PGY1 Pharmacy Residency Manual

2020 - 2021
# Table of Contents

Welcome! .................................................................................................................................................. 1

About Froedtert Health .......................................................................................................................... 2

Departmental Information.......................................................................................................................... 4
  Clinical Pharmacist Scope of Services .................................................................................................. 4
  Pharmacy Leadership Team .................................................................................................................. 9
  Residency Program Leadership ........................................................................................................... 10

Residency Program Policies ................................................................................................................... 12
  Licensure ............................................................................................................................................. 12
  Residency Program Completion Attendance Requirements and Extended Absences ................. 12
  Residency Program Completion Performance Requirements ....................................................... 12
  Resident Performance Improvement Planning and Corrective Action ....................................... 12
  PharmAcademic Evaluations ............................................................................................................ 12
  Duty Hours ....................................................................................................................................... 15
  Bonus Shifts ....................................................................................................................................... 15
  Resident Attendance Expectations ................................................................................................. 15
  Paid Time Off ................................................................................................................................... 16
  Holidays ............................................................................................................................................ 16
  Unscheduled Absences ..................................................................................................................... 17
  Professional Leave/Business Days ................................................................................................. 17
  Professional Meeting Attendance and Funding ........................................................................... 17
  Expense Reports/Reimbursement ...................................................................................................... 18
  Official Policy Documents ................................................................................................................ 19

Resources for Residents ....................................................................................................................... 25
  Laptops and Pagers .......................................................................................................................... 25
  Remote Access ............................................................................................................................... 26
  Personal Device Access ................................................................................................................... 26
  Workplace ......................................................................................................................................... 27
  WebEx Teams .................................................................................................................................. 27
  Email Expectations .......................................................................................................................... 28
  Dress Code ...................................................................................................................................... 28
  White Coats .................................................................................................................................... 29
  Scrub Request Forms ......................................................................................................................... 29
  Business Cards ............................................................................................................................... 29
  Wisconsin Prescription Drug Monitoring Program (ePDMP) ....................................................... 29
  Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications .............. 30
  Parking ............................................................................................................................................ 30
  Project Days/Working Remotely ...................................................................................................... 30

Additional General Information ............................................................................................................ 31
  Vizient Committee Involvement ...................................................................................................... 31
  Academia Opportunities .................................................................................................................. 31
  Pharmacy Society of Wisconsin Membership ............................................................................ 31
  Wellness and Resilience Resources ............................................................................................... 32
  COVID19 Resources and Guidance ............................................................................................... 32
  Medical College of Wisconsin Teaching Certificate Program .................................................... 33

PGY1 Resident Project Timeline .......................................................................................................... 35

Inpatient Staffing Information .............................................................................................................. 36
  Resident Staffing Requirements ..................................................................................................... 36
  Inpatient Staffing Model .................................................................................................................. 38
  Inpatient Pharmacy Team Details .................................................................................................. 40
  Inpatient and Oncology Team Details ............................................................................................ 41

PGY1 Acute Care Specific Information ............................................................................................... 43
  Rotation Opportunities ..................................................................................................................... 43
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1 Project Days</td>
<td>43</td>
</tr>
<tr>
<td>Other Required Learning Experiences</td>
<td>48</td>
</tr>
<tr>
<td>Mentorship Experiences</td>
<td>50</td>
</tr>
<tr>
<td>Evaluation and Documentation</td>
<td>50</td>
</tr>
<tr>
<td>Residency Advisory Committee</td>
<td>50</td>
</tr>
<tr>
<td>Pre-Rotation Communication Expectations</td>
<td>52</td>
</tr>
</tbody>
</table>
Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

Froedtert Hospital, the primary adult teaching affiliate for the Medical College of Wisconsin, is a 710-bed academic medical center that delivers advanced medical care. Froedtert Hospital is nationally recognized for exceptional physicians and nurses, research leadership, specialty expertise and state-of-the-art treatments and technology. It serves as an eastern Wisconsin referral center for advanced medical practice care in 37 specialties and is a major training facility with more than 1,000 medical, nursing and health technical students in training. In partnership with the Medical College of Wisconsin, it is also a respected research facility with more than 2,000 research studies, including clinical trials, conducted every year. Froedtert Hospital operates the region's only adult Level I Trauma Center.

