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Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

Froedtert & the Medical College of Wisconsin

The Froedtert & the Medical College of Wisconsin (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 six hospitals, nearly 2,000 physicians and more than 45 health centers and clinics, draws patients from throughout the Midwest and the nation. In our most recent fiscal year, outpatient visits exceeded 1.2 million, inpatient admissions to our hospitals were 52,807 and visits to our network physicians totaled 947,136.

Froedtert Hospital

Froedtert Hospital, the primary adult teaching affiliate for the Medical College of Wisconsin, is a 689-bed academic medical center that delivers advanced medical care. Froedtert Hospital is nationally recognized for exceptional physicians and nurses, research leadership, specialty expertise and state-of-the-art treatments and technology. It serves as an eastern Wisconsin referral center for advanced medical practice care in 37 specialties and is a major training facility with more than 1,000 medical, nursing and health technical students in training. In partnership with the Medical College of Wisconsin, it is also a respected research facility with more than 2,000 research studies, including clinical trials, conducted every year. Froedtert Hospital operates the region’s only adult Level I Trauma Center.

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

- **Mission:** We advance the health of the 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 2019, our collective hospitals ranked in the 88th percentile as a system placing our health network among the best in the nation. Froedtert Hospital ranked 12 of 93 in the academic medical center category and 1 in the safety domain. Froedtert Menomonee Falls Hospital ranked 2 of 82 in the complex teaching medical center category. Vizient offers many resources to member hospitals as well as leadership and networking opportunities for pharmacists and pharmacy residents.
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
  - Pharmacists will respond to all rapid responses in their assigned area
  - Timely response to emergency or disaster management process
Quality and Process Improvement

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

Medication Distribution and Control

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

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

- Ambulatory pharmacists perform duties outlined above in the Clinical Pharmacist Scope of Service
- Pharmacists will:
  - Provide medication therapy management Monday through Friday in many clinics across the organization
  - Be responsibility for the development, maintenance and execution of Collaborative Practice Agreements with physicians
  - 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

Prior Authorization/Patient Assistance Services

• Specialty Pharmacy at Froedtert and the Medical College of Wisconsin touches a variety of areas within our health system. In its simplest form, specialty pharmacy refers to the overall management of the high cost, often chronic medications used by our patients in and outside of our hospitals or clinics. The work of the Specialty Pharmacy team at Froedtert includes:
  o Acquire prior authorizations for specialty medications infused or administered at any of our Froedtert and the Medical College of Wisconsin campuses and health centers
  o Acquire prior authorizations for specialty medication prescriptions dispensed from one of our Froedtert outpatient pharmacies
  o Obtain medication and/or financial assistance for patients who are uninsured or unable to afford their specialty medication
  o Management of the drug repository at Froedtert Hospital and dispensing of prescriptions to qualified patients
  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
Pharmacy Leadership Team

- Philip Brummond
  Chief Pharmacy Officer
  Associate Dean MCW

- Kevin Perkins
  Business Manager

- Dale Biszczak
  Director, Retail & Specialty

- Garret Nowak
  Director, Clinical Pharmacy Services

- Jordan Spillane
  Director, Ambulatory Services

- Chris Schuineke
  Director, Pharmacy Informatics and Technology

- Nick Olson
  Clinical Pharmacy Manager

- Jennifer Hardman
  Anticoag Pharmacy Supervisor

- Pharmacy Analytics Team

- Pharmacy IT Team

- Kristin Tiry
  Operations Pharmacy Manager

- Jake Olson
  340B Pharmacy Manager

- Chris Vogt
  Director, Pharmacy Centralized Services

- Kate Schaafsma
  Director, Community Hospital Division

- Eric Siegfahrer
  Home Infusion Pharmacy Manager

- Kristin Henson
  Medication Safety Officer

- Kurt Sanders
  Pharmacy Manager

- Residency Program

- Tim Hinkle
  Specialty Pharmacy Manager

- Anticoagulation Stewardship Program

- Pain Stewardship Program

- ID Stewardship Program

- Hector Contreras
  Pharmacy Supervisor

- Desline Carter
  Pharmacy Manager

- Melanie Engels
  Retail Pharmacy Manager

- Val Fredericksen
  Retail Pharmacy Manager

- Center for Medication Utilization Program

- Aida Hotaling
  Pharmacy Supervisor

- Kimberly Schrank
  Retail Pharmacy Manager

- Brandon Marchan
  Pharmacy Supervisor

- Jodi Evans
  Pharmacy Supervisor

- Brandon Marchan
  Pharmacy Manager

- Casey Spitzer
  Oncology Pharmacy Manager

- Mindy Waggoner
  Oncology/IDS Pharmacy Manager

- Tara Feller
  Clinical Pharmacy Manager

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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

• Philip Brummond, PharmD, MS, FASHP
  • Residency Program Director
• Justin Konkol, PharmD, MHA, BCPS, DPLA
  • 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
- Residency Program – Scheduled, Unscheduled, and Extended Absences from Residency
- Residency Program – Residency Program Completion
- Residency Program – Resident Performance Improvement Planning and Corrective Action
- Residency Program – Duty Hours
Resident Licensure

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 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 residencies 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:
- 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, BPharm, MS
Authorization: Residency Steering Committee
Pharmacy Department Policy and Procedure Committee

FROEDTERT PHARMACY POLICY

Title: Residency Program: Residency Program Completion
Entitles Impacted: FMFH (X) FMLH (X) FMCWCP ( ) FWBH ( )
Policy Number Pending

PURPOSE: Describe requirements for residency program completion

DEFINITIONS: Updated definition of progress toward goals NI SP ACHR 06.06.18 FINAL_.pdf

POLICY: Residents must 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
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.
   i. 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.
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 (DRAFT)
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. [https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacy-specific-duty-hours.ashx](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacy-specific-duty-hours.ashx)

- 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:
  - The resident obtains permission from RPD prior to picking up their first shift.
  - The shifts do not interfere with residency program requirements.
  - The resident is meeting or exceeding residency program requirements.
  - 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 where 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 Commit
## Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

<table>
<thead>
<tr>
<th><strong>Formal Evaluation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &amp; 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.</td>
</tr>
</tbody>
</table>

### 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

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

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

**Who can mark as ACHR?**

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

*Last revised 06.06.18*
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

- Residents are expected to self-monitor their compliance with duty hours per the Duty Hours Policy.
- Duty hours tracking forms can be found at: \%\FMLH\%PHARMACY\%Residency Program\%2021-2022\%Duty Hours 2021-2022
- ASHP Duty Hours Guidance: \%\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:
  - Shfits 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.
- 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
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**Remove scheduled In and Out Times**

**Enter Pay Code "PTO" and Number of Hours**

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Holidays

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

Professional Leave/Business Days

- Professional leave will be granted to attend the ASHP Midyear Clinical Meeting, the Great Lakes 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, manager and the residency steering committee 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.
- Expenses exceeding the stipend amount will be covered by the resident.
- Unused portions of the stipend are not payable to the resident and cannot be carried over for the following year.
PGY1 Residents

• PGY1 residents are expected to attend the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
• PGY1 residents are expected to present a poster at the Vizient Pharmacy Council meeting.
• PGY1 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.
• The $1200 travel stipend is intended to offset the expenses related to ASHP Midyear / Vizient Council meeting.
• Any remaining balance may be utilized to offset expenses for other professional meetings.
• Separate funding is provided for the PGY1 residents to attend one regional residency conference.

