferences
- **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 Vizient meeting) *(Deliverable)*
    - Resident recruitment at ASHP Residency Showcase
    - Others as needed (for example, participation with PPS interviews)

- **Great Lakes Pharmacy Resident Conference**
    - Occurs in April
    - Hosted on Purdue's Campus
    - Activities:
        - Practice-related project oral presentation that meets ACPE requirements *(Deliverable)*
        - Attendance and active participation during other resident presentations

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.

- o Mentors are chosen by the residents in close consultation with Residency Program Director

- **Leader Rounding**
- Residents round with the Residency Program Director <u>monthly.</u>
- Residents round with the Residency Program Coordinator <u>at least quarterly.</u>

- **Evaluation & Documentation**
- Contact primary preceptors for each rotation approximately 2 weeks prior to the start of each rotation with an introductory e-mail (see <u>pre-rotation communication expectations</u>)
- 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
- 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.
  - **Summative Evaluation**
  - o At the end of each learning experience, preceptors for the learning experience complete and document a criteria-based, summative evaluation of the resident's progress toward achievement of educational goals and objectives assigned to the learning experience.
    - For longitudinal learning experiences greater than twelve weeks but less than six months in length, documented summative evaluation is completed at least twice, at the midpoint and end of the experience. For those greater than six months, summative evaluations are conducted quarterly (every three months) and at the conclusion of the learning experience.
    - The preceptor and resident discuss the summative evaluation and the extent of the resident's progress toward achievement of assigned educational goals and objectives with reference to specific criteria.
    - Completed summative evaluations are signed by Learning Experience's preceptor, cosigned by the resident, and reviewed then co-signed by the RPD.
- **Expectations for Summative Evaluation**
    - <u>Preceptors</u> are expected to provide meaningful and constructive feedback to the resident regarding performance within the Learning Experience as it pertains to teaching and evaluation of specific educational objectives.
    - The feedback provided is:
      - Specific and actionable
      - Recognizes the resident's skill development and progression towards achievement of goals and objectives (as defined within the Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic) taught and evaluated within the Learning Experience
      - Provide recommendations that focus on how residents may improve their performance
    - Prior to the beginning of each residency year, the RPD will provide Preceptor Development Resources specific to Summative Evaluation
    - The RPD will send Summative Evaluations that do not meet expectations back to the preceptor for editing prior to the RPD co-signing
    - Preceptors that continue to have difficulty meeting the expectations of Summative Evaluations will be required to add this item to their Preceptor Development Plan and identify and take specific action steps for rectifying.
- **Resident Expectations for Summative Self-Evaluation**
  - These expectations are defined within the <u>PGY1 Community-Based Pharmacy Residency Summative Self-Evaluation Strategy</u>
  - Rotational-Based Learning Experiences:
    - o PGY1 Community-Based Pharmacy Resident completes and document a criteria-based summative self-evaluation at the end of each learning experience.

- Longitudinal-Based Learning Experiences:
  - PGY1 Community-Based Pharmacy Resident completes and document a criteria-based summative self-evaluation at the end of each quarter of the learning experience.
- The resident will self-evaluate against all goals and objectives that the preceptor has assigned for each learning experience.
  - Exception: Educational Objectives marked as "ACHR" for the residency program are not required to be evaluated
- The resident will complete the summative self-evaluation independently of the preceptor's summative evaluation
- As an end of the rotation/quarter activity, the resident will coordinate with the preceptor, to review and compare the resident's summative self-evaluation against the preceptor's self-evaluation.
  - When there are differences between the summative evaluations as it pertains to specific educational objectives, a discussion between the resident and the preceptor should occur to determine the reasoning behind the variation in evaluation scoring
- The resident's summative self-evaluations will be incorporated within the resident's quarterly development plan.
- Completed summative evaluations are signed by the resident, co-signed by the Learning Experience's preceptor, and reviewed then co-signed by the RPD
- The resident is expected provide thoughtful responses when completing summative self-evaluations that provide reflections that are specific to educational objectives and the resident's self-identified areas of strength and opportunity.
- The RPD will send Summative Self-Evaluations that do not meet expectations back to the resident for editing prior to the RPD co-signing

Community-Based Residency Requirements for Successful Program Completion:

Community-Based Pharmacy Residents are required to complete the following requirements in order to successfully completed the residency program and receive a residency certificate. These activities have been developed in alignment with the requirements defined by the American Society of Health-System Pharmacists (ASHP) as it relates to Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Community-Based Pharmacy Residencies.

