



Froedtert Menomonee Falls Hospital Pharmacy Residency Manual

2020 – 2021

This manual has been developed for the PGY1 Pharmacy Residency Program at Froedtert Menomonee Falls 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 to the Residency Program Director, Residency Coordinator or the Residency Steering Committee. There may be changes to the policies and procedures at any time when deemed necessary. You will be informed of those changes accordingly.

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About Froedtert Health

Froedtert & the Medical College of Wisconsin

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

- Froedtert Menomonee Falls Hospital

Froedtert Menomonee Falls Hospital (FMF) is a 200-bed community hospital located in Menomonee Falls, Wisconsin. It was founded in 1964 by the citizens of Menomonee Falls and surrounding communities. It is a full-service hospital that specializes in cancer care, heart and vascular care, orthopedics, women's health, and advanced surgical procedures. Froedtert Menomonee Falls Hospital is part of the Froedtert & MCW health care network, which also includes Froedtert Hospital in Milwaukee, Froedtert West Bend Hospital, Froedtert Kenosha Hospital, Froedtert Pleasant Prairie Hospital, Moorland Reserve Emergency Department and more than 25 primary and specialty care health centers and clinics.

Vizient Top Ranked Complex Teaching Medical Center in US

In 2018, Froedtert Menomonee Falls Hospital received a Bernard A. Birnbaum Quality Leadership Award, ranking No. 1 out of 100 participating complex teaching medical centers in Vizient's annual Quality and Accountability Study and a five-star ranking and overall second place finish in the 2019 ranking.

Achievement of this ranking means patients cared for at FMF have a higher likelihood of surviving, avoiding complications, receiving reliable care regardless of condition or personal status, and communicating effectively with physicians and staff, than they would at other participating institutions in this category across the country.

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, safe, 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

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)
 - 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
 - Appropriateness and de-prescribing of medications in elderly patients (Acute Care of Elders Unit)
 - 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
 - Parenteral nutrition
 - Dofetilide

- Medication induced QTc prolongation assessment

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 and release of held discharge prescriptions prior to patient discharge
- Complete discharge medication counseling to patient prior to discharge based on criteria
- 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

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 Menomonee Falls 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 medical 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 Menomonee Falls 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 Hem/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 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

- The FMF Outpatient Pharmacy is open Monday through Friday
- 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
- 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 Menomonee Falls Hospital
- 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

Center for Medication Utilization

The Center for Medication Utilization (CMU) team promotes the safe, effective and fiscally responsible use of medications across Froedtert & MCW. The team provides structure and support for the System Pharmacy & Therapeutics Committee and is integral to many critical medication management efforts across the health network including:

- Medication utilization management for medication spending and reimbursement
- 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 of development 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

The pharmacy informatics team manages, implements, and designs automation and technology including the electronic health record, distributive technologies, and ancillary programs across the Froedtert and the Medical College enterprise

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

Prior Authorization/Patient Assistance Services

Specialty Pharmacy at Froedtert and the Medical College of Wisconsin touches a variety of areas within our health system. In its simplest form, specialty pharmacy refers to the overall management of the high cost, often chronic medications used by our patients in and outside of our hospitals or clinics. The work of the Specialty Pharmacy team at Froedtert includes:

- Acquire prior authorizations for specialty medications infused or administered at any of our Froedtert and the Medical College of Wisconsin campuses and health centers
- Acquire prior authorizations for specialty medication prescriptions dispensed from one of our Froedtert outpatient pharmacies
- Obtain medication and/or financial assistance for patients who are uninsured or unable to afford their specialty medication
- 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

- Residency Program Leadership

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 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

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

PGY2 Emergency Medicine

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

PGY2 Infectious Diseases

- **Alison Gible, 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

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

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

- I. The pharmacy resident should submit appropriate documentation to the Wisconsin State Board of Pharmacy as soon as possible after learning they have matched with a Froedtert residency program.
- II. The resident must be fully licensed as a pharmacist (successfully pass the NAPLEX and MPJE exam and have an active pharmacist license) within 90 days of the beginning of the residency.
- III. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
 - a. If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the RAC may consider allowing a 30 day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist.
 - i. If approved, this extension will be noted in the RAC minutes.
 - ii. If this extension is not approved, the resident will be dismissed.
 - b. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.
- IV. If a 30 day extension has been provided and the resident is still not licensed as a pharmacist, the following describes the outcome for the resident.
 - a. If the resident has signed up to retake the test(s) but not successfully completed, the RAC may consider allowing an additional extension, not to exceed 90 days (i.e. 210 days after the beginning of the residency).
 - i. If approved, this extension will be noted in the RAC minutes, and the residency will be suspended until such time as the resident is licensed as a pharmacist. Once licensed, the residency will be extended by the amount of time as the extension to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a

licensed pharmacist. If the resident is not licensed as a pharmacist by the end of this extension, the resident will be dismissed.

ii. If this extension is not approved, the resident will be dismissed.

b. Factors taken into consideration will include:

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

Name:	Pharmacy Resident Duty Hours
Last review:	September, 2020 (Revised)
Next review:	December, 2023
Description:	keywords: duty hours, moonlighting
Policy number:	40310-006
Origination Date:	June, 2013
Purpose:	to assure adherence to the ASHP Pharmacy Specific Duty Hours and Accreditation Standards

Policy:

The Froedtert Menomonee Falls Hospital (FMF) pharmacy residency training program abides by the requirements set forth in the ASHP Pharmacy Specific Duty Hours and Accreditation Standards.