PGY2 Residents

• Attendance at the ASHP Midyear meeting is optional for PGY2 residents (unless required by the specific PGY2 program).
  o 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.
  o 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

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<td>PGY1 FMF</td>
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Resources for Residents

Laptops and Pagers

- Residents will be issued laptop computers and personal pagers to be used throughout the year
  - **Laptops:** Laptops should be used as a workstation while on rotation (including for clinical rotations) as well as can be used at home. Laptops should be stored in a secure location.
    - Residents are required to password-protect all documents containing Health Insurance Portability and Accountability Act (HIPAA) information (see example below “Example: How to Password-Protect Patient Data”).
  - **Pagers:** Pagers should be carried by the resident while on campus. Expected response time if paged is 15 minutes or less during business hours. Residents may have assigned “on-call” times when pagers need to be carried 24/7. Residents may obtain app to manage pager on their phone.
- Any loss or damage to these items must be reported to the residency program director as soon as possible. The resident may be responsible for covering any fees related to loss or damage.
- 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)**
Figure 4 (Cont.). How to Enter myIT requests (Use Epic Credentials to Log In to MyIT)

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 device from Froedtert Campus in order to link it with the account. Click link below to access instructions:


- Link to Froedtert remote desktop: [https://remote.froedtert.com/](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
  - Instructions for logging into VPN can be found here: [I:\FMLH\PHARMACY\Residency Program\2021-2022\Orientation\VPN Access Instructions](I:\FMLH\PHARMACY\Residency Program\2021-2022\Orientation\VPN Access Instructions)

**Figure 6. VPN Access**

- If you do not have access, you will need to request it via myIT (follow instructions in Figure 4, but click on VPN Access/Application (seen in Figure 7)
The device must have a password or bioID. Once set up, IT will have the right and ability to erase company information on the device if needed.

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: MyIT VPN Access Request**

**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 8: 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.
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: http://intranet.froedtert.com/?id=27901&sid=5.
- 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 9: Meeting Set-Up Using Webex Teams

![Meeting Set-Up Using Webex Teams](image)

Email Expectations
- Residents are expected to check Froedtert email daily Monday through Friday during the work week. Responses to email are expected within 24 “business hours” of receipt.
- The specified response time is not required during PTO/vacation, however, residents should use an out-of-office alert to notify sender of absence. Residents are expected to follow-up on email as soon as possible upon return.
- It is expected that residents create an email signature using the Froedtert approved template (see 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 10: 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: https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame.aspx?source=~/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20froedtert%20pharm%20Order%20form%202017.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 Scout, open internet explorer: Homepage > Departments > Supply Chain > Business Card Request Form
  - 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
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/](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/](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 8. Registration in The Learning Center for ACLS and BLS Training
• ACLS
  o 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
  o “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
  o Completion of both portions of the course is required in order to pass

Parking
• Residents must adhere to their assigned parking locations.
  o On Saturdays, Sundays and major holidays, residents may park in patient parking structures (Parking area 1 on 92nd street and 3 on 87th street).
  o 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.

Additional General Information

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

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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.
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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*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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William J. Peppard, PharmD, BCPS, FCCM
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.

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

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.

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Inpatient Staffing Information

There are 2 primary staffing models in the department:

7/70 staff
- These pharmacists work Monday through Sunday (7 days) and work 10 hours each day. During this stretch, they work on their primary team as either straight AM shifts or PM shifts. They will then have the following 7 days off
  - What this means for residents is that you may have a different preceptor during each week of rotation. For example, during a 4-week rotation you may have the same preceptor on weeks 1 and 3 and a different preceptor on weeks 2 and 4
  - “A week” and “B week” are designated 7 day stretches at Froedtert to reflect the 7/70 model
  - Other departments, such as nursing, also follow this model
  - Staff are only paid for the hours they work (eg. 70). Some staff who work 7/70 would like to work a full 80 hours each pay period, so they will work an “8th day” during their off week. This is also a 10-hour shift, but usually not on their primary team.
  - 7/70 (and 8/80 staff) work every other weekend. Both 7/70 and 8/80 are considered full time employment.
  - ICU, oncology, transplant, cardiology, central (0630 and C1030), and ED pharmacists have 7/70 or 8/80 scheduling

8 hour rotating staff
- These pharmacists work primarily Monday through Friday, 8 hour shifts
  - Eight hour pharmacists work a mixture of AM and PM shifts. When possible, 8-hour pharmacists are scheduled for a week stretch on the same team for continuity of care. They then rotate to a different team or work PMs on their other week.
  - These pharmacists also work weekends, but less frequently (about every 4th).
  - Pharmacists in medicine, surgery, neurology, central (C8 position), and the pre-admission testing clinic work this type of schedule.

Resident Staffing Requirements

Weekday Staffing
- Residents staff in 1-2 week blocks at a time. A week consists of Monday-Friday PM shifts, usually 11:30AM to 10PM (10 hours).
- During a single week, the resident staffs on the same area. This allows the resident to become a part of the team, get to know the physicians and nurses on that unit, and most importantly, follow patient progress and the results of their interventions or recommendations.
- PGY1 residents work 9 weeks throughout the year on a medicine or surgical unit.
- PGY2 residents work 7 weeks throughout the year. An effort is made to schedule PGY2 residents in their area of specialty. PGY2s in administration, drug information, medication safety, and informatics will staff a mix of central and decentral staffing weeks.

Weekend Staffing
- Weekend staffing will occur on different weeks from weekday staffing blocks, during rotation weeks.
- These weekend staffing shifts may include working in central pharmacy, staffing a patient care team, providing med history/reconciliation help, etc. Weekend staffing shifts will also be 10 hours.
- PGY1 residents will work 12 weekends (Saturday and Sunday) throughout the year
- PGY2 residents will work 10 weekends (Saturday and Sunday) throughout the year unless additional staffing weekends are required by the PGY2 program (see PGY2 program-specific information for more details).
• PGY2 residents will be assigned weekends upon schedule publication. Residents must select weekends off around their staffing weeks if a 7-day staffing stretch is not preferred. Residents typically may make schedule requests on 2 of 4 weekends per schedule period.

Additional staffing for PGY1 residents will include:
• Four additional eight hour shifts distributed throughout the year to complete the staffing requirements.
• All PGY1 Residents will staff one 7-day week, Monday – Sunday, during the month of December. This week will occur over Christmas week or New Year’s week. PGY1 residents will be compensated by having the opposite 7-day week off from work.

Holiday Staffing
• Each resident must work two 10 hour holiday shifts
• PGY1 residents will work one of the following groups of holidays:
  o New Year’s Day and Thanksgiving Day
  o Christmas Day and Memorial Day
  o Once assigned, PGY1 residents may switch holidays with other PGY1 residents. Holiday switches with staff pharmacists require manager approval.
• PGY2 residents will also work two 10-hour holiday shifts (usually a major and minor) as assigned by clinical managers.
  o PGY2 Admin and MUSP residents will typically work July 4th between their 1st and 2nd year.
• 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 does not apply to the 7/70 weeks worked by the PGY1 residents over the winter holidays).

Inpatient PGY2 Weekend Staffing

PGY2s will submit their weekend availability for each schedule when requested by the pharmacist scheduler. Residents may indicate “no availability” for up to two weekends per schedule. If a resident does not submit availability by the schedule request deadline, it will be assumed that the resident does not have a weekend preference.

High Demand Weekends

The following weekends are considered high demand weekends due to a large number of staff members requesting off. Availability requests for PGY2 residents during these weekends are not guaranteed and approval for the weekend off will not be known until schedule publication (approx. 6-8 weeks in advance). Manager approval must be obtained for extenuating circumstances.
• Internal PGY2s will be available to work two July weekends (at beginning of residency year)
• Labor Day Weekend
• The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
• The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
• Spring Break/Easter weekends (March 26 and 27, April 2 and 3, April 9 and 10, April 17 and 18, April 23 and 24).
• Memorial Day Weekend
• Last weekend in June and 1st weekend in July (end of year for external PGY2s)
### Inpatient Staffing Model

Staffing model is subject to change. Log in to [http://www.humanity.com](http://www.humanity.com) to find the most updated version of staffing model document – “Pharmacist and Intern Staffing Model”, which is listed under ‘Shared Files’.