- **Fulfillment of requirements defined in the Froedtert Residency Program Completion Policy**
  - **Patient Care Competency Area (Educational Objectives in R1): 100% of objectives in this competency area must be Achieved for Residency (ACHR) by the end of the residency program**
  - **At least 70% of the other required educational objectives in Competency Areas R2, R3, and R4 must be Achieved for Residency (ACHR) and Satisfactory Progress (SP) must be made on all remaining required objectives by the end of the residency program**
    - R2.1 = 4 Educational Objectives (R2.1.1, R2.1.2, R2.1.3, R2.1.4)
    - R2.2 = 5 Educational Objectives (R2.2.1, R2.2.2, R2.2.3, R2.2.4, R2.2.5)
    - R3.1 = 3 Educational Objectives (R3.1.1, R3.1.2, R3.1.3)
    - R3.2 = 3 Educational Objectives (R3.2.1, R3.2.2, R3.2.3)
    - R3.3 = 4 Educational Objectives (R3.3.1, R3.3.2, R3.3.3, R3.3.4)
    - R4.1 = 3 Educational Objectives (R4.1.1, R4.1.2, R4.1.3)
    - R4.2 = 2 Educational Objectives (R4.2.1, R4.2.2)
    - **24** Educational Objectives R2, R3, R4

- 17/24 must be ACHR
- Maximum of **7** remaining educational objectives at minimum of SP

- Resident is familiar with policies documented and reviewed within the residency manual and adheres to defined guidance with the policies (the established policies are consistent with human resources policies and procedures
    - **Dismissal Policy**
    - **Resident Licensure**
    - **Duty Hours**
        - **Moonlighting**
        - **Tracking duty hours and moonlighting**
    - **Professional, family, sick, bereavement, and extended leave**
    - **Resident Program Completion**
    - **Resident improvement planning and corrective action**

- **Resident will successfully complete all required and elective learning experiences assigned to the resident schedule within PharmAcademic**

  - **Required Duties & Responsibilities**
    - Resident displays professionalism during all residency activities and while representing Froedtert and the Froedtert Community-Based Residency Program
    - Resident will present to rotation experiences, meetings, shifts, appointments, or other scheduled activity at the expected time
    - Resident attends the monthly retail pharmacy staff meeting
    - Resident read communications posted on workplace and emails sent by the organization and department, including the Top 3, Froedtert Health News, and the Retail Pharmacy Weekly Update to stay informed on updates, changes, requirements, or deadlines that must be observed
    - Resident will participate in initial, quarterly, and final development plans

Objective R2.2.2: (Valuing and Applying) Apply a process of on-going self-evaluation and personal performance improvement.
  - The initial development plan is based on the results of the resident's initial self-evaluation:
    - Incoming strengths
    - Incoming areas for improvements
    - Resident provides a written statement (initial self-reflection) at the beginning of the residency year prior to the creation of the initial resident development plan *(Deliverable)*
        - In PharmAcademic
    - Resident provides a written statement (final self-reflection) during the last month of the residency year *(Deliverable)*
        - In PharmAcademic
    - Adjustments to the resident's learning experiences, learning activities, evaluations, and other changes are documented in the initial development plan.

  - **Quarterly Development Plans**

    - On a quarterly basis, the RPD assesses the resident's progress and adjusts learning experiences, learning activities, and other items, as applicable, that are documented in the quarterly development plans

- Resident attends quarterly touch base meetings with the PGY1 Community-Based Residency Advisory Committee and is an active participant in discussing their own development plan, progress towards completion, and providing constructive feedback for the program, preceptors, and learning experiences; residents are supportive in giving insight to assist the RPD in making adjustments to improve the program and develop preceptors

- **PGY1 Community-Based Pharmacy Residency Program Graduation Checklist**
  - Progress & Completion Tracker
  - Updated quarterly as part of development plan