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

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

Pharmacy Department

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

- **Vision Statement:**
  - To improve the health of the community by achieving high-quality patient outcomes through appropriate use of medication therapy
Vizient 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 histories within 24 hours of patient admission
  - Complete admission medication reconciliation within 24 hours of patient admission
  - Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room
  - Review and verification of medications ordered greater than 27 days ago
Discharge Reconciliation and Coordination
- Pharmacists are held accountable for the following:
  - Complete discharge medication reconciliation prior to patient discharge
  - Complete discharge medication counseling to patient prior to discharge
  - Facilitate access to outpatient prescriptions prior to discharge as appropriate

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

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

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

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

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

Emergency Management
- Pharmacists support and participate in emergency management
  - ICU or Emergency Department pharmacists respond to all Code 4 emergencies
  - Pharmacists will respond to all rapid responses in their assigned area
- Timely response to emergency or disaster management process
- Support rapid sequence intubation and conscious sedation

**Quality and Process Improvement**

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

**Medication Distribution and Control**

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

**Clinical Cancer Center Services**

- Pharmacy staff provide direct comprehensive pharmaceutical care in the Cancer Center
- Pharmacy staff coordinate medication use in the oncology patient population
- Pharmacy staff perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
- Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
- Pharmacists assist in the education of patients receiving chemotherapy and adjuvant medications
- Pharmacy staff work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians
• Pharmacy staff develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology
• Pharmacy staff prepare and label compounded hazardous products for the entire campus in accordance with practice standards
• Pharmacy staff participate in clinical research and Investigational Drug Services
• Pharmacy staff participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

- The Center for Medication Utilization (CMU) team promotes 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:
  - Medication utilization management for medication spending and reimbursement across the health network
  - Effective medication shortage management to ensure patients and providers have access to the medications they need
  - Formulary management with support for informatics and policy integration
  - Vigilance of safe medication use in accordance with regulatory requirements and best practices
  - Facilitation and oversight of medication guidelines, protocols, collaborative practice agreements, and clinical pathways
  - Development and maintenance of infusion pump libraries, user-friendly drug information resources, and communication tools
  - 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
  - Primarily responsible for the Epic Willow Inpatient application, Epic Willow Ambulatory application, medication related ancillary applications, medication related reporting and training of pharmacy staff.
  - 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:
  - Acquire prior authorizations for specialty medications infused or administered at any of our Froedtert and the Medical College of Wisconsin campuses and health centers
  - Acquire prior authorizations for specialty medication prescriptions dispensed from one of our Froedtert outpatient pharmacies
  - Obtain medication and/or financial assistance for patients who are uninsured or unable to afford their specialty medication
  - Management of the drug repository at Froedtert Hospital and dispensing of prescriptions to qualified patients
  - Collaborate with social work, case management and financial counselors to ensure patient access to affordable medications
  - Review of pending Medicare write-offs to correct potential billing errors to maximize reimbursement
Pharmacy Leadership Team
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

Health System Pharmacy Administration and Leadership PGY1 and PGY2

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

Medication Use Safety and Policy PGY1 and PGY2

- Kristin Hanson, BSPharm, MS
  - Residency Program Director
- Mary Frances Picone, PharmD, BCPS
  - Residency Program Coordinator
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

Licensure

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

Residency Program Completion Attendance Requirements and Extended Absences

- The pharmacy residency programs at Froedtert Hospital are each 52-week programs.
- A minimum of 49 weeks is required to complete the program and be awarded the residency certificate of completion.
  - For combined programs, 49 weeks must be completed each year.
  - For non-traditional program, 49 weeks will be completed over 2 year period.
- In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements.
- Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate.
- Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired.
- Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert policies specific to the situation.

Residency Program Completion Performance Requirements

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

Resident Performance Improvement Planning and Corrective Action

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

PharmAcademic Evaluations

- All Froedtert residency programs utilize PharmAcademic for completion of resident performance evaluations.
- All evaluations should be completed by the last day of rotation or absolutely no later than the following Sunday.
- PharmAcademic evaluations are critical for both monitoring resident progress and rotation experience and should be completed thoroughly.
Table 1: Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