<table>
<thead>
<tr>
<th>AM Pharmacists</th>
<th>Overlap</th>
<th>PM Pharmacists</th>
<th>Overnight Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine (0800-1630)</td>
<td></td>
<td></td>
<td><strong>Move to Central @ 2000</strong></td>
</tr>
<tr>
<td><strong>Med1 (4NE):</strong> 4NE non-medicine patients, MT 1, 6, 7</td>
<td></td>
<td><strong>PMed1</strong> (10W): 4NE, 4NE</td>
<td></td>
</tr>
<tr>
<td><strong>Med2 (4IS):</strong> 4IS non-medicine patients, MT 2, 6, 17</td>
<td></td>
<td><strong>PMed2</strong> (10W): 8NT, 9NT</td>
<td></td>
</tr>
<tr>
<td><strong>Med3 (9NT):</strong> 9NT non-medicine patients, MT 3, 5, 14</td>
<td></td>
<td><strong>PMed3</strong> (8hr): 4SW, 55E</td>
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</tr>
<tr>
<td><strong>Med4 (8NT):</strong> 8NT non-medicine patients, MT 4, 10, 11</td>
<td>5 hour overlap (1130 start)</td>
<td><strong>PMed4</strong> (8hr): 9NT, 9NT</td>
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<tr>
<td><strong>Med5 (55E):</strong> 55E non-medicine patients, MT 5, 12, 15</td>
<td></td>
<td><strong>PMed5</strong> (8hr): 4SW, 55E</td>
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<tr>
<td><strong>Med6 (4IS):</strong> 4IS non-medicine patients, MT 6, 16, 20, transplant med</td>
<td></td>
<td><strong>PMed6</strong> (8hr): 4SW, 55E</td>
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</tr>
<tr>
<td>Surgery/Neuro (0700-1530)</td>
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<td><strong>Move to Central @ 2000</strong></td>
</tr>
<tr>
<td><strong>Surg1:</strong> 2NT (82 beds)</td>
<td>4 hour overlap (1130 start)</td>
<td><strong>Psurg1</strong> (8hr): 2NT, 55W, 5NE beds 1-7</td>
<td></td>
</tr>
<tr>
<td><strong>Surg2:</strong> 10CFAC (32 beds)</td>
<td></td>
<td><strong>Psurg2</strong> (8hr): 10CFAC, 11CFAC beds 1-16, 5NE beds 8-14</td>
<td></td>
</tr>
<tr>
<td><strong>Surg3:</strong> 55W (30 beds)</td>
<td></td>
<td><strong>Psurg3</strong> (8hr): 55W, 30 beds 1-16, 5NE beds 19-21, Add 55W, 5NE @ 2000. Stay logged into 36V Vocera and keep nurse on treatment team</td>
<td></td>
</tr>
<tr>
<td><strong>Surg6:</strong> 12CFAC (32 beds)</td>
<td></td>
<td><strong>Psurg6</strong> (8hr): 12CFAC, 11CFAC beds 17-31, 5NE beds 22-26, Add remaining 1/2 of 11CFAC, 10CFAC, and 2NT @ 2000</td>
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<tr>
<td><strong>Surg7:</strong> 55W, 5NE (15/28 beds)</td>
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<tr>
<td>Cardiology</td>
<td>6 hour overlap</td>
<td><strong>pCard1</strong> (10hr): 1145 start: CVICU, 3W (beds 16-50)</td>
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<tr>
<td><strong>Card1</strong> (10hr): CVICU (53 beds)</td>
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<tr>
<td><strong>Card2</strong> (10hr): 3W (50 beds)</td>
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<tr>
<td><strong>Card3</strong> (8hr): 3W (50 beds)</td>
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<tr>
<td><strong>Card4</strong> (4hr) - MTU</td>
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<tr>
<td>Transplant</td>
<td>5 hour overlap</td>
<td><strong>pTx1</strong> (10hr): 1230 start: 4NW, TICU</td>
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</tr>
<tr>
<td><strong>Tx1</strong> (10hr): TICU (20 beds)</td>
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<tr>
<td><strong>Tx2</strong> (10hr): 4NW (26 beds)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology (Share 54 beds)</td>
<td>6 hour overlap</td>
<td><strong>pOnc1</strong> (10hr): 1130 start: 7/8/9 CFAC</td>
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<tr>
<td><strong>Onc1</strong> (10hr): BMT: 7/8/9 CFAC</td>
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<tr>
<td><strong>Onc2</strong> (10hr): Hemato: 7/8/9 CFAC</td>
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<tr>
<td><strong>Onc3</strong> (10hr): Gold: 7/8/9 CFAC</td>
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<tr>
<td><strong>Onc4</strong> (8hr): 0800 start (hemato/BMT: 7/8/9 CFAC</td>
<td></td>
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<tr>
<td><strong>Onc5</strong> (10hr): SWing: 7/8/9 CFAC</td>
<td></td>
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</tr>
<tr>
<td>Critical Care (0700-1700)</td>
<td>5-6 hour overlap</td>
<td><strong>pICU1</strong> (10hr): 1130 start: ICU, NICU</td>
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<tr>
<td><strong>ICU1</strong> (SICU) (21 beds)</td>
<td></td>
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<tr>
<td><strong>ICU2</strong> (NICU) (20 beds)</td>
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<tr>
<td><strong>ICU3</strong> (MICU) (8N beds, 7NT)</td>
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<tr>
<td><strong>ICU4</strong> (4hr) - 7NT</td>
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<tr>
<td>Emergency Department (0700-1730)</td>
<td>4 hour overlap</td>
<td><strong>pED1</strong> (10hr): 1800 start: Emergency Department</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Pick up Infusion Clinic and OR @ 1500</strong></td>
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<tr>
<td><strong>ED1</strong> (10hr): Emergency Department</td>
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<tr>
<td><strong>ED2</strong> (10hr): 0530 start: Central, Birth Center, MT13 (Obs)</td>
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<tr>
<td><strong>ED3</strong> (10hr): 0530 start: Central, Birth Center, MT13 (Obs)</td>
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<tr>
<td><strong>ED4</strong> (8hr): 0830 start</td>
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* 4 resident shift

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## Inpatient Staffing Model (Weekends)