- **PGY1 Community-Based Pharmacy Residency Program Patient Activity Tracker**
  - Resident maintains and completes when relevant activities are completed during Learning Experiences
  - Resident provides to RPD to be included as part of development plan
  - Information documented in the Patient Activity Tracker is de-identified and does not contain any PHI

The resident submits completed work, assignments, and work products *(Deliverables)*
- **Practice-Related Project Protocol Proposal and Manuscript**
  - Resident identifies and designs the practice-related project following sound methodology and evidence-based principles along with a systematic approach written in the appropriate format *(Practice-Related Project Protocol Proposal – Deliverable)*
  - Collaborate with the project advisor and project team to : Create Project Timeline; Implement Project; Collect Data; Accurately Assess Project Impact (include assessment of sustainability, as applicable)
  - *Practice-Related Project Protocol - Deliverable*
    - The resident presents the Practice-Related Project Protocol Proposal to the Pharmacy Research Committee and secures approval (if conditional approval, incorporate required modifications and obtain full approval) (*documented full approval from Pharmacy Research Committee – Deliverable),* along with the IRB (approval or exempt) (*documented IRB approval or IRB exemption status as quality improvement project – Deliverable),* prior to implementing the practice-related project and before beginning any planned data collection.
    - Objective R3.3.1: (Creating) Identify and design a practice-related project significant to community-based practice.
      - Creates a comprehensive implementation plan for the project that includes appropriate reviews and approvals required by department, organization, and/or external entities
  - Objective R3.3.2: (Applying) Implement a practice-related project significant to community-based practice.
  - Objective R3.3.3: (Evaluating) Accurately assess the impact of the practice-related project including sustainability, if applicable.
  - Objective R3.3.4: (Responding and Creating) Effectively develop and present, orally and in writing, a final project report.

- Develop and present poster to an external audience
  - Vizient and ASHP Midyear – December
  - *Project Abstract & Poster (Deliverable)*
    - Develops a project poster in an appropriate format that is clear, concise, and easy to follow without typographical or design errors
    - Presents professionally a poster to an external audience
- Develop and present oral presentation to an external audience
  - Great Lakes Pharmacy Resident Conference – April
    - Develops an oral report for the project that is well organized and easy to follow
      - *Great Lakes Pharmacy Resident Conference Abstract (Deliverable)*
    - Presents oral project report with poise and confidence to an external audience
      - *Great Lakes Pharmacy Resident Conference Presentation Content (Deliverable)*
    - Responds to questions knowledgably and accurately
    - Summarizes key points at the close of the presentation
      - *Great Lakes Pharmacy Resident Conference Audience Evaluation Report for Resident (Deliverable)*
- Develop a written final practice-related project manuscript following author guidelines and format requirements of an appropriate peer-reviewed journal, regardless of intention to publish *(Deliverable)*
  - Writes a project manuscript that uses and meets the criteria required for the selected manuscript style
- Learning Experience – Longitudinal (12 months) Residency Project

- **Quality Improvement Project Report**
  - Identify the change to implement, develop a feasible design, implement the change, evaluate the outcomes, and complete a final written report *(Deliverable)*
    - Objective R3.1.1: (Creating) Identify the need and develop a plan for a quality improvement project focused on the medication-use process and/or patient care services
    - Objective R3.1.2: (Applying) Implement a quality improvement project.
    - Objective R3.1.3: (Evaluating) Evaluate the impact of a quality improvement project.
  - Learning Experience – Longitudinal (12 months) Specialty Pharmacy Quality Committee

- **New or Enhanced Pharmacy Service Business Plan**
  - Identify need; Develop a *Formal Business Plan* (anticipated impact and outcomes (financial, safety, quality), marketing strategy, staff training and education, design, methods, data collection); Implement (secure approval, train & educate staff, deploy marketing strategy, initiate design plan); and, Evaluate (Data collection, outcomes and analyses, impact and outcomes results, future directions, sustainability)