[ASHP Duty Hours Requirements](#)

Procedure:

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

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

"Moonlighting" outside of FMF is strongly discouraged among residents. If a resident opts to work intermittently outside of FMF, it is expected that they will report the activity to the RPD or RPC. This activity is included as a part of duty hours.

Any additional shifts (bonus shifts) worked within FMF 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 or RPC are eligible to pick up bonus shifts.

Residents are expected to self-monitor their compliance with duty hours and report deviations to the RPD or RPC.

Name: Residency Program Completion & Extended Absences (FMF)
Last review date: September, 2020
Next review date: September, 2023
Description: keywords: residency program completion, extended absences
Policy number: 40310-005
Origination date: January, 2013
Purpose: describe requirements for residency completion and handling of extended absences

Policy:

The residency program is designed as a 52-week program. A minimum of 49 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion.

Furthermore, residents are required to complete all activities outlined on the Activity Checklist at a level of acceptable quality.

All goals in Competency Area R1, Patient Care must be “Achieved for Residency” and good progress must be demonstrated on all other program goals as indicated by a level of “Achieved for Residency” on at least 70% of required goals and “Satisfactory Progress” on all remaining 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:

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.

Name: Resident Performance Improvement Planning and Corrective Action (FMF)

Last review: October, 2020 (Revised)
Next review: October, 2023
Policy number: 40310-003
Origination Date: January, 2013
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.

Residency Program Coordinator (RPC) – The pharmacist assigned by the RPD to assist in conduction of the residency program, handle administrative tasks and provide leadership to the pharmacy residency program.

Mentor – A pharmacist assigned by the residency program director to assist with resident development during the residency year.

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

Policy:

- A. In order to complete residency training at Froedtert Health, residents must meet criteria outlined in 40310-005 Residency Program Completion & Extended Absences policy.
- B. If at any point during the residency program, it is determined that a resident is consistently and/or substantially not fulfilling the expectations of the residency, a formal process for improvement will be initiated by the Residency Program Director (RPD). The RPC and resident's mentor 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 Health policies and procedures.
 - i. As a Froedtert Menomonee Falls Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies.
 - ii. Non-compliance with these policies will be handled by the RPC, Director of Pharmacy and the department's Human Resource liaison.

Procedure:

Coaching

- A. When a preceptor or other member of the pharmacy department identifies that the resident is not meeting expectations, this information shall be communicated directly to the resident, the RPD and the RPC.
 - 1. In addition to verbal feedback, the preceptor should provide written feedback to the resident in PharmAcademicM with clear direction for the improvements that are needed. "Needs Improvement" should be used to document deficiencies. The RPD and/or RPC will investigate by following up with the resident's preceptor as well as other preceptors and pharmacists who have worked with the resident. The RPD and RPC 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 may also be included at the discretion of the RPD and RPC.

2. The RPD and RPC will write a formal plan with actionable goals that has a distinct timeline using the attached template. The resident and RPD will sign off on this document. The RPD will add this plan to the resident's personnel file.
3. The RPD and RPC will schedule follow-up meetings with the resident at two and four weeks to discuss progress with the plan. 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 RPC will determine if additional follow-up is needed.

Formal Performance Improvement Plan

B. At the end of the four-week time period, if it is determined that the resident has not made sufficient progress in improving performance, the RPD and RPC 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 RPD will be responsible for discussing the situation with the department's HR liaison and the Director of Pharmacy.
2. The RPD and RPC 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 RPD 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 RPD and RPC will schedule follow-up meetings with the resident based on the timelines established in the Performance Improvement Plan. The resident's mentor may be included in these meetings at the discretion of the RPD and RPC.
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, RPC and Director of Pharmacy shall discuss dismissal of the resident from the program and/or termination of employment.
5. The Director of Pharmacy, RPD and the RPC will make the final decision regarding dismissal/termination in consultation with the department's Human Resource liaison.