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<thead>
<tr>
<th>AM Pharmacists</th>
<th>Overlap</th>
<th>PM Pharmacists</th>
<th>Overnight Pharmacists</th>
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<tbody>
<tr>
<td>Medicine (0700-1530)</td>
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<td></td>
</tr>
<tr>
<td>wMed1: 4NE, SSE (beds 14-19) (86 beds)</td>
<td>4 hour</td>
<td>wpMed (10hr; 1130 start)</td>
<td></td>
</tr>
<tr>
<td>wMed2: 4SI, SSE (beds 9-13)</td>
<td></td>
<td>wMed Surg (10hr; 1130 start; start on 10CFAC + log into Voiera)</td>
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<tr>
<td>wMed3: 1NT</td>
<td></td>
<td><strong>Move to Central @1930</strong></td>
<td></td>
</tr>
<tr>
<td>wMed4: 8NT, SSE (beds 19-27)</td>
<td></td>
<td>all med/surg queues @1530; Reach out to cardiology pharmacist @1930 to see if assistance is needed</td>
<td></td>
</tr>
<tr>
<td>wMed5: 5SW, SSE (beds 1-8)</td>
<td></td>
<td>Add</td>
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<tr>
<td>Surgery/Neuro (0700-1530)</td>
<td></td>
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<tr>
<td>wSurg1: 2NT, 10CFAC beds 23-27 (37 beds)</td>
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<tr>
<td>wSurg2: 4PV, ERU, 10CFAC beds 7-17 (31 beds)</td>
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<tr>
<td>wSurg3: 5NW, 5SW beds 1-10 (40 beds)</td>
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<tr>
<td>wSurg4: 11CFAC, 10CFAC beds 18-22 (37 beds)</td>
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<tr>
<td>wSurg5: 12CFAC, 10CFAC beds 23-32 (40 beds)</td>
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<tr>
<td>Cardiology</td>
<td></td>
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<tr>
<td>Cardsx1 (10hr): CVICU, SSE beds 1-10 (150 beds)</td>
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<tr>
<td>Cards2 (10hr): SW 25 beds, 55W beds 11-15 (30 beds)</td>
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</tr>
<tr>
<td>Cards3 (8hr): SW 25 beds, 55W beds 16-20 (30 beds)</td>
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<tr>
<td>Transplant (0700-1730)</td>
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<tr>
<td>TX1 (10hr): TICU, split 10CFAC beds 1-6 with TX2</td>
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</tr>
<tr>
<td>TX2 (10hr): 4NW, split 10CFAC beds 1-6 with TX1</td>
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<tr>
<td>Oncology</td>
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<tr>
<td>Onc1 (12hr) (BMT): 7/6/9 CFAC</td>
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<tr>
<td>Onc2 (12hr) (Heme): 7/8/5 CFAC</td>
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<tr>
<td>Onc3 (12hr) (Solid): 7/6/8 CFAC</td>
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<tr>
<td>Onc4 (6hr) (Heme/BMT): 7/8/5 CFAC</td>
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<tr>
<td>Critical Care (0700-1730)</td>
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<tr>
<td>ICU1 (10hr): SICU, SSE beds 11-19 (30 beds)</td>
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</tr>
<tr>
<td>ICU2 (10hr): NICU, SSE beds 20-28 (30 beds)</td>
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<tr>
<td>ICU3 (10hr): NCU, 5NT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ICU (10hr): 10CFAC beds 11-15 (30 beds)</td>
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</tr>
<tr>
<td>ED (0700-1730)</td>
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<tr>
<td>ED: Emergency Department</td>
<td></td>
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<tr>
<td>cED (10hr; 1130 start): ED + open queue for inpt units @ 1530</td>
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<tr>
<td>Central (0630-1700)</td>
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<tr>
<td>C1: Birth Center, Off, MT13 (Obs)</td>
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# Inpatient and Oncology Team Details

## Medicine

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td>Med1</td>
<td>4NE (MT 1, 6, 7)</td>
<td>Joanne Antonopoulos</td>
<td>Matt Zimmerman</td>
</tr>
<tr>
<td>Med2</td>
<td>4SE (MT 2, 8, 17)</td>
<td>Jory Ward*</td>
<td>Ali Katula</td>
</tr>
<tr>
<td>Med3</td>
<td>9NT (MT 3, 9, 14)</td>
<td>Alison Glenke</td>
<td>Abby Twigg</td>
</tr>
<tr>
<td>Med4</td>
<td>8NT (MT 4, 10, 11)</td>
<td>Caitlyn Trapp</td>
<td>Laura Case</td>
</tr>
<tr>
<td>Med5</td>
<td>5SE (MT 5, 12, 15)</td>
<td>Adam Hood</td>
<td>Jess Luzi</td>
</tr>
<tr>
<td>Med6</td>
<td>4SW (MT 16, 20, TM)</td>
<td>Laurie Dworak</td>
<td>Matt Birschbach</td>
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## Surgery & Neurology

<table>
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<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td>Surg1</td>
<td>2NT (32 beds)</td>
<td>Leah Holschbach</td>
<td>Sara Hubbard*</td>
</tr>
<tr>
<td>Surg2</td>
<td>10CFAC (32 beds)</td>
<td>Amber Wollenziehn</td>
<td>Aaron Lentz</td>
</tr>
<tr>
<td>Surg3</td>
<td>4PV, ERU (20/8 beds)</td>
<td>Rotating</td>
<td>Rotating</td>
</tr>
<tr>
<td>Surg4</td>
<td>5NW (30 beds)</td>
<td>Sarah Crober</td>
<td>Kim Knoernschild</td>
</tr>
<tr>
<td>Surg5</td>
<td>11CFAC (32 beds)</td>
<td>Jules Felsecker</td>
<td>Ann Birkenstock/Sarah Solano</td>
</tr>
<tr>
<td>Surg6</td>
<td>12CFAC (32 beds)</td>
<td>Debbie Kessen</td>
<td>Brittain Tefft</td>
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<tr>
<td>Surg7</td>
<td>5SW, 5NE (19/28 beds)</td>
<td>Rotating</td>
<td>Brian Domack</td>
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Rotating team members: Julie Haase, Olivia Millis, Kasey Schmidt, Kaytie Weierstahl, Brittney Duewell, Brian Pella, Libby Sutton

## Critical Care/ED

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td>ICU1</td>
<td>SICU (21 beds)</td>
<td>Sara Farrell</td>
<td>Dave Herrmann</td>
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<tr>
<td>pICU1</td>
<td>SICU, NICU (41 beds)</td>
<td>Elizabeth Scanlon</td>
<td>Lindsey Dailey</td>
</tr>
<tr>
<td>ICU2</td>
<td>NICU (20 beds)</td>
<td>Danielle Mabrey*</td>
<td>Kim Haldeman</td>
</tr>
<tr>
<td>pICU2</td>
<td>MICU (26 beds)</td>
<td>Kaitlin Cooper Johnson</td>
<td>Patti Rouman</td>
</tr>
<tr>
<td>ICU3</td>
<td>MICU (26 beds)</td>
<td>Carla Karczewski</td>
<td>Mike Katz</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
<td>Jessica Cowell, Ryan Feldman</td>
<td>Cathyyen Dang, Matt Stanton, Chetna Patel</td>
</tr>
<tr>
<td>N3/N4</td>
<td>3rd shift ICU</td>
<td>Katie Ewert, Alyssa Meixelsperger</td>
<td>Kelly Richardson, Chris Viesselmann</td>
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<tr>
<td>ICU Faculty</td>
<td>MICU</td>
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<td>Sarah Peppard</td>
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## Cardiology

<table>
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<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td>Cards1</td>
<td>CVICU (20 beds)</td>
<td>Joel Feih</td>
<td>Greg Stilin</td>
</tr>
<tr>
<td>Cards2</td>
<td>3W (50 beds)</td>
<td>Ashley Stromich</td>
<td>Melissa Tan</td>
</tr>
<tr>
<td>Cards3</td>
<td>3W (50 beds)</td>
<td>Amanda Pilo</td>
<td>Amanda Pilo</td>
</tr>
<tr>
<td>pCards1</td>
<td>3W (beds 1-35), CVICU (20 beds)</td>
<td>Bethanne Held-Godgluck</td>
<td>Janelle Juul*</td>
</tr>
<tr>
<td>Cards Fac</td>
<td>CVICU, 3W (heart failure team)</td>
<td></td>
<td>Joe Rinka</td>
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## Transplant

<table>
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<tr>
<td>Tx1</td>
<td>TICU (20 beds)</td>
<td>Rotated</td>
<td>Rotated</td>
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<tr>
<td>Tx2</td>
<td>4NW (27 beds)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
<tr>
<td>pTx1</td>
<td>4NW, TICU (46 beds)</td>
<td>Rotated</td>
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Transplant Team Members: Carolyn Haupert, Roo Bhatt*, Lindsey Verbunker, Stephanie Tchen