- *Final Business Plan (deliverable)* includes detailed financial plan and marketing plan; established timeline; implementation design, training, and scope; data collection; data analysis; outcomes and impact evaluation of the new or enhanced service; conclusions and next steps.
  - Resources
    - "Writing a Business Plan for a New Pharmacy Service" by Randy McDonough. https://aphanet.pharmacist.com/sites/default/files/files/mtm_writing_business_plan_.pdf
    - "Write your business plan" from the U.S. Small Business Administration https://www.sba.gov/business-guide/plan-your-business/write-your-business-plan
  - Objective R3.2.1: (Creating) Identify the need and develop a business plan for a new or enhanced service.
  - Objective R3.2.2: (Applying) Implement the planned new or enhanced service.
  - Objective R3.2.3: (Evaluating) Evaluate the new or enhanced service to determine if it meets the stated goals and is sustainable.
    - Learning Experience – Longitudinal (12 months) Community-Based Medication Safety

- **Objective R2.1.4: (Creating) Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.** *(Deliverable)*
  - Objective R2.1.2: (Applying) Participate in organizational level management activities, functions, and/or decision-making.
    - Helps to develop appropriate policies, guidelines, protocols, or plans that address organizational needs.
  - Objective R2.1.4: (Creating) Evaluate an existing, or develop a new collaborative practice agreement, standing order, or implementation process for a state-based protocol to expand the scope of practice for community-based pharmacists.
    - Develops or evaluates accurately an existing collaborative practice agreement, standing order, or state-based protocol that reflects applicable state laws, regulations, and other requirements.
  - Learning Experience – Longitudinal (12 months) Policy Committee Assignment

- Identify and pursue opportunity at local, state, or national level. *(Deliverable)*
  - Objective R2.2.4: (Valuing and Applying) Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association
    - Learning Experience: Rotational (5 weeks) Community Pharmacy Leadership & Administration

Required Presentations

- **Audience: Patients, Caregivers, Members of the Community** *(Deliverable)*
    - Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community
    - A handout, newsletter, or informational flyer must accompany this presentation *(Deliverable)*
        - Objective R4.1.3: (Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community.
    - Learning Experience – Longitudinal (12 months) Community Patient-Centered Pharmacy Services – Clinical Component

- **Audience: Health Profession Students** *(Deliverable)*
    - Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including health profession students
    - A handout, newsletter, or informational flyer must accompany this presentation *(Deliverable)*
        - Objective R4.1.3: (Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including health profession students
    - Learning Experience – Longitudinal (12 months) MCW Teaching Experience (or, if selected, MCW Teaching Certificate Experience)

- **Audience: Pharmacists** *(Deliverable)*
    - Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including pharmacists
        - Creates an assessment plan that will accurately measure the participants' attainment of the educational objectives *(Deliverable)*
    - A handout, newsletter, or informational flyer must accompany this presentation *(Deliverable)*
        - Objective R4.1.3: (Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including pharmacists
    - Objective R2.2.2: (Valuing and Applying) Apply a process of on-going self-evaluation and personal performance improvement.
        - Resident creates or utilizes a self-assessment tool for evaluating their performance on oral presentations (*Deliverable*)
            - Resident's self-assessment shows progress throughout the course of the residency program
                - Uses effectively principles of continuing professional development (CPD) (reflect, plan, act, evaluate, record, and review)
            - Engages effectively in self-evaluation process to determine progress on specified goals and plans

- Uses self-evaluation effectively to develop professional direction, goals, and plans
  - o Resident creates or utilizes a peer-evaluation tool for obtaining feedback on their presentation from their audience *(Deliverable)*
    - Demonstrates ability to accept and incorporate constructive feedback from others.
    - R4.1.2 - Demonstrates willingness to incorporate constructive feedback received from participants
    - R4.1.3 - Seeks feedback from the targeted audience.
- Learning Experience – Longitudinal (12 months) Community Pharmacy Topic Discussions/Journal Clubs

- **Audience: Other Health Care Professionals (Nurses)** *(Deliverable)*
  - Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including other health care professionals
  - A handout, newsletter, or informational flyer must accompany this presentation *(Deliverable)*
    - o Objective R4.1.3: (Applying) Develop effective written communication skills to provide educational information to multiple levels of learners including other health care professionals
  - Learning Experience – Rotation (5 weeks) FHPS Home Infusion Pharmacy

Home-Base Core Elements
Learning Experiences
- o Community Patient-Centered Pharmacy Services – Clinical Component (Longitudinal)
- o Primary Care Home-Base Clinic (Longitudinal)
- o Community Patient-Centered Pharmacy Services – Service (Staffing) Component (Longitudinal)

Competency Areas, Goals, and Objectives
- o Competency Area R1: Patient Care:
  - o Goal R1.1: Provide safe and effective patient care services including medication management, health and wellness, immunization, and disease state management including medication management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team;
  - o Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing;
  - o Goal R1.3: Provide safe and effective medication-related patient care when patients transition between care settings.