<table>
<thead>
<tr>
<th><strong>Formal Evaluation</strong></th>
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<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>
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<th><strong>NI = Needs Improvement</strong></th>
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<td><strong>Definition:</strong> 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:</td>
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<td>- Requires direct and repeated supervision, guidance, intervention, or prompting</td>
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<td>- Make questionable, unsafe, or non-evidence-based decisions</td>
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<td>- Fails to complete tasks in a time appropriate manner</td>
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<tr>
<td>- Fails to incorporate or seek out feedback</td>
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<tr>
<td>- Acts in an unprofessional manner</td>
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<tr>
<td><strong>Preceptor Action:</strong> 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.</td>
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<th><strong>SP = Satisfactory Progress</strong></th>
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<td><strong>Definition:</strong> 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:</td>
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<tr>
<td>- Requires infrequent supervision, guidance, intervention, or prompting</td>
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<tr>
<td>- Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor</td>
</tr>
<tr>
<td>- Completes tasks in a time appropriate manner with limited prompting and guidance</td>
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<tr>
<td>- Incorporates feedback from preceptors with minimal prompting</td>
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<tr>
<td>- Acts in a professional manner</td>
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<td><strong>Preceptor Action:</strong> 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.</td>
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<th><strong>ACH = Achieved</strong></th>
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<td><strong>Definition:</strong> 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:</td>
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<tr>
<td>- Appropriately seeks guidance when needed</td>
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<td>- Consistently makes appropriate, safe, or evidence-based decisions on an independent basis</td>
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<td>- Independently and competently completes assigned tasks</td>
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<td>- Consistently demonstrates ownership of actions and consequences</td>
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<td>- Accurately reflects on performance and can create a sound plan for improvement</td>
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<tr>
<td>- Acts in a professional manner</td>
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<tr>
<td><strong>Preceptor Action:</strong> The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</td>
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<tr>
<th><strong>ACHR = Achieved for Residency</strong></th>
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</thead>
<tbody>
<tr>
<td>Back to Table of Contents</td>
</tr>
</tbody>
</table>
**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*
Duty Hours

- When providing patient care, it is important to be fit for duty; this means being mindful of hours worked and ensuring that residents arrive to work able to complete required duties. See Duty Hours Policy that outlines which activities count toward duty hours and the maximum allowable duty hours.
- Residents are expected to self-monitor their compliance with duty hours and complete the Duty Hours Tracking Tool on a weekly basis. The Duty Hours Tracking Tool will be submitted to their residency program director on a monthly basis. It is the resident’s responsibility to notify their residency program director at any point where they are approaching 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Additional details can be found in the Froedtert & MCW Residency Training Programs Duty Hours Document.
- Duty hours tracking forms can be found at: I:\FMLH\PHARMACY\Residency Program\2020-2021\Duty Hours 2020-2021
- ASHP Duty Hours Guidance: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Bonus Shifts

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

Resident Attendance Expectations

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

- Residents are allotted 21 vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval.
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident’s responsibility to identify coverage and communicate the switch.
- It is the responsibility of the resident to notify their 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. Documenting PTO in Kronos

Holidays

- Residents are required to staff two 10-hour holiday shifts during the residency year (described under Resident Staffing Requirements).
- Time off for holidays is subtracted from PTO.
- Residents may elect to be present on rotation (instead of taking PTO) on holidays when not assigned to “staff” with approval of preceptor and residency program director.
- 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.
Unscheduled Absences

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

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

- PTO will be used for unscheduled absence unless other arrangements are made with preceptors and your manager.

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

Expense Reports/Reimbursement

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

**Figure 2: Company Codes and Accounting Units for Travel Reimbursement**

<table>
<thead>
<tr>
<th>Company</th>
<th>Accounting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1 FMF</td>
<td>2010</td>
</tr>
<tr>
<td>PGY1 (Acute Care)</td>
<td>3000</td>
</tr>
<tr>
<td>PGY1 (Am Care)</td>
<td>3000</td>
</tr>
<tr>
<td>PGY1 (Admin)</td>
<td>3000</td>
</tr>
<tr>
<td>PGY1 (MUSP)</td>
<td>3000</td>
</tr>
<tr>
<td>PGY2 Admin</td>
<td>3000</td>
</tr>
<tr>
<td>PGY2 Am Care</td>
<td>3000</td>
</tr>
<tr>
<td>PGY2 Crit Care</td>
<td>3000</td>
</tr>
<tr>
<td>PGY2 EM</td>
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<tr>
<td>PGY2 ID</td>
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<tr>
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<tr>
<td>PGY2 MUSP</td>
<td>1000</td>
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<td>PGY2 Onc</td>
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</tr>
</tbody>
</table>
Official Policy Documents

Title: Residency Program Completion & Extended Absences
Policy Type: Departmental
Department: Pharmacy
Policy Number: AD25.000
Origin Date: 09/13/2005
Date Revised: 06/10/2020
Supersedes: 01/9/2013
Topic(s): Administrative
Keyword(s): Residency program completion, extended absences
Scope: Froedtert Pharmacy

Policy:

Froedtert & the Medical College of Wisconsin PGY1 and PGY2 pharmacy residency programs are designed as 52-week programs. Combined PGY1/PGY2 pharmacy residency programs are designed as 104 week programs. The non-traditional residency program allows the resident to meet the residency requirements over an extended period of time.

A minimum of 49 weeks is required to complete the program and be awarded the residency certificate of completion.

Furthermore, residents are required to complete all activities as outlined for their specific program at a level of acceptable quality.