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<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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<tbody>
<tr>
<td>Central Pharmacy</td>
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<tr>
<td>C1</td>
<td>Central, Obs, BC (0630)</td>
<td>Ben Knapp</td>
<td>Mike Morris</td>
</tr>
<tr>
<td>C2</td>
<td>Central, Obs, BC (0800)</td>
<td>Phil Olley*</td>
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<tr>
<td>pC1</td>
<td>Central, Obs, BC, OR after 1500 (1000)</td>
<td>Phu Cao</td>
<td>Aina Lasky</td>
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<tr>
<td>N</td>
<td>3rd shift central</td>
<td>Mark Owens</td>
<td>Lynn Buss</td>
</tr>
<tr>
<td>N2</td>
<td>3rd shift central</td>
<td>Danielle Corrin</td>
<td>Lisa Weinzatl</td>
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**Specialty Areas**

| OR | Perioperative Service | David Eberle* |
| PAT | Pre-Admission Testing | Liz Thimm |
| INF | Infusion Clinic | Nikki Masse |
| Diab | DAART (Glucose surveillance) | Linda Guddie |

**Froedtert Inpatient Oncology**

| Onc1, Onc2, Onc3, Onc4, Onc5 (AM) | 7/8/9 CFAC (96 beds total) | Rotated | Rotated |
| Onc6 (PM) | 7/8/9 CFAC (96 beds total) | Rotated | Rotated |

*Oncology Team Members: Lisa Olson, Emilie Aschenbrenner*, Nan Tong, Cole McCoy, Aaron Lorge, Lisa Samanas, Michael Schmidt, Cole Lightfoot, Nicole Pearl*

**Froedtert Day Hospital**

| DH630 | Day Hospital | Christy Regan |
| DH6 | Day Hospital | Brooke Fraser, Julie Difonzo, Stacy Laird*, Michelle Schroeder, Marie Parish, Erin Turk |
| DH7 | Day Hospital | |
| DH8 | Day Hospital | |

**Froedtert Ambulatory Oncology Clinics**

| Grace Clinic - 1 | Felicia Zook, Angie Canadeo, Erin McGurty, Melissa Staats, Lori Maurer |
| Grace Clinic - 2 | |
| Moorland – 3 (M, F) | Erin McGurty |
| Courage Clinic | Colleen Meehan |
| Life Clinic | Briana Amundson |
| Faith Clinic | Carrie Oxencis |
| Breast Clinic | Elizabeth Weil |
| Hope Clinic | Stephanie Spitzer |
| Ambulatory Rotation (2) | Nichole Ruffcorn, Brad Mayer |

**Drexel and Moorland Cancer Center Pharmacists**

| Drexel | Tom Nowak, Zain Syed |
| Moorland | Lori Maurer, Melissa Staats |

**Investigational Drugs (IDS) Pharmacists**

| Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger |

*Denotes Pharmacist Coordinator*
# PGY1 Resident Project Timeline

<table>
<thead>
<tr>
<th>March/April 2021</th>
<th>May 2021</th>
<th>June 2021</th>
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<tbody>
<tr>
<td>• Call for projects from staff</td>
<td>• Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training</td>
<td>• Finalized project list distributed to incoming residents</td>
</tr>
<tr>
<td>• Remind any potential project advisors to complete CITI training</td>
<td>Resident action steps</td>
<td>Resident action steps</td>
</tr>
<tr>
<td></td>
<td>• Go to <a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a> and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators</td>
<td>• Review available projects and prepare questions to ask project leads once on-site</td>
</tr>
<tr>
<td><strong>Resident action steps = none</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td></td>
<td>• Work with advisor and project team to scope project and develop protocol (template available)</td>
<td>• Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback</td>
</tr>
<tr>
<td><strong>July 2021</strong></td>
<td><strong>August 2021</strong></td>
<td><strong>September 2021</strong></td>
</tr>
<tr>
<td>• Project leads will present available projects to residents during orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Residents submit project rankings (usually top 5-7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Projects are assigned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Research team established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scoping of project and scoping presentation preparation begins</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>◦ Follow up with project leads to get any questions answered prior to submitting project rank list</td>
<td>◦ Schedule and coordinate necessary team meetings</td>
<td>◦ Send protocol draft to Mary Frances Picone one week prior to PRC presentation date</td>
</tr>
<tr>
<td>◦ Submit rank list by deadline</td>
<td>◦ Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date</td>
<td>◦ Respond to e-mail containing feedback within one week</td>
</tr>
<tr>
<td>◦ Build research team with help of project advisor</td>
<td></td>
<td>◦ Distribute finalized protocol to team</td>
</tr>
<tr>
<td>◦ Plan project and begin creating scoping presentation (template on residency SharePoint site)</td>
<td></td>
<td>◦ Complete e-bridge registration and submission</td>
</tr>
<tr>
<td><strong>October 2021</strong></td>
<td><strong>November 2021</strong></td>
<td><strong>December 2021</strong></td>
</tr>
<tr>
<td>• Begin data collection after receiving protocol approval</td>
<td>• Begin working on Vizient Poster</td>
<td>• Vizient Meeting</td>
</tr>
<tr>
<td>• Draft Vizient poster abstract</td>
<td>• Submit Vizient Poster after reviewed by research team</td>
<td>• Midyear Meeting</td>
</tr>
<tr>
<td>• Submit Vizient poster abstract</td>
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<tr>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>◦ Send abstract to project team 2 weeks prior to deadline</td>
<td>◦ Send to poster draft to project team 2 weeks prior to proof deadline</td>
<td>◦ Present poster!</td>
</tr>
<tr>
<td>◦ Submit finalized abstract by deadline</td>
<td>◦ Submit for proof printing by deadline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>◦ Submit for final printing by deadline</td>
<td></td>
</tr>
<tr>
<td><strong>January 2022</strong></td>
<td><strong>February 2022</strong></td>
<td><strong>March 2022</strong></td>
</tr>
<tr>
<td>• Midpoint check-in with PRC (via email)</td>
<td>• Continue implementation and data collection for your project</td>
<td>• Develop WPRC/Great Lakes slide set and presentation</td>
</tr>
<tr>
<td>• Request full Biostats support if needed</td>
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<td></td>
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<tr>
<td>• Develop WPRC/Great Lakes abstract (due between mid-Jan and Feb 1st)</td>
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<tr>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>◦ Send abstract to team 2 weeks prior to submission deadline</td>
<td>◦ Continue working on project and providing updates to project team</td>
<td>◦ Submit slide set to RPD and project team prior to deadline</td>
</tr>
<tr>
<td>◦ Send to RPD, at least 3 business days prior to submission deadline</td>
<td></td>
<td>◦ Complete practice presentations</td>
</tr>
<tr>
<td>◦ Submit abstract by deadline</td>
<td></td>
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<tr>
<td><strong>April 2022</strong></td>
<td><strong>May 2022</strong></td>
<td><strong>June 2022</strong></td>
</tr>
<tr>
<td>• Great Lakes slide set submission</td>
<td>• Develop project manuscript</td>
<td>• Manuscript submission deadline</td>
</tr>
<tr>
<td>• WPRC/Great Lakes Conference</td>
<td>• Present project at Froedtert (late May/early June)</td>
<td>• Project wrap-up</td>
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<tr>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>◦ Submit slide set prior to deadline if required</td>
<td>◦ Send to project team prior to deadline</td>
<td>◦ Submit manuscript to RPD by deadline</td>
</tr>
<tr>
<td>◦ Present at WPRC/Great Lakes Conference</td>
<td>◦ Send to mentor/advisor by deadline</td>
<td>◦ Close out study in eBridge, close out of project and tag off to project advisor</td>
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<tr>
<td></td>
<td>◦ Update WPRC/GLs slide to include final data and analysis</td>
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PGY1 Learning Experiences