- **Comprehensive Medication Reviews**
  - Competency Area R1: Patient Care; Goal R1.1
    - o MTM Platforms (OutcomesMTM)
    - o Adherence and Medication Synchronization
    - o Medication Reconciliation – Clinic Experience

- **Targeted Medication Reviews**
    - Competency Area R1: Patient Care; Goal R1.1
        - Targeted Interventions (OutcomesMTM)
        - Interventions with relation to Star Ratings (EQUiPP)
            - Immunizations
            - Statins in diabetic patients
    - Document *(Patient Activity Tracker)* evidence of **CMR/TMR** completion for at least THREE chronic disease states (Alzheimer disease, arthritis, chronic heart failure, diabetes, dyslipidemia, end-stage renal disease, hypertension, mental health, respiratory disease)
        - Learning Experience
            - Community Patient-Centered Pharmacy Services – Clinical Component (Longitudinal)
            - Primary Care Home-Base Clinic (Longitudinal)

- **Health & Wellness Services**
    - Document *(Patient Activity Tracker)* evidence of at least THREE health and wellness services resident participates in
        - Competency Area R1: Patient Care; Goal R1.1
            - Examples:
                - Screenings (ie - blood pressure)
                - Wellness programs (ie-tobacco cessation)
                - Health Fairs
                - Medication Take-Back Events
                - Naloxone
    - Objective R2.2.5: (Valuing and Applying) Demonstrate commitment to the community through service.
    - Learning Experience
        - Community Patient-Centered Pharmacy Services – Clinical Component (Longitudinal)

- **Immunizations**
    - Document *(Patient Activity Tracker)* evidence of at least THREE types of immunizations resident administers
        - Competency Area R1: Patient Care; Goal R1.1
    - Learning Experience
        - Community Patient-Centered Pharmacy Services – Clinical Component (Longitudinal)
        - Community Patient-Centered Pharmacy Services – Service (Staffing) Component (Longitudinal)

- **Disease State Management**
    - Document (*Patient Activity Tracker)* evidence of at least THREE chronic disease states (Alzheimer disease, arthritis, chronic heart failure, diabetes, dyslipidemia, end-stage renal disease, hypertension, mental health, respiratory disease)
    - Must incorporate **JCPP PPCP**
        - Collect, Assess, Plan, Implement, Follow-up
        - Competency Area R1: Patient Care; Goal R1.1
    - Learning Experience

- Primary Care Home-Base Clinic (Longitudinal)

- **Care Transitions**
    - Identify patients undergoing care transitions
    - Perform Medication Reconciliation and Comprehensive Medication Therapy Management
    - Develop Transition Plan in collaboration with patient
    - Document *(Patient Activity Tracker)* evidence of resident involvement in care transitions identification, conducting medication reconciliation, completing CMR, and developing transition plan
    - Educational Objective R1.1.5
    - Competency Area R1: Patient Care; Goal R1.3
    - Learning Experience
        - Community Patient-Centered Pharmacy Services – Clinical Component (Longitudinal)
        - Primary Care Home-Base Clinic (Longitudinal)

- **Patient-Centered Medication Distribution**
    Goal R1.2: Provide safe and effective patient care during the delivery of patient-centered dispensing.
    - Learning Experience
        - Community Patient-Centered Pharmacy Services – Service (Staffing) Component (Longitudinal)

- Resident spends two-thirds or more of the program in patient care activities
- Resident spends no more than one-third of the twelve-month PGY1 pharmacy residency program in a practice or environment providing care to a specific patient disease state and population (e.g., diabetes, hypertension, hyperlipidemia, asthma, anticoagulation)
- Resident gains practice and experience in longitudinal patient care delivery and the development of extended patient relationships, including pharmacist-patient relationships for patients established with both pharmacy and clinic services
- Resident appropriately documents patient care in the patient's health care record