Finally, good progress must be demonstrated on all program goals as indicated by a level of “Achieved for the Residency” on at least 70% of required goals and “Satisfactory Progress” on all remaining required goals.

In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements.

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

Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired.

Procedure:

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

Preparation: Kristin Hanson, BSPharm, MS
Authorization: Residency Steering Committee
**FROEDTERT PHARMACY POLICY**

Title: Residency Program—Resident Performance Improvement Planning and Corrective Action

Entities Impacted: CMH (X) FMLH (X) SJH ( ) FMCWCP ( )

Effective Date: 8/10/2005
Revised Date: 06/02/2020

**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.
ii. Non-compliance with these policies will be handled by the resident’s leader and the department’s Human Resource liaison.

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

PROCEDURE:

Coaching

D. 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

E. 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.

RELATED POLICIES/PROCEDURES:

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: The Pharmacy Leadership Team

ATTACHMENTS/APPENDICES:

Resident Coaching Documentation Template
Performance Improvement Plan Template
Overview
All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the
requirements set forth in the ASHP Pharmacy Specific Duty Hours and Accreditation Standards.

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

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

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

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

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

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

Residency Duty Hours are all scheduled clinical, administrative & academic activities related to the
residency program including:
• Patient care activities (rotation & staffing)
• Administrative responsibilities
• Committee appointments and assignments
• Scheduled conferences (Milwaukee Citywide, Midyear, GLPRC, etc)
• Projects & tasks assigned by preceptors, program director or coordinator required to meet the
goals & objects of the program
• Work to complete year-long residency project
• Assignments for longitudinal rotations

Residency Duty Hours do NOT include:
• Reading, studying & academic preparation time
• Travel time to & from off-site rotations
• Travel time to & from conferences
• Resident & department social activities

Moonlighting / Bonus Shift Hours
• Extra staffing hours at Froedtert (beyond normal staffing requirements)
• Hours from external moonlighting

Days Free include those calendar days with no \textit{scheduled} residency related activities (although you may still choose to work on projects, readings, etc.)
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. Deanna Zapfel can assist with completing repair requests.

Figure 3. How to Password Protect Patient Data

1. Click “File”, then “Protect Workbook.”
2. From the dropdown menu, select “Encrypt with Password”, then create a password.
Remote Access

- Residents must log into the Automate Provisioning System (APS) in order to request remote access.
  - Use Froedtert Network Credentials to log in, and select “Request for Myself” under “My Access”
  - Type in “connect” using search bar to find line item below (see screenshot). Select this item to request access. Once approved, this will give access to the remote access site: https://connect.froedterthealth.org

Figure 4. How to Request Remote Access via APS

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

Personal Device Access

- Residents may access email on a personal device (phone or tablet). The Froedtert Health Personal Device User Agreement must be completed in order to set up access on the device.
  - This can be found on Scout (also referred to as the “intranet”). Open internet explorer: Homepage > Departments > Information Technology (Froedtert Health) > Froedtert Health Information Technology > Mobile Devices > MyITPortal

Figure 5: Requesting Personal Device Sync

Telephones & Mobile Devices
• The device must have a password or bioID.
• Once set up, IT will have the right and ability to erase company information on the device if needed.
• Once access request has been processed, the Outlook App can be used to access email and calendar. Instructions on how to use the app are available on the IT website.

Workplace
• Workplace is the primary location for organizational communication. It is a work version of the Facebook platform.
• 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.
  o https://froedtert.workplace.com/
  o 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 Teams platform to use for virtual meetings.
• In order to schedule a meeting using WebEx Teams, 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.
• Although existing employees also have access to Skype to set up conference calls and meetings, this application is being phased out.

Figure 6: Meeting Set-Up Using Webex Teams
Email Expectations

- Residents are expected to check Froedtert email daily Monday through Friday during the work week. Responses to email are expected within 24 “business hours” of receipt.
- The specified response time is not required during PTO/vacation, however, residents should use an out-of-office alert to notify sender of absence. Residents are expected to follow-up on email as soon as possible upon return.
- 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 7: 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/ViewContent.aspx?contentId=6d41f7b7-ddee-48e1-8c50-61ddba4dd521&ContentTypeId=ccb019f2-dd72-4de5-8175-dd9629f47da0.
- In general, residents are expected to wear business casual attire when on rotation and staffing on decentral units, ambulatory clinics, outpatient pharmacies or in office environments.
- Scrubs are acceptable in the ED, OR or pharmacy operations areas (central, day hospital, etc.). 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
  - This can be found on Sharepoint: https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame2.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20Order.doc&action=default
  - The department will pay for embroidery, but resident will be responsible for paying for coat
  - Deanna Zapfel, Administrative Coordinator, is the contact person for white coats

Scrub Request Forms

- 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”

Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

Back to Table of Contents
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 Training](image)

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

Parking

- Residents must adhere to their assigned parking locations.
- Residents are encouraged to use technology for participation in off-site meetings using Webex/Skype in order to minimize travel time.
- Additional details about parking can be found in the [parking handbook](#).