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<td><strong>Four Week Rotations:</strong></td>
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<tr>
<td>• Academia (MCW, CUW)</td>
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<tr>
<td>• Acute Care Oncology</td>
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<tr>
<td>• Hematologic Malignancy</td>
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<tr>
<td>• Solid Tumor</td>
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<tr>
<td>• BMT (prerequisite of previous student or resident onc rotation)</td>
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<tr>
<td>• Ambulatory Oncology**</td>
</tr>
<tr>
<td>• Ambulatory Care** (Primary Care, Anticoagulation, Solid Organ Transplant, ID/HIV, Anemia, Cardiology, GI/hepatology, endocrine, pulmonary, rheumatology, sickle cell, neurology, etc.)</td>
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<tr>
<td>• Cardiology</td>
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<tr>
<td>• Critical Care (may choose additional as an elective)</td>
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<tr>
<td>• Emergency Medicine</td>
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<tr>
<td>• Infectious Diseases</td>
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<tr>
<td>• Informatics</td>
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<tr>
<td>• Infusion Clinic</td>
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<tr>
<td>• Investigational Drugs</td>
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<tr>
<td>• Medication Use (Drug Policy)***</td>
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<tr>
<td>• Neurology</td>
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<tr>
<td>• Pain Stewardship</td>
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<tr>
<td>• Solid Organ Transplant</td>
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<td>• Specialty Pharmacy</td>
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<tr>
<td><strong>Two Week Rotations:</strong></td>
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<tr>
<td>• Acute Care Rehab (Choose from Spinal Rehab or Stroke/Neuro)</td>
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<tr>
<td>• Antimicrobial Stewardship</td>
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<tr>
<td>• Inpatient Diabetes (DAART)</td>
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<tr>
<td>• Internal Medicine II (Precepting Focus)</td>
</tr>
<tr>
<td>• OR/Perioperative Care</td>
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<tr>
<td>• Third Shift Critical Care</td>
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</tbody>
</table>

Each resident will complete 8-9 four-week rotations with additional weeks available for 2 week experiences and/or other learning experiences

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** An ambulatory care experience is required for PGY1 HSPAL
*** Medication Use rotation is highly encouraged for residents looking to early commit to PGY2 Oncology, required for PGY1 MUSP and PGY1 HSPAL
Other Program Details

PGY1 Project Days

- Residents will be allowed 5 project days that may be taken during elective rotations (ie project days will not be taken during admin, required critical care rotation, medicine rotation and staffing).
- Residents are strongly encouraged to use project days!!
- Residents should communicate when they plan on using in their pre-rotation email.
- Residents may work from home for project days, but they must be available via WebEx, email, cell phone.

Rotation Attendance (Required Rotations)

- Residents are discouraged from taking vacation (elective PTO) during required rotations.
  - Residents will be allowed up to two days away from required rotations for sick days and PGY2/employment interviews.
  - Absences beyond two days must be made up either on weekends or by extending the duration of the rotation.
  - If a longer absence is known in advance, the resident may choose to move or extend the required rotation.
- Attendance at recruitment events, PGY1 interview days, Midyear, Great Lakes and other required program activities are not included in time away from rotation.

ACLS Certification

- ACLS Certification should be completed prior to first ICU or ED rotation.
- An additional project day will be allowed for completion of ACLS. It will be the resident’s responsibility to schedule Part 2 of a course at a time that aligns with schedule.
- Enrollment is through the learning center and manager must approve request before content can be accessed.
- In the event that a resident already has ACLS certification, the certification information should be provided to RPD so that it can be entered in the Froedtert system. The resident does not need to repeat certification until certification expires.

Projects

Year-long Resident Project

- Over the course of the residency year, each resident will be responsible for planning and executing a project.
  - Projects are selected using resident rank-lists; most residents obtain one of their top choices of project.
  - A project advisor will be assigned to provide guidance to the resident throughout the year, however the resident is ultimately responsible for each element of the project.
  - The resident and project advisor will collaborate to add additional members to the research team.
  - The resident will complete all of the items listed in the Residency Project Checklist throughout the year including:
    - Protocol submission – template available on the Residency SharePoint site
    - Vizient Abstract Submission – see Vizient website (due approx. Nov 1st)
    - Vizient Poster Submission during the ASHP Annual Clinical Meeting
    - Great Lakes slide set submission – see Great Lakes website http://glprc.com/
    - Wisconsin Pharmacy Residency Conference or Great Lakes Residence Conference presentation (due approx. mid-January (WPRC) or Feb 1st (WPRC))
    - Froedtert Resident Research Symposium (Presentation of research to Froedtert & MCW Pharmacy Staff, late May/early June)
Medication Use Longitudinal Activities

- Each resident will contribute to the completion of both:
  - A Medication Use Evaluation (MUE)
  - A writing project (this may be a guideline, class review, monograph, etc)
  - If the resident elects to take a Medication Use rotation, both of these experiences will be incorporated into that rotation.

- Medication Use Evaluation (MUE)
  - Residents who do not elect to take a CMU rotation will be assigned a quarter to complete a MUE.
  - PGY1 Residents will complete an MUE as a team of 2 residents.
  - Residents will be assigned one quarter of the year to complete the MUE. This will be a different quarter from when residents are responsible for reviewing medication errors and will not overlap with required admin rotation.
    - Q1-Aug-Oct, Q2-Oct-Dec, Q3-Jan-Mar, Q4-Apr-Jun
  - Pharmacy coordinators or CMU team members will serve as preceptors for MUE learning experience.
  - Residents may be asked to present results at P&T Committee. There is a chance that the P&T Committee presentation may fall outside of the assigned MUE quarter.
  - Results from the MUE will be used to optimize medication use and ultimately impact patient outcomes.
  - Assigned project days may be used to work on MUE, but additional project time will not be allocated for this project.

- Writing Project
  - Residents who do not elect to do a medication use rotation will complete their writing project during their administrative rotation.
  - Assignment of writing project:
    - Residents should reach out to the CMU team via the CMU mailbox two weeks prior to their admin rotation.
    - Residents will have time to work on their writing project during their medication use or administrative rotation in addition to other assigned projects and tasks.
    - If a writing assignment is assigned to a resident during a different rotation (for example, resident working on updating an ID guideline during an ID rotation), the resident may count it towards this requirement. The resident must discuss plans with RPD to set up pharmacademic evaluations and ensure project is appropriate.
    - Pharmacy coordinators and CMU team members will precept this experience and be assigned based on the topic.

```
Manuscript
- Major project must be summarized in a written format acceptable for publication. Submission for ASHP Best Practice Award is also acceptable.
- Residents are strongly encouraged to pursue publication and/or presentation of their project in a peer-review setting upon completion of their residency.

Resources
- Numerous resources for residency project work are on the Pharmacy SharePoint site: https://datacollectionrb.sp.froedtert.com/sites/pharmacy/residency/Poster%20and%20Presentation%20Resources/Forms/AllItems.aspx
```
Academic Afternoon

- Academic afternoon is a required weekly meeting for all PGY1 residents (unless completing required staffing).
- A variety of topics including: journal clubs, topic discussions, open discussions, medication error reviews, program updates and administrative topic discussions.
  - 1300-1400
    - 1st, 2nd, 5th weeks – Admin discussions
    - 3rd week – Medication Safety Discussions
    - 4th week – PGY1 Open Discussions
  - 1400-1500
    - Medication Use or Research Certificate topics
    - Journal clubs
  - 1500-1600
    - Clinical Topic Discussion
- There may be times in which academic afternoon is held virtually in which case residents are encouraged to participate from home. During virtual meetings, residents will be asked to use Webcams to enhance the learning experience or discussion.

Research Certificate

- PGY1 residents are required to participate in the Research Certificate Program.
- Most of the research certificate activities are integrated into Academic Afternoon.