ATTACHMENTS/APPENDICES:

Resident Coaching Documentation Template
Performance Improvement Plan Template

Residency Requirements for Program Completion

- In order to complete residency and earn a residency certificate, the resident must complete all program-specific requirements at an acceptable level of quality as outlined in the residency manual including:
 - Complete certifications
 - Wisconsin Pharmacist Licensure
 - Advanced Cardiac Life Support (ACLS) Certification
 - Complete projects
 - Year-long Resident Project
 - Participate in Medication Use Evaluation (MUE)
 - Review/revise or create a monograph/guideline/protocol
 - Present Journal Clubs (2)
 - Facilitate an Administration Topic Discussion (Academic Afternoon)
 - Present a Medication Error Review (Academic Afternoon)
 - Present a Quarterly Medication Error Report to CHD Medication Safety Committee
 - Complete required learning experiences
 - Attend at least 1 IRB meeting
 - Be involved with one or more hospital or departmental committee
 - Fulfill administrative responsibility requirement
 - Attend 1 or more recruitment event
 - Serve as primary preceptor for IPPE 1-4 and assist with APPE student precepting
 - Meet with mentor approximately once monthly
 - Contact primary preceptor(s) for each rotation 2 weeks prior to the start of the rotation with an introductory e-mail
 - Complete evaluations in PharmAcademic the Sunday after each learning experience
 - Monitor progress on residency objectives and keep preceptors informed of objectives to focus on for each learning experience
 - Attend site visits and Citywide resident events
 - Update duty hour tracking documents regularly and submit quarterly
 - Submit early commit documents by November 1st to program director
 - Attend ASHP Midyear Clinical Meeting
 - Attend and present project results at Great Lakes Pharmacy Resident Conference, PSW Educational Conference and/or the Froedtert Research Symposium
- Achieve for Residency (ACHR) all educational objectives in Competency Area R1: Patient Care goals, and demonstrate progress in meeting program goals indicated by a level of “Achieved for Residency” on at least 70% of required goals in other Competency Areas and “Satisfactory Progress” on remaining goals.

PharmAcademic Evaluations

- All Froedtert residency programs utilize PharmAcademic for completion of resident performance evaluations.
- Ideally all evaluations should be completed by the last day of rotation but 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

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

Last revised 06.06.18 WJ

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.

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.

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 and Bonus Shift Hours

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

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

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 residency program director on a monthly basis. It is the resident's responsibility to notify their residency program director at any point when they are approaching 80 hours per week, averaged over a four-week period, inclusive of all moonlighting.

Duty hours tracking forms can be found in the I-drive/PHARMACY/Residency Program/2020-2021/Duty Hours 2020-2021 folder.

Bonus Shifts

- PGY1 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. The resident should also complete a punch exception form to prompt payment.
- Resident Attendance Expectations
 - Residents are expected to be on-site at least 8 hours/day Monday-Friday
 - Residents are expected to notify their program director and manager in advance (as soon as possible) in the event that they will not be on-site on a weekday
 - The following are examples when RPD and manager should be notified:
 - Resident is taking scheduled PTO (vacation, interview, etc) or bereavement time
 - Resident is off during the week with the intent of making up the day on a weekend
 - Resident has an unscheduled absence (sick, emergency, etc)

Paid Time Off

- Residents are allotted fourteen vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews (job and PGY2 opportunities) and illness. Residents must notify the program director and scheduler 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)
- Residents are allowed bereavement pay following policy. Time away for bereavement counts towards the 14 days away/year.

Holidays

- FMF recognizes six official holidays: Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents are required to staff two 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.

Unscheduled Absences

- For inpatient or ambulatory staffing shifts/rotation:
 - Contact central pharmacy at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (262-257-3070) regardless if you are on rotation or 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 central pharmacy staff will notify your preceptors and residency program director of the absence. The resident may also send notification if desired
- PTOU (unplanned) will be used for unscheduled absence unless other arrangements are made with preceptors and your manager

Professional Leave/Business Days (not PTO days)

- Professional leave will be granted to attend the ASHP Midyear Clinical Meeting, the Vizient Pharmacy Council meeting, the Great Lakes Pharmacy Resident Conference, the Wisconsin Pharmacy Residency Conference and other meetings approved by the Residency Steering Committee. A maximum of **10** days for meeting attendance is allocated.
- More days may be approved for the resident to attend other professional organization meetings; however, approval by the RPD and the Residency Steering Committee must be obtained.

Professional Meeting Attendance and Funding

- Funding for professional meetings will be reviewed by the residency program director and FMF Director of Pharmacy.
- Additional travel costs will be covered by the resident unless otherwise pre-approved by the Director of Pharmacy