Project Days/Working Remotely

- Residents may be allocated project days at the discretion of their residency program director. These days are to be used for program-related projects and research activities. The number of days and when they can be taken will vary based on the residency program.
- Residents may choose to work remotely on their project days, but should be available via Skype, email and/or cell phone.
Additional General Information

Vizient Committee Involvement

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

Academia Opportunities

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

Pharmacy Society of Wisconsin Membership

- One year of membership with the Pharmacy Society of Wisconsin is covered by Froedtert & the Medical College of Wisconsin for all pharmacy residents and staff
- To apply for membership:
  - Go to: http://www.pswi.org/
  - Log in or register for a new account
  - Click: Join or Renew Your PSW and WPQC Membership
  - Select appropriate pharmacy practice area (and practice specialty if PGY2)
  - Under affiliations, search “Froedtert” and select the appropriate location
    - Acute care PGY1 and all PGY2s: Froedtert Memorial Lutheran Hospital
    - FMF PGY1s: Froedtert Health Community Memorial Hospital"
  - Amount due upon registration completion should be zero dollars
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

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. Quarantine due to personal travel may result in the failure of the resident to finish the program by anticipated end date.
- All staff must wear a 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.
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.
# PGY1 Resident Project Timeline

<table>
<thead>
<tr>
<th>March/April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
</tr>
</thead>
<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&lt;br&gt;• 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>Resident action steps&lt;br&gt;• 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>&lt;br&gt;• Schedule and coordinate necessary team meetings&lt;br&gt;• Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date</td>
<td><strong>Resident action steps</strong>&lt;br&gt;• Present protocol draft to Kristin Busse one week prior to PRC presentation date (<a href="mailto:kristin.busse@froedtert.com">kristin.busse@froedtert.com</a>)&lt;br&gt;• Respond to e-mail containing feedback within one week&lt;br&gt;• Distribute finalized protocol to team&lt;br&gt;• Complete e-bridge registration and submission</td>
</tr>
<tr>
<td><strong>Project leads will present available projects to residents during orientation</strong>&lt;br&gt;• Residents submit project rankings (usually top 3)&lt;br&gt;• Projects are assigned&lt;br&gt;• Research team established&lt;br&gt;• Scoping of project and scoping presentation preparation begins</td>
<td><strong>Resident action steps</strong>&lt;br&gt;• Work with advisor and project team to scope project and develop protocol (template available)</td>
<td><strong>Resident action steps</strong>&lt;br&gt;• Midyear Meeting</td>
</tr>
<tr>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Follow up with project leads to get any questions answered prior to submitting project rank list&lt;br&gt;☐ Submit rank list by deadline&lt;br&gt;☐ Build research team with help of project advisor&lt;br&gt;☐ Plan project and begin creating scoping presentation (template on residency SharePoint site)</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Send abstract to project team 2 weeks prior to deadline&lt;br&gt;☐ Submit finalized abstract by deadline</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Submit slide set to RPD and project team prior to deadline&lt;br&gt;☐ Complete Great Lakes practice presentations</td>
</tr>
<tr>
<td><strong>October 2020</strong></td>
<td><strong>November 2020</strong></td>
<td><strong>December 2020</strong></td>
</tr>
<tr>
<td>• Begin data collection after receiving protocol approval&lt;br&gt;• Draft Vizient poster abstract&lt;br&gt;• Submit Vizient poster abstract</td>
<td>• Begin working on Vizient Poster&lt;br&gt;• Submit Vizient Poster after reviewed by research team</td>
<td><strong>Resident action steps</strong>&lt;br&gt;• Great Lakes abstract due&lt;br&gt;• Develop Great Lakes slide set and presentation</td>
</tr>
<tr>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Send abstract to project team 2 weeks prior to deadline&lt;br&gt;☐ Submit finalized abstract by deadline</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Send to poster draft to project team 2 weeks prior to proof deadline&lt;br&gt;☐ Submit for proof printing by deadline&lt;br&gt;☐ Submit for final printing by deadline</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Present poster</td>
</tr>
<tr>
<td><strong>January 2021</strong></td>
<td><strong>February 2021</strong></td>
<td><strong>March 2021</strong></td>
</tr>
<tr>
<td>• Midpoint check-in with PRC (via email)&lt;br&gt;• Develop Great Lakes abstract</td>
<td>• Great Lakes abstract due</td>
<td>• Develop Great Lakes slide set and presentation</td>
</tr>
<tr>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Send abstract to team 2 weeks prior to submission deadline&lt;br&gt;☐ Send to RPD, at least 3 business days prior to submission deadline</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Submit abstract by deadline</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Submit slide set to RPD and project team prior to deadline&lt;br&gt;☐ Complete Great Lakes practice presentations</td>
</tr>
<tr>
<td><strong>April 2021</strong></td>
<td><strong>May 2021</strong></td>
<td><strong>June 2021</strong></td>
</tr>
<tr>
<td>• Great Lakes slide set submission&lt;br&gt;• Great Lakes Conference</td>
<td>• Develop project manuscript</td>
<td>• Manuscript submission deadline&lt;br&gt;• Project wrap-up</td>
</tr>
<tr>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Submit slide set prior to deadline&lt;br&gt;☐ Present at Great Lakes Conference</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Send to project team prior to deadline&lt;br&gt;☐ Send to mentor/advisor by deadline</td>
<td><strong>Resident action steps</strong>&lt;br&gt;☐ Submit manuscript to RPD by deadline&lt;br&gt;☐ Close out study in eBridge, close out of project and tag off to project advisor</td>
</tr>
</tbody>
</table>
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.
• 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.