Journal Clubs

- Each resident will present one journal club throughout the year
  - A schedule for the year will be posted on the Residency SharePoint
- Resources for journal club are found on the Residency SharePoint within the Journal Club Workspace
- Article requirements
  - Published in previous 12 months, except if the trial is considered a pivotal trial
    - For example, a resident may present on the NICE-SUGAR trial, which was published >1 year ago, but is a pivotal trial. When the resident submits the journal for approval, the preceptor will confirm if the journal is considered a pivotal trial (see below)
  - Topic should be medication-related, original research, and either
    - Something of interest to resident
    - A study expected to make a large impact
- Article/Preceptors Selection and Approval Process
  - Planned citation/article and recommendation for pharmacist preceptor should be submitted to Journal Club Coordinator (Audrey Kostrzewa) at least 3 weeks prior for approval.
  - Residents should not ask the pharmacist preceptor to precept journal club articles prior to receiving approval from Audrey Kostrzewa. After receiving approval for the article and preceptor, it is the resident’s responsibility to contact the pharmacist preceptor and ask them to serve as the journal club preceptor.
- Preparation
  - The resident responsible for presenting should thoroughly review that article prior to presentation in order to generate discussion about the topic.
  - PowerPoint will NOT be used as a means to present the article. The presenter should assume that audience members have read the article.
  - If deemed necessary by the presenter, a handout (up to one page) may be created in order to provide additional background information about the topic. This should NOT be a detailed overview of the article.
• The presenter should use their preceptor to help with preparation. For additional preparation assistance, they may contact the CMU team via cmu@froedtert.com email address.

• Article distribution
  o Distribute electronic copy of article to residents and all pharmacists on the Wednesday prior to journal club (after current week Journal club). Email lists to use: FMLH Pharmacy All Pharmacists and FMLH Pharmacy Residents (this group includes CMH Residents).

• Participation
  o All PGY1 residents are expected to read the journal club article prior to coming to journal club (this should take about 30-60 mins).
  o PGY1 residents should bring a paper copy of the article (ie laptops are not allowed) as a reference to use during the discussion.
  o The presenter should make an effort to generate discussion and call on people in order to make journal club interactive.

• Evaluation
  o Pharmacist preceptor will be responsible for evaluating journal club presentation in PharmAcademic.
  o A member of the CMU team will participate either in person or via phone to generate additional discussion around statistics and study design if needed.

Administrative Topic Discussion

• Each resident will be responsible for one administrative discussion presentation
  o Presentations should be approximately 45 minutes in length and contain active learning/participation
  o Guides for creating the presentation are available
    • I-drive/PHARMACY/Admin Resident/Administrative Discussions
      • These resources should be used to guide your presentation preparation; do not plagiarize someone else’s presentation
      • Any copied slides should be appropriately cited within your presentation
  o Topics will be assigned by PGY2 HSPAL residents at the beginning of the year

Medication Error Review

• Each resident will review medication error reports for assigned month (through VIZIENT Safety Intelligence – Safety Event Reporting System), trend data and present to residency class at Academic Half-Day, as well as at the inpatient pharmacist weekly meeting for “A” and “B” week

• Activities:
  o Evaluate all medication errors reported through VIZIENT Safety Intelligence – Safety Event Reporting System for an assigned month (recommended to review submitted errors daily)
  o Residents will develop a presentation on the medication errors for the month to be presented at academic afternoon. They will also present at department M&M conference.

• Residents will be assigned to a quarter to review errors (will be a different quarter than MUE). Within the group, the residents will determine who is reviewing errors on any given day. Review will be done daily so that follow-up can be timely.

• The program can be accessed via Scout page under Applications, or on your desktop under the icon Safety Event Reporting.

• Additional information about this activity is found in the Residency Manual portion of the Residency SharePoint under the PGY1 Folder and in the Medication Errors Learning Experience folder.
Teaching and Precepting Experiences

IPPE Students (PGY1 residents will serve as the primary preceptors)
- Precepting may occur during scheduled rotations and/or staffing shifts
- Concordia IPPE students (P1, P2)
  - Usually at Froedtert for an entire week at a time (Fall and Spring)
  - Often students may be with one resident for half a day and then spend the other half of the day with another resident
  - One resident will be the primary preceptor and must submit grading in E-value
    - Of note, residents must be added in E-value before they may be assigned a student’s evaluation
    - Students must e-mail the school if a preceptor has not been set up as a preceptor so that they may be added in the system
- University of Wisconsin IPPE Students (P1, P2, P3)
  - Usually at Froedtert on Fridays or weekends for 8 hours at a time
  - Students will be with residents during PM and weekend staffing shifts
  - One primary preceptor will submit feedback via e-mail to one of the administrative residents, who passes it along to the school
- Medical College of Wisconsin (MCW) pharmacy students
  - Students will be completing IPPE rotational experiences on Fridays throughout the year.
  - Students will be assigned to PM resident staffing teams. The resident who is staffing during the last week of rotation will be responsible for completing student evaluation at the end of rotation.
  - Email will be used to gather feedback from other residents throughout the rotation.
- Teri Mattek, education coordinator, will contact residents via email with student assignments. Teri is the main point of contact for any questions regarding student assignments and schedules.

APPE Students (staff pharmacists will be the primary preceptors)
- These roles are less formal and can vary based on the rotation.
- The rotation preceptor should provide the resident with guidance on expectations for precepting during the rotation.

Medical College of Wisconsin School of Pharmacy Patient Care Lab
- Each resident will be required to help facilitate at minimum of four patient care labs.
  - Resident is expected to attend prelab planning meeting 1 week in advance, either in person or via phone.
  - Typically labs occur 8AM – 1PM and residents are expected to arrive 30 minutes prior to the start of lab (labs should be scheduled during non-staffing weeks).
  - Residents are responsible for reviewing all material prior to prelab planning meeting.
- Patient Care Lab dates and topics list will be distributed to residents within first two months of residency. Residents are to rank dates based on their availability and topic interest. Residents are then notified of assigned dates.
- MCW Patient Care Lab Contact:
  Rachel Kavanaugh, PharmD, BCACP
  Assistant Professor, Co-Director of Professional Labs
  Phone: 414-955-2868
  Email: rkavanaugh@mcw.edu

Preceptor Development
- Residents will participate in several preceptor development topic discussions during the first quarter in order to prepare for precepting responsibilities.
- All residents (regardless of participation in teaching certificate) will participate in a half day training session at MCW during orientation.
MCW Teaching Certificate Program

- PGY1 residents are strongly encouraged to participate in this program
- A faculty mentor will be assigned to each resident

Other Required Learning Experiences

Committee Membership

- Involvement with one or more hospital or departmental committees is required- this list is subject to change.
- Assignments such as small projects, taking of minutes, etc. will be required.
- At the beginning of the residency year, residents will submit a rank list for their preferred committee involvement.
- Residents are responsible for setting up a meeting with the committee chair/contact prior to the first committee meeting in order to discuss expectations.
- Options:
  - Medication Safety
  - Pharmacy Quality
  - Medication Warnings and Alerts
  - Pharmacy Practice
  - Pharmacy Research
  - Sterile Products
  - USP 800
  - System Operations
  - System Pharmacy Clinical Committee
  - Product Integration Committee
  - Pain Stewardship Committee
  - Epic Workgroup

Administrative Responsibility

- Involvement with one or more administrative responsibilities is required – this list is subject to change. One or more residents may be assigned to each task based on the amount of workload required.
- At the beginning of the residency year, residents will submit a rank list for their preferred administrative responsibility; more than one resident may be assigned to each
  - Residency Conference Coordinator
  - Academic Afternoon Coordinator
  - Student Clinical Trainer (Inpatient)
  - Historian
  - Duty Hours Tracking coordinator
  - Naloxone Utilization Coordinator
  - Resident Office Manager
  - Resident Time Study Coordinator
- Descriptions of administrative responsibilities can be found on the iDrive: I:\FMLH\PHARMACY\Residency Program\PGY1 Admin Assignments

Recruitment Events – options may change

- Pharmacy Society of Wisconsin (PSW) Annual Meeting
- Illinois Council of Health-System Pharmacists (ICHP) Annual Meeting
- Concordia University Wisconsin
- University of Michigan
- University of Wisconsin – Madison
- University of Iowa
- Froedtert Virtual Event
Milwaukee Citywide Resident Events

- Citywide resident events occur at different pharmacy residency program sites throughout the Milwaukee area
- Typically there are three Citywide Events per year
  - July/Aug – Resident Research Symposium (Froedtert Hospital)
  - Aug/Sept – Preceptor Development (Concordia University)
  - March – Practice Resident Presentations (St. Luke’s Medical Center)
- Residents who are not scheduled to staff on these dates will be required to attend

Time Study Analyses

- In order to obtain residency program funding reimbursement from CMS, time studies must be completed documenting the amount of time spent directly precepting residents on rotation.
- Residents will be responsible for coordinating with their primary preceptors the documentation form and submitting the hours electronically for review.