- Resident completes PharmAcademic evaluations for learning experiences and provides constructive, meaningful feedback as it relates to experiences' and preceptors' strengths and areas of opportunity; Resident engages in self-assessment in terms of formative and summative evaluations of own performance
- Resident in the Community-Based Residency Program will monitor Duty Hours as outlined in the Resident Duty Hour Policy and provide monthly attestations through PharmAcademic

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.
    o 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.
    o 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:
    o 1200-1300 Resident Candidate Interview Lunch
    o **DONE ON ROTATION BY 1615/1630** (central PM shift @ 1700)
- Wednesday, 2/25:
    o 1130-1230 Resident Discussion
    o 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:
- StrengthsFinder Top 5 - ***
- Thorough profile review
- Precepting students

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

Sample Schedule

PGY1 Resident Project Timeline

March/April 2022	May 2022	June 2022
• Call for projects from staff • Remind any potential project advisors to complete CITI training	• Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training	• Finalized project list distributed to incoming residents
Resident action steps = none	**Resident action steps** • Go to https://www.citiprogram.org/ and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators	**Resident action steps** • Review available projects and prepare questions to ask project leads once on-site
July 2022	**August 2022**	**September 2022**
• Project leads will present available projects to residents during orientation • Residents submit project rankings (usually top 5-7) • Projects are assigned • Research team established • Scoping of project and scoping presentation preparation begins	• Work with advisor and project team to scope project and develop protocol (template available)	• 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 • Schedule initial biostats consult
Resident action steps ☐ Follow up with project leads to get any questions answered prior to submitting project rank list ☐ Submit rank list by deadline ☐ Build research team with help of project advisor ☐ Plan project and begin creating scoping presentation (template on residency SharePoint site)	**Resident action steps** ☐ Schedule and coordinate necessary team meetings ☐ Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date	**Resident action steps** ☐ Send protocol draft to Mary Frances Picone one week prior to PRC presentation date ☐ Respond to e-mail containing feedback within one week ☐ Distribute finalized protocol to team ☐ Complete e-bridge registration and submission
October 2022	**November 2022**	**December 2022**
• Begin data collection after receiving protocol approval • Draft Vizient poster abstract • Submit Vizient poster abstract	• Begin working on Vizient Poster • Submit Vizient Poster after reviewed by research team	• **Vizient Meeting** • **Midyear Meeting**
Resident action steps ☐ Send abstract to project team 2 weeks prior to deadline ☐ Submit finalized abstract by deadline	**Resident action steps** ☐ Send to poster draft to project team 2 weeks prior to proof deadline ☐ Submit for proof printing by deadline ☐ Submit for final printing by deadline	**Resident action steps** ☐ Present poster!
January 2023	**February 2023**	**March 2023**
• Midpoint check-in with PRC (via email) • Request full Biostats support if needed • Develop WPRC/Great Lakes abstract (due between mid-Jan and Feb 1st)	• Continue implementation and data collection for your project	• Develop WPRC/Great Lakes slide set and presentation
Resident action steps ☐ Send abstract to team 2 weeks prior to submission deadline ☐ Send to RPD, at least 3 business days prior to submission deadline ☐ Submit abstract by deadline	**Resident action steps** ☐ Continue working on project and providing updates to project team	**Resident action steps** ☐ Submit slide set to RPD and project team prior to deadline ☐ Complete practice presentations
April 2023	**May 2023**	**June 2023**
• Great Lakes slide set submission • WPRC/Great Lakes Conference	• Develop project manuscript • Present project at Froedtert (late May/early June)	• Manuscript submission deadline • Project wrap-up
Resident action steps	**Resident action steps** ☐ Send to project team prior to deadline	**Resident action steps** ☐ Submit manuscript to RPD by deadline

☐ Submit slide set prior to deadline if required ☐ Present at WPRC/Great Lakes Conference	☐ Send to mentor/advisor by deadline ☐ Update WPRC/GLs slide to include final data and analysis	☐ Close out study in eBridge, close out of project and tag off to project advisor

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