PGY1 Residents

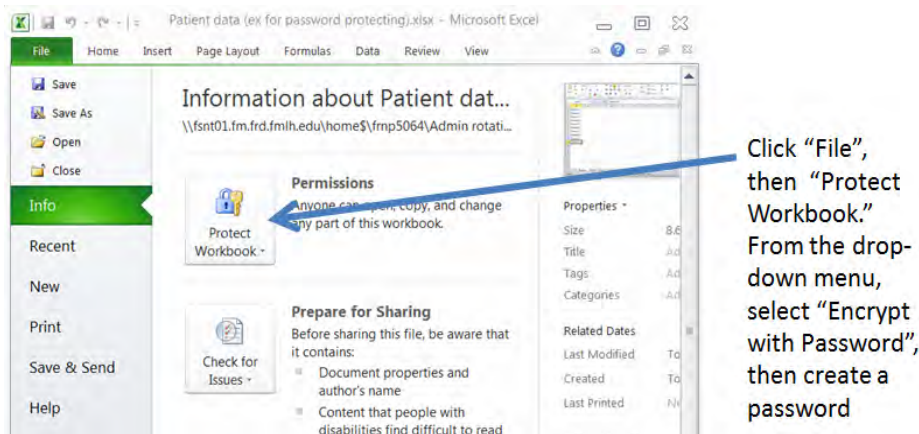
- PGY1 residents are expected to attend the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
- PGY1 residents are expected to present a poster at the Vizient Pharmacy Council meeting
- PGY1 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.
- Expense Reimbursement
 - To complete an expense report:
 - FMF Hospital Scout (main screen) → Department → Finance → Expense Reimbursement Link: <https://fh.sp.froedtert.com/sites/1580/default.aspx>
 - Enter your last name, first name (search or use address book); fill in all required personal information
 - Click "Edit" to fill in date, description of reimbursement
 - Company # is 2010 (CMH)
 - Account Unit is 40310 (Pharmacy Residency Program)
 - Account # 866100 or 866560 (Prof Develop/Seminar Expense or Recruitment) check with RPD
 - Amount requested (total amounts)
 - Additional fields not needed
 - Click finish to attach receipt files then submit once done
- All expense reports for travel must be completed prior to the trip or within 30 days from the return date in order to ensure reimbursement
- All original receipts must be kept and attached to the electronic 'Expense Reimbursement' request

Resources for Residents

Residents will be issued laptop computers to be used throughout the year

- **Laptops:** Laptops should be used as a workstation while on rotation (including for clinical rotations) and 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").
- Any loss or damage must be reported to the RPD or CHD Director of Pharmacy as soon as possible. The resident may be responsible for covering any fees related to loss or damage.

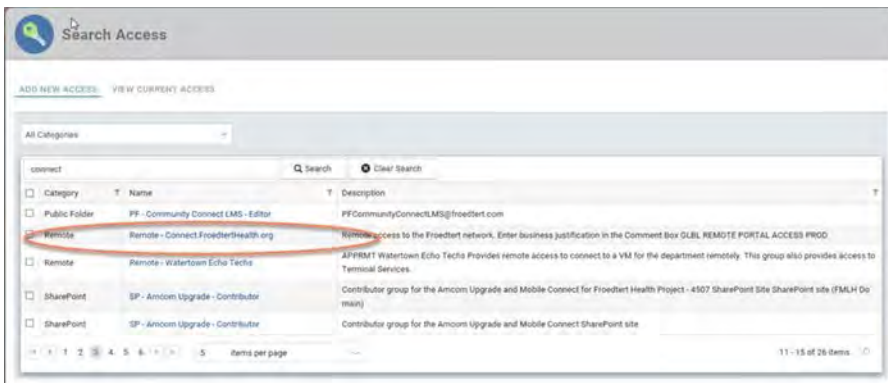
Figure 2. How to Password Protect Patient Data



Remote Access

- Residents must log into the Automated 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 3. How to Request Remote Access via APS

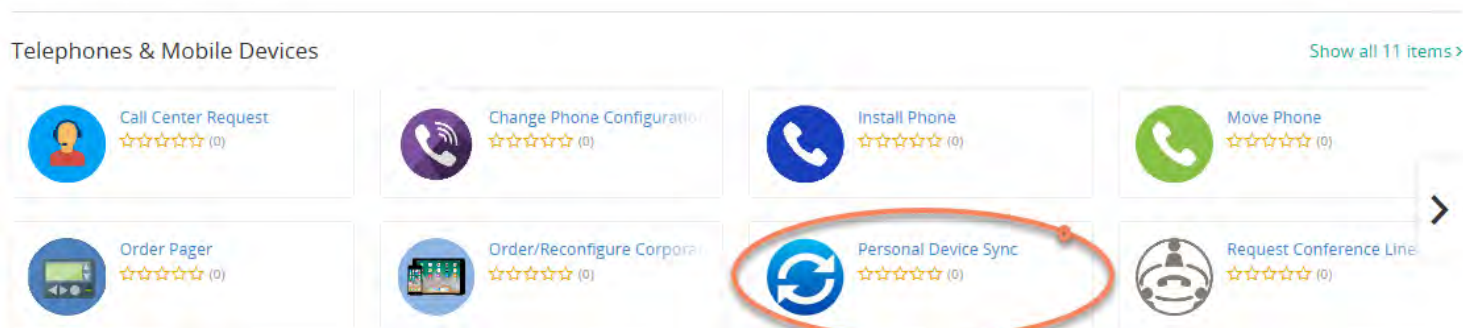


- Citrix must be downloaded on any computers used to access the Froedtert system remotely. The IT help desk may be contacted at (262) 257-5555 to assist with download if needed.
- The VIP App must be downloaded and used as a method for remote authentication. The app should be downloaded from a Froedtert Campus. Click link below to access instructions: <http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Forms/Fre e%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 sites
 - Froedtert Network drives (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 4: Requesting Personal Device Sync