Medication Inspections

- All residents will be assigned to complete monthly medication inspections in one area of the hospital or clinics.
- Medication inspections must be completed and documented prior to the 25th of each month.
- The resident is responsible for communicating with area manager and pharmacy leadership regarding any medication issues identified on the medication inspection.

Community Service

- Each PGY1 resident is required to participate in 4 hours of Community Service during the academic year.
- Healthcare-related opportunities will be available including opportunities to support vaccination clinics and other community events.

Other Experiences

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

- Occurs in early December
- Activities:
  - Poster presentation (at Vizient meeting)
  - Resident recruitment
  - Others as required

Wisconsin Pharmacy Resident Conference or Great Lakes Pharmacy Resident Conference (April)

- Occurs in early April (WPRC) late April (PSW)
- WPRC – A state conference hosted by PSW in conjunction with PSW Educational Conference
- GLPRC – A regional conference that offers the opportunity for residents from Illinois, Indiana, Kentucky, Michigan, Ohio and Wisconsin to present their research projects to their peers and colleagues
- Activities:
  - Project presentation (10-20 minute presentation and 5 minutes for questions)
  - Attendance and active participation during other resident presentation
  - Others as required

Departmental Meeting Attendance

- Tuesday Inpatient Pharmacy Meetings (rotating staff meetings, grand rounds, M&M presentations)
  - Residents are expected to attend monthly M&M meetings when they are not staffing
- Wednesday Academic Afternoons
  - Attendance is required if not staffing or on PTO
  - Other meetings should NOT be scheduled during this time
Mentorship Experiences

Residents are responsible for scheduling monthly meetings in Outlook with their assigned mentors and advisors.

**Project Advisor**
- A project advisor is assigned to each resident based on their project topic.
- Residents and project advisors are expected to meet regularly but the frequency may change throughout the year.
- The project advisor should review all project materials before they are submitted (protocol, abstracts, poster, presentation, etc).

**Residency Mentor**
- Residency mentors are pharmacists assigned to 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.

**Residency Advisor**
- Residency advisors are pharmacists assigned to each resident. Their primary purpose is to provide guidance throughout the year with an emphasis on overall professional development and career advancement.
- Residents and advisors are expected to meet approximately monthly.

**Evaluation and Documentation**
- Residents are responsible for contacting primary preceptors for each rotation 10-14 days prior to the start of each rotation with an introductory e-mail (see pre-rotation communication expectations).
- The link below contains contact information for each rotation: Rotation Contact List
- All FMLH residency programs utilize PharmAcademic for completion of resident performance evaluations.
- All evaluations should ideally be completed by the last day of rotation or absolutely no later than the following Sunday.
- Important: in order to complete the residency program, good progress must be demonstrated on all program goals. Residents must be performing at level of “Achieved for the Residency” on Goal R1 Patient Care and all associated objectives and at least 70% of the remaining required goals. The resident must be at a level of “Satisfactory Progress” on any goals not achieved.
- 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. Progress will also be discussed at RAC meetings.

**Residency Advisory Committee (RAC)**
- Residency Advisory Committee meetings will be held in October, January, April, and June. Residents will attend all four meetings. Other attendees include the RPD, the resident’s mentor, advisor, project advisor, and preceptors from rotations that occurred during the previous quarter.
- The resident is responsible for ensuring all attendees are aware of the meeting and will be in attendance. All evaluations in PharmAcademic should be completed prior to the meeting.
- Residents will work with their mentors to upload updated development plans (see below) in PharmAcademic by October 1st, January 1st, April 1st, and June 1st in preparation for the quarterly meeting.
- During the meeting, residents will present their development plan and discuss updates to strengths, areas of improvement, or project milestones. Preceptors will also provide and reinforce feedback from respective rotations.
## Development Plan Template

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<th>Areas for Improvement:</th>
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<td>Interests:</td>
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<td>Residency Goals:</td>
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<td>Residency Project</td>
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Other Important Deadlines

PGY2 Early Commitment
- It is at the discretion of the PGY2 program director as to whether their program will participate in early commit. This decision will be communicated to the residents around October 1st.
- If the program is participating in early commit, interested residents should express interest in a PGY2 program by around October 15th.
  - In general, an email expressing the resident’s intent to apply should be sent to both the PGY2 program director of the program of interest, as well as the resident’s PGY1 program director.
- Applications deadline for PGY2 programs is usually around November 1st.
  - Applications require a letter of intent, CV, and three letters of recommendations at a minimum.
  - Applicants will be required to give a presentation during the interview.
- Decisions regarding early commit will be announced prior to or immediately following the Midyear Meeting at the discretion of the PGY2 RPD.

Communication between Rotations
- Residents are responsible for communicating year-long progress to each preceptor via an additional pre-rotation email.
- This email will be completed by the resident’s current preceptor and forwarded to the resident’s mentor and next primary preceptor.
- These emails will not replace PharmAcademic evaluations, but will briefly supplement the resident’s progress to better bridge the end of a rotation and start to another

Pre-Rotation Communication Expectations

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

Goals:
- In order for residents and preceptors to adequately prepare for the rotation, residents must provide preceptors with rotations goals. Residents need to have at least 3-4 goals that they would like to work toward. Goals should be specific and appropriate for the time assigned to the rotation. For 1-2 week rotations, residents 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 residents provide information about their learning style. Residents should be able to provide a general description of what is most effective for them to learn.
- 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:
- Preceptors should be notified with any meetings, staffing days, and if a project day will be scheduled during the rotation. Since schedules are likely to change, residents should provide preceptors with any updates on the first day and throughout the rotation.
**Deadlines/Competing Priorities:**
- Residents are encouraged to communicate with their preceptors about other things that are on their plate around the time of their rotation.
- For example: presenting journal club on 10/15, teaching philosophy is due on 11/1, applying for early commit for critical care, application due 11/1.
- This is not meant to be an excuse, but rather a way to help resident and preceptor to set deadlines for any activities that may be required during that rotation.

**Strengths and Opportunities for Improvement:**
- The goal for this portion is for residents to incorporate feedback from previous rotations and communicate it forward to the 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 (These should be measurable and specific, you do not need this many goals, 3-4 is appropriate):**
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

**Strengths:**
- Thorough profile review
- Precepting students

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

**Schedule:**
- **Tuesday, 2/24:**
  1. 1200-1300 Resident Candidate Interview Lunch
  2. **DONE ON ROTATION BY 1615/1630** (central PM bonus shift @ 1700)
- **Thursday, 2/26:**
  1. 1300-1400: Quality Review Committee Meeting
- **Friday, 2/27:** **NOT ON ROTATION**, staffing pMed2
**Deadlines/Competing Priorities:**
- Presenting journal club on 2/25, teaching philosophy is due on 2/28. Data collection for project is on-going, need to get 100 patients analyzed this month to stay on track.

**Project Day (for elective rotations):**
- Full project day on Monday, March 2nd

**Learning Style and Feedback:**
- Repetition
  - I like to be able to WRITE things down and go back to them later, so if I take a lot of notes, that’s why. I like to be able to see things later to remind me of what was talked about earlier
  - If asked a question, I like to have time to look into things I don’t know or am not sure about
- Daily feedback is appreciated especially if I am not meeting expectations
- Working on self-reflection skills so would like the opportunity to assess my performance before getting feedback