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 20 and 21, March 27 and 28, April 3 and 4, April 10 and 11, April 17 and 18)
• 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 to find the most updated version of staffing model document – "Pharmacist and Intern Staffing Model", which is listed under 'Shared Files'.
Inpatient Staffing Model (continued)
Froedtert Hospital Inpatient Intern Staffing Plan (April 30th, 2020)

Weekday Condensed Intern Model
4 hour shift with flexible start time between 1700-1800

Intern A
- pSurg1 (2NT, 5SW)
- pSurg2 (10CFAC, 11CFAC)
- pSurg3 (SSW @ 2000)
- pSurg4 (12CFAC, 11CFAC)
- pMed2 (9NT, 8NT)
- pMed3 (7CFAC, 9CFAC)

Intern B
- pICU2 (4PV)
- pCards1 (3W 15-50, 7NT)
- pSurg1 (5NE)
- pSurg3 (3W 1-15, 5NW)
- pMed1 (4SE, 4NE)
- pMed3 (7NT, 5SE)
- pTx1 (4NW)

Check-in: 2NT (pSurg1)
Units to Cover: 2NT, 5SW, 8NT, 9NT, 10CFAC, 11CFAC, 12CFAC, 7CFAC, 8CFAC, 9CFAC

Check-in: 3W (pCards1)
Units to Cover: 4PV, 3W, 4NE, 4NW, 4SE, 45SW, 7NT, 5SE, 5NW

4PV Priority List:
1. admission histories
2. histories for other floors
3. admission histories on “bedded outpatient” or “observation” status

Intern E
Primary Unit: Emergency Department
Secondary Unit: as needed based on patient queue
Pharmacist: ED Pharmacist

Intern O
Primary Unit: Observation Unit
Secondary Unit: 4PV
Pharmacist: Control 1P
### Inpatient and Oncology Team Details

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medicine</td>
<td></td>
</tr>
<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 Glienke</td>
<td>Abby Twigg</td>
</tr>
<tr>
<td>Med4</td>
<td>8NT (MT 4, 10, 11)</td>
<td>Caitlyn King</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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<tr>
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<td></td>
<td>Surgery &amp; Neurology</td>
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<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>Rotating</td>
</tr>
<tr>
<td>Surg3</td>
<td>4PV, ERU (20/8 beds)</td>
<td>Rotating</td>
<td>Rotating</td>
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<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>Rotating</td>
<td>Ann Birkenstock/Sarah Solano</td>
</tr>
<tr>
<td>Surg6</td>
<td>12CFAC (32 beds)</td>
<td>Debbie Kessen</td>
<td>Brittany Tefft</td>
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<tr>
<td>Surg7</td>
<td>5SW, 5NE (19/28 beds)</td>
<td>Stephanie Tchen</td>
<td>Brian Domack</td>
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<tr>
<td></td>
<td></td>
<td>Critical Care/ED</td>
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<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>
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<tr>
<td>ICU2</td>
<td>NICU (20 beds)</td>
<td>Danielle Mabrey*</td>
<td>Kim Haldeman</td>
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<tr>
<td>pICU2</td>
<td>MICU (26 beds)</td>
<td>Kaitlin Cooper Johnson</td>
<td>Patti Rouman</td>
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<tr>
<td>ICU3</td>
<td>MICU (26 beds)</td>
<td>Carla Karczewski</td>
<td>Mike Katz</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
<td>Jessica Cowell,</td>
<td>Cathyyen Dang,</td>
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<tr>
<td></td>
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<tr>
<td>N3/N4</td>
<td>3rd shift ICU</td>
<td>Katie Ewert, Alyssa</td>
<td>Kelly Richardson, Chris</td>
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<tr>
<td></td>
<td></td>
<td>Meixelsperger</td>
<td>Viesselmann</td>
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<tr>
<td>ICU Faculty</td>
<td>MICU</td>
<td></td>
<td>Sarah Peppard</td>
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<td>Cardiology</td>
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<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>
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<tr>
<td>Cards Fac</td>
<td>CVICU, 3W (heart failure team)</td>
<td></td>
<td>Joe Rinka</td>
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<td>Transplant</td>
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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>
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<tr>
<td>pTx1</td>
<td>4NW, TICU (46 beds)</td>
<td>Rotated</td>
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</tbody>
</table>