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

Email Expectations

- Residents are expected to check FMF 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 approved template (see below). Directions on how to set up an email signature can be found on the Scout page under Marketing and Communications Department – Brand Resource Center
<http://intranet.froedtert.com/?id=17585&sid=5>

Dress Code

- The Froedtert Health Dress Code - Personal Appearance Policy is posted in Medworxx. Search the Keywords field using “Dress Code”.
<http://fhpolicy.s1.fchhome.com/Content/Policies.aspx?ContentTypeld=7ac99c1-2e09-41a2-8256-d60690e7a55>

- In general, residents are expected to wear business casual attire when on rotation and staffing on decentral units
- Scrubs are acceptable in the ED, Cancer Care Center or central pharmacy
- 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 de-centrally

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

Scrubs

- Scrubs will be provided in central pharmacy if needed.

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 title: PGY1 Pharmacy Resident
If any issues arise, please contact the FMF Pharmacy secretary

Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

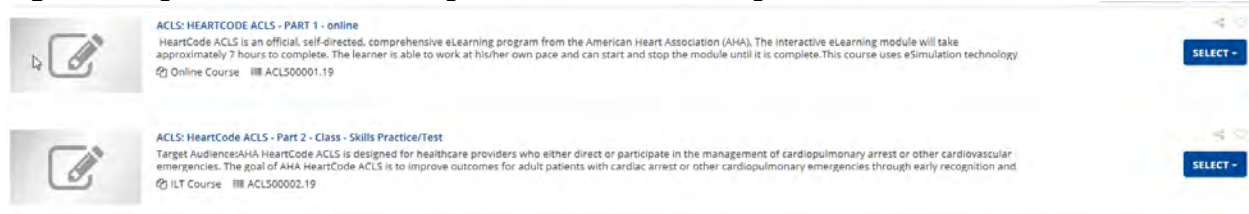
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications

- FMF offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
 - Residents are required to take and maintain BLS and ACLS certification. Residents are expected to complete ACLS prior to starting ICU or ED rotations or staffing in these areas.
 - FMF does not require pharmacists maintain BLS; however, it is necessary if administering vaccinations. It is available for residents and pharmacists, but requires manager approval to enroll.
- 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 based on their rotation/staffing schedule

ACLS

Figure 4. Registration in The Learning Center for ACLS Training



- 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

Project Days

- Residents are not scheduled for project days. They will work on program-related projects and research during free time on Wednesdays when not participating in discussion topics or system wide Academic Afternoon activities.

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

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

Academia Opportunities

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

Medical College of Wisconsin Teaching Certificate Program



TEACHING CERTIFICATE PROGRAM



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

PROGRAM BENEFITS

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

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

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

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





TEACHING CERTIFICATE PROGRAM STRUCTURE

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

Residents

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



TEACHING CERTIFICATE REQUIREMENTS

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

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

Available live/online modules include:

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

PROGRAM COSTS

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

PGY1 Resident Project Timeline

March/April 2020	May 2020	June 2020
Call for projects from staff Remind any potential project advisors to complete CITI training	Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training	Finalized project list distributed to incoming residents
Resident action steps = none	Resident action steps Go to https://www.citiprogram.org/ and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators	Resident action steps Review available projects and prepare questions to ask project leads once on-site
July 2020	August 2020	September 2020
<ul style="list-style-type: none"> Project leads will present available projects to residents during orientation Residents submit project rankings (usually top 3) Projects are assigned Research team established Scoping of project and scoping presentation preparation begins 	<ul style="list-style-type: none"> Work with advisor and project team to scope project and develop protocol (template available) 	<ul style="list-style-type: none"> Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback PRC submits feedback that resident must respond to and return in order to obtain protocol approval
Resident action steps	Resident action steps	Resident action steps
<input type="checkbox"/> Follow up with project leads to get any questions answered prior to submitting project rank list <input type="checkbox"/> Submit rank list by deadline <input type="checkbox"/> Build research team with help of project advisor <input type="checkbox"/> Plan project and begin creating scoping presentation (template on residency SharePoint site)	<input type="checkbox"/> Schedule and coordinate necessary team meetings <input type="checkbox"/> Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date	<input type="checkbox"/> Send protocol draft to Kristin Busse one week prior to PRC presentation date (kristin.busse@froedtert.com) <input type="checkbox"/> Respond to e-mail containing feedback within one week <input type="checkbox"/> Distribute finalized protocol to team <input type="checkbox"/> Complete e-bridge registration and submission
October 2020	November 2020	December 2020
<ul style="list-style-type: none"> Begin data collection after receiving protocol approval Draft Vizient poster abstract Submit Vizient poster abstract 	<ul style="list-style-type: none"> Begin working on Vizient Poster Submit Vizient Poster after reviewed by research team 	<ul style="list-style-type: none"> Midyear Meeting
Resident action steps	Resident action steps	Resident action steps
<input type="checkbox"/> Send abstract to project team 2 weeks prior to deadline <input type="checkbox"/> Submit finalized abstract by deadline	<input type="checkbox"/> Send to poster draft to project team 2 weeks prior to proof deadline <input type="checkbox"/> Submit for proof printing by deadline <input type="checkbox"/> Submit for final printing by deadline	<input type="checkbox"/> Present poster
January 2021	February 2021	March 2021
<ul style="list-style-type: none"> Midpoint check-in with PRC (via email) Develop Great Lakes abstract 	<ul style="list-style-type: none"> Great Lakes abstract due 	<ul style="list-style-type: none"> Develop Great Lakes slide set and presentation
Resident action steps	Resident action steps	Resident action steps
<input type="checkbox"/> Send abstract to team 2 weeks prior to submission deadline <input type="checkbox"/> Send to RPD, at least 3 business days prior to submission deadline	<input type="checkbox"/> Submit abstract by deadline	<input type="checkbox"/> Submit slide set to RPD and project team prior to deadline <input type="checkbox"/> Complete Great Lakes practice presentations
April 2021	May 2021	June 2021
<ul style="list-style-type: none"> Great Lakes slide set submission Great Lakes Conference 	<ul style="list-style-type: none"> Develop project manuscript 	<ul style="list-style-type: none"> Manuscript submission deadline Project wrap-up
Resident action steps	Resident action steps	Resident action steps
<input type="checkbox"/> Submit slide set prior to deadline <input type="checkbox"/> Present at Great Lakes Conference	<input type="checkbox"/> Send to project team prior to deadline <input type="checkbox"/> Send to mentor/advisor by deadline	<input type="checkbox"/> Submit manuscript to RPD by deadline <input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor

PGY1 Pharmacy Residency Program-Specific Information

PGY1 Program Description

Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Program Outcomes

- Provide patient-centered, pharmaceutical care in a variety of healthcare settings
- Commitment to life-long learning and self-evaluation
- Commitment to the profession of pharmacy
- Acquisition of a marketable skill set
- Ability to work as a member of a multidisciplinary team
- Dedication to educating patients & health care professionals

Features

- Flexible, comprehensive training in a variety of areas
- Residency training program established in 2012
- Limited number of required rotations with some integrated throughout the year
- A variety of elective rotations are available
- Rotations and activities are tailored to meet the needs and interests of each resident
- Opportunities to work with and serve as a preceptor for student pharmacist rotations

Residency Leadership

Terry Audley

PGY1 Residency Program Director

Telephone: 1-262-257-3077

E-mail: Terry.Audley@froedtert.com

John Muchka

PGY1 Residency Coordinator

Telephone: 1-262-257-3070

E-mail: John.Muchka@froedtert.com

Learning Experiences

PGY1 Learning Experiences	
Required Learning Experiences	Elective Rotations
<ul style="list-style-type: none"> Acute Care Clinical Practice (longitudinal) Academia - Medical College of WI School of Pharmacy, Patient Care Labs (longitudinal) Administration/Leadership (6 weeks) Cardiology (6 weeks) Critical Care (6 weeks) Drug Policy (longitudinal) Infectious Disease (longitudinal) Internal Medicine (6 weeks) Medication Safety (longitudinal) Medication Utilization Evaluation (longitudinal) Orientation (5 weeks) Residency Yearlong Project (longitudinal) 	<ul style="list-style-type: none"> Academia - Medical College of WI School of Pharmacy, Teaching Certificate Program (TCP) (longitudinal) Ambulatory Care select from <ul style="list-style-type: none"> Anticoagulation Clinic (4 weeks), Emergency Medicine (6 weeks) Oncology (4 weeks) Antimicrobial Stewardship (6 weeks) Pharmacy Informatics (4 weeks)