Rotating team members: Aaron Lentz, Julie Haase, Olivia Mills, Kasey Schmidt, Kaytie Weierstahl, Brittney Duewell, Brian Pella, Libby Sutton

Transplant Team Members: Carolyn Haupert, Jules Felsecker, Roo Bhatt*, Lindsey Verbunker
<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>C1</td>
<td>Central, Obs, BC (0630)</td>
<td>Ben Knapp</td>
<td>Mike Morris</td>
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<tr>
<td>C2</td>
<td>Central, Obs, BC (0800)</td>
<td></td>
<td>Phil Olley*</td>
</tr>
<tr>
<td>pC1</td>
<td>Central, Obs, BC, OR after 1500 (1000)</td>
<td>Phu Cao</td>
<td>Aina Lasky</td>
</tr>
<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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</table>

**Central Pharmacy**

<table>
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<tr>
<th>Specialty Areas</th>
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<tbody>
<tr>
<td>OR</td>
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<tr>
<td>PAT</td>
<td>Pre-Admission Testing</td>
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<tr>
<td>INF</td>
<td>Infusion Clinic</td>
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<tr>
<td>Diab</td>
<td>DAART (Glucose surveillance)</td>
<td></td>
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</tbody>
</table>

**Froedtert Inpatient Oncology**

| Onc1      | 7/8 CFAC (64 beds total) | Rotated | Rotated |
| Onc2      | 7/8 CFAC (64 beds total) | Rotated | Rotated |
| Onc3      | 7/8 CFAC (64 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
Grace Clinic - 2
Grace Clinic – 3 (M, F)
Courage Clinic
Life Clinic
Faith Clinic
Breast Clinic
Hope Clinic (M, T, W, R)
Ambulatory Rotation

**Drexel and Moorland Cancer Center Pharmacists**

Drexel
Moorland

<table>
<thead>
<tr>
<th>Investigational Drugs (IDS) Pharmacists</th>
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<tbody>
<tr>
<td>Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger</td>
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*Denotes Pharmacist Coordinator
**PGY1 Acute Care Specific Information**

**Rotation Opportunities**

### PGY1 Learning Experiences

<table>
<thead>
<tr>
<th>Required Learning Experiences</th>
<th>Pharmacy Administration Rotation*</th>
<th>Intensive Care Rotation*</th>
<th>Elective Rotations</th>
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<tr>
<td>Orientation</td>
<td>Department Administration</td>
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<td>Clinical Practice Management</td>
<td>Surgical / Trauma Critical Care</td>
<td>Cardiology</td>
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<td>Operations Management</td>
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<td>Medication Safety</td>
<td>Cardiovascular Critical Care</td>
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<td>*Choose at least 1 rotation from each of the categories above</td>
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<td>Medication Utilization (CMU)*</td>
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<td>Medicine II (precepting focus)</td>
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<td>Other Combo: (Anemia, Cardiology, GI/Hepatology, Endocrine, Pulmonary, Rheumatology, Sickle Cell, Neurology)</td>
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*Each resident will complete 8-9 four-week rotations with additional weeks available for extended rotations and/or other learning experiences*

*Highly encouraged for residents looking to early commit to Onc PGY2, required for MUSP and HSPAL*  
**An ambulatory care experience will be required for PGY1 HSPAL**

### 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 Skype, 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.
- A 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.

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
    - Vizient Poster Submission during the ASHP Annual Clinical Meeting
    - Great Lakes slide set submission – see Great Lakes website http://glprc.com/
    - Great Lakes Residence Conference presentation
    - 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

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 CMU 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 do not elect to do a CMU 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 monograph during their CMU or admin 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 up 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 may precept this experience.

### 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
    - CMU 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 the resident may participate from home. During virtual meetings, residents may be asked to use Webcams to enhance the learning experience or discussion.

### 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
  o 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)
  o 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
  o Planned citation/article and recommendation for pharmacist preceptor should be submitted to Journal Club Coordinator (Audrey Kostrzewa) at least 3 weeks prior for approval.
  o 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
  o The resident responsible for presenting should thoroughly review that article prior to presentation in order to generate discussion about the topic.
  o PowerPoint will NOT be used as a means to present the article. The presenter should assume that audience members have read the article.
  o 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.
  o 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 HSPA 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

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)
  o Usually at Froedtert for an entire week at a time (Fall and Spring)
  o Often students may be with you for half a day and then spend the other half of the day with another resident
  o 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)
  o Usually at Froedtert on Fridays or weekends for 8 hours at a time
  o Students will be with you during your PM staffing shifts
  o 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
  o Students will be completing IPPE rotational experiences on Fridays throughout the year.
  o 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.
  o Email will be used to gather feedback from other residents throughout the rotation.
  o Teri Mattek will contact residents who are assigned to be evaluators.

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 least one of four patient care labs
  - Resident is expected to attend a pre-lab planning meeting 1 week in advance, either in person or via phone
  - Typically occur 8AM – 1PM once a week, and residents are expected to arrive 30 minutes prior to the start of lab (attempt to schedule 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 the 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 the teaching certificate) will participate in a half-day training session at MCW during orientation

Other Required Learning Experiences

Committee Membership

- Involvement with one or more hospital or departmental committees is required - this list may be subject to change.
- Assignments such as small projects, taking of minutes, etc. may be required.
- At the beginning of the residency year, residents will submit a rank list for their preferred committee involvement
- 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

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
  - Pharmacy Week coordinator
  - Residency Conference Coordinator
  - Academic half-day coordinator
  - Student Clinical Trainer (Inpatient)
  - Historian
  - Duty Hours Tracking coordinator
o Naloxone Utilization Coordinator
o Resident Office Manager
o Resident Time Study Coordinator

• Descriptions of administrative responsibilities can be found on the iDrive:
  iDrive:\FMLH\PHARMACY\Residency Program\PGY1 Admin Assignments

Recruitment Events – options may change
  o Pharmacy Society of Wisconsin (PSW) Annual Meeting
  o Illinois Council of Health-System Pharmacists (ICHP) Annual Meeting
  o Concordia University Wisconsin
  o University of Michigan
  o University of Wisconsin – Madison
  o University of Iowa

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
  o July/Aug – Resident Research Symposium (Froedtert Hospital)
  o Aug/Sept – Preceptor Development (Concordia University)
  o 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.

Other Experiences

Vizient/American Society of Health-system Pharmacists (ASHP) Midyear Clinical Meeting
• Occurs in early December
• Activities:
  o Poster presentation (at Vizient meeting)
  o Resident recruitment
  o Others as required

Great Lakes Pharmacy Resident Conference (April)
• Occurs in late April
• A regional conference that offers the opportunity for residents from Illinois, Indiana, Kentucky, Michigan, Ohio and Wisconsin to present their research projects to their peers and colleagues
• Activities:
  o Project presentation (20 minute presentation and 5 minutes for questions)
  o Attendance and active participation during other resident presentation
  o 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.

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 quarterly

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).
- 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.
- Residency Advisory Committee Meetings will be held in October, January, April and June. Residents will attend the June meeting. Updated development plans should be uploaded in pharmacademic by Oct 1st, Jan 1st and April 1st. Residents should update their plan and discuss it with their mentor before these dates.
- Important: in order to pass the residency, good progress must be demonstrated on all program goals as indicated by a level of “Achieved for the Residency” on at least 70% of required goals and “Satisfactory Progress” on all remaining required goals
- Residents are responsible for monitoring their progress on residency objectives and must keep preceptors informed about objectives that should be focused on for each rotation

Residency Advisory Committee

- Residency Advisory Committee meetings will be held in October, January, April, and June. Residents will attend all four meetings. Other attendees include 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 are responsible for working 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.

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<tr>
<th>Entering Characteristics</th>
<th>Initial Plan: Changes to Program</th>
<th>1st Quarter Update/Effectiveness of Changes</th>
<th>2nd Quarter Update</th>
<th>3rd Quarter Update</th>
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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.

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 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.

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 poor 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:
  - 1200-1300 Resident Candidate Interview Lunch
  - DONE ON ROTATION BY 1615/1630 (central PM bonus shift @ 1700)
- Thursday, 2/26:
  - 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