PGY1 Requirement Checklist

- Certifications
 - Wisconsin Pharmacist Licensure
 - Advanced Cardiac Life Support (ACLS) Certification
- Projects
 - Year-long Resident Project
 - Medication Use Evaluation (MUE)
- Monograph/Guideline
- Journal Clubs (2)
- Administration Topic Discussion (Academic Afternoon)
- Medication Error Review (Academic Afternoon)
- Quarterly Medication Error Report to CHD Medication Safety Committee
- Required Experiences
- Attend at least 1 IRB meeting
- Be involved with one or more hospital or departmental committees
- Administrative responsibility requirement
- Attend 1 or more recruitment events
- Work as primary preceptor for IPPE 1-4 and assist with APPE student precepting
- Meet with mentor approximately once monthly and advisor approximately quarterly
- Contact primary preceptor(s) for each rotation 2 weeks prior to the start of the rotation with an introductory e-mail
- Evaluations should be completed in PharmAcademic the Sunday after each rotation
- Monitoring of progress on residency objectives and keeping preceptors informed about objectives that should be focused on for each rotation
- Attend site visits and Citywide resident events
- Duty hour tracking documents should be updated regularly and submitted quarterly
- Submit early commit documents by November 1st to program director
- Attend Midyear Meeting
- Attend and present project results at Great Lakes Residency Conference, PSW Educational Conference and/or Froedtert's Research Symposium

PGY1 Residency Requirement Details

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.

Project

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 (page 15) 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 monograph, class review, or guideline
- Throughout the year, residents will work in teams to complete these requirements
 - In general, the MUE is completed in a team of 3-4 residents, and the monograph is completed individually
- During this process, residents will focus on a medication or group of medications and evaluate our current processes with the goal of being able to optimize our medication use with resulting improvements in patient outcomes
- Each resident team will have a pharmacist preceptor to provide guidance and direction.
 - Monograph: See 'Rotation-Preceptor List' on Residency Sharepoint for the designated preceptor to contact. Residents are responsible for contacting this person 2 weeks prior to the monograph rotation. Residents will also be responsible for presenting monograph at P&T Committee meeting. Presentation time will fall outside of monograph rotation.
 - MUE: See 'Rotation-Preceptor List' on Residency Sharepoint for the designated preceptor to contact. 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.
- Timelines for the projects will vary - some will be due early in the year, while others may be later in the year. The length of project can also vary.

- Residents will be given project time away from rotation in order to complete the monograph, project days may be used to complete the MUE
- Resources including templates, examples, citation formatting guides and others are available on the Residency SharePoint

Journal Clubs

- Each resident will present one journal club throughout the year
 - A schedule for the year will be posted on the Residency SharePoint
- Resources for journal club are found on the Residency SharePoint within the Journal Club Workspace
- Article requirements
 - Published in previous 12 months, except if the trial is considered a pivotal trial
- For example, a resident may present on the NICE-SUGAR trial, which was published >1 year ago, but is a pivotal trial. When the resident submits the journal for approval, the preceptor will confirm if the journal is considered a pivotal trial (see below)
 - Topic should be medication-related, original research, and either
 - Something of interest to resident
 - A study expected to make a large impact
- Article/Preceptors Selection and Approval Process
 - Planned citation/article and recommendation for pharmacist preceptor should be submitted to Journal Club Coordinator (Audrey Kostrzewa) at least 3 weeks prior for approval.
 - Residents should not ask the pharmacist preceptor to precept journal club articles prior to receiving approval from Audrey Kostrzewa. After receiving approval for the article and preceptor, it is the resident's responsibility to contact the pharmacist preceptor and ask them to serve as the journal club preceptor.
- Preparation
 - The resident responsible for presenting should thoroughly review that article prior to presentation in order to generate discussion about the topic.
 - PowerPoint will NOT be used as a means to present the article. The presenter should assume that audience members have read the article.
 - If deemed necessary by the presenter, a handout (up to one page) may be created in order to provide additional background information about the topic. This should NOT be a detailed overview of the article.
 - The presenter should use their preceptor to help with preparation. For additional preparation assistance, they may contact the CMU team via cmu@froedtert.com email address.
- Article distribution
 - 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, CMH Pharmacists and FMLH Pharmacy Residents (this group includes CMH Residents).
- Participation
 - All PGY1 residents are expected to read the journal club article prior to coming to journal club (this should take about 30-60 mins).
 - PGY1 residents should bring a paper copy of the article (ie laptops are not allowed) as a reference to use during the discussion.
 - The presenter should make an effort to generate discussion and call on people in order to make journal club interactive.
- Evaluation
 - Pharmacist preceptor will be responsible for evaluating journal club presentation in PharmAcademic.
 - 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

- Presentations should be approximately 45 minutes in length and contain active learning/participation
- 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
 - Topics will be assigned by PGY2 HSPA residents at the beginning of the year

Medication Error Review

- Each resident will review medication error reports during the Medication Safety rotation(through VIZIENT Safety Intelligence – Safety Event Reporting System), trend data and present to residency class at Academic Half-Day
- Activities:
 - Evaluate all medication errors reported through VIZIENT Safety Intelligence – Safety Event Reporting System for area where completing rotations (recommended to review submitted errors daily)
 - Develop a presentation on the medication errors, including trends and two to four case examples, depending on the depth/complexity of the examples
- 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)
 - At FMF for an entire week at a time
 - 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
- Medical College of Wisconsin (MCW) pharmacy students
 - Students will be completing IPPE rotational experiences on Fridays throughout the year.
 - Students will be assigned to resident. The resident will be responsible for completing student evaluation at the end of rotation.
 - Email will be used to gather feedback from others throughout the rotation.

APPE Students (staff pharmacists or residents will be the primary preceptors)

- These roles are less formal and can vary based on the rotation
- The rotation preceptor should provide the resident with guidance on expectations for precepting during the rotation.

Medical College of Wisconsin School of Pharmacy Patient Care Lab

- Each resident will be required to help facilitate at minimum of four patient care labs
 - Resident is expected to attend prelab planning meeting 1 week in advance, either in person or via phone
 - Typically 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 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

Other Required Learning Experiences

Attend Institutional Review Board (IRB) meeting (at least 1)

- One of the IDS Pharmacists will e-mail a schedule of IRB meetings to the pharmacy residents as well as contact information for the designated pharmacists to contact before attending these meetings
- The resident must contact the designated pharmacist for that specific meeting day before attending the meeting (committee permission is required to attend meetings)

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
- The resident will assigned committees during longitudinal rotations
- Options include:
 - Medication Safety
 - Pharmacy Quality
 - Patient Safety and Quality
 - Medication Warnings and Alerts
 - Pharmacy Practice
 - Preceptor Development
 - Epic Platform
 - Pharmacy Research

Recruitment Events – options may change

- Pharmacy Society of Wisconsin (PSW) Annual Meeting
- Illinois Council of Health-System Pharmacists (ICHSP) Annual Meeting
- Concordia University Wisconsin
- University of Michigan
- University of Wisconsin – Madison
- University of Minnesota
- University of Iowa
- Medical College of WI School of Pharmacy
- ASHP Midyear Clinical Meeting

Milwaukee Citywide Resident Events

- Site visits may occur as a portion of the recruitment event trip
- Citywide resident events occur at different pharmacy residency program sites throughout the Milwaukee area

Other Experiences

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

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

Great Lakes Pharmacy Resident Conference (April)

- Occurs in late April
- A regional conference that offers the opportunity for residents from Illinois, Kentucky, West Virginia, and Wisconsin in 2019 (states vary per year) to present their research projects to their peers and colleagues
- Activities:
 - Project presentation (20 minute presentation and 5 minutes for questions)
 - Attendance and active participation during other resident presentation
 - Others as required

All-in Forums

- All-in Forums reflect the hospital's progress and recognize areas of strengths and areas for further improvement
- Forums will be made available quarterly and make more use of recorded and live video, animation and question and answer sessions.
- By providing quarterly updates in video format, staff can access the content when it is convenient for them and still be able to ask questions and share feedback.
 - The short videos that can be viewed in Workplace
 - **Pharmacy residents should make their best effort to view these forums**

Departmental Meetings

- Pharmacist meetings monthly
- CHD Pharmacy Department Staff Meetings
- Pharmacy Grand Rounds (3rd and 4th Tues of month, topics repeat for A and B week)

Mentorship Experiences

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

Residency Mentor

- Residency mentors are pharmacists chosen by 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

Evaluation and Documentation

- Residents are responsible for contacting primary preceptors for each rotation 10-14 days prior to the start of each rotation with an introductory e-mail (see [pre-rotation communication expectations](#)).
- The resident and preceptor will meet weekly to review progress and provide feedback to each other related to performance and the learning experience. This is an opportunity to exchange ideas of what can be improved on during the learning experience.
- All residency programs utilize PharmAcademic for completion of resident performance evaluations.
- All evaluations should ideally be completed by the last day of rotation or absolutely no later than the following Sunday.
- **Important:** in order to pass the residency, the resident must Achieve for Residency all goals in Competency Area 1: Patient Care, and 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

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 resident is interested in participating in early commit, they should express interest early in the PGY1 year to allow exposure to the program director/preceptors of that program. The program director/preceptors must have a working relationship with the FMF resident for them to be eligible for early commit.
- If the PGY2 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 program director.

Pre-Rotation Communication Expectations

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

Goals:

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

Learning Style:

- Additionally, it is helpful if residents provide information about their learning style. Residents should be able to provide a general description of what is most effective for them to learn.
- Example: I like to be quizzed on new information, I am a hands on learner - I learn by doing, I like to observe first prior to trying new things on my own

Schedule:

- Preceptors should be notified with any meetings, staffing days, and if a project day will be scheduled during the rotation. Since schedules are likely to change, residents should provide preceptors with any updates on the first day and throughout the rotation.

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:

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

Expectations:

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

Learning Style:

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

Schedule:

- Monday, 2/23: No scheduled meetings
- Tuesday, 2/24:
 - 1200-1300 Resident Candidate Interview Lunch
 - **DONE ON ROTATION BY 1615/1630** (central PM shift @ 1700)
- Wednesday, 2/25:
- Thursday, 2/26: 1330-1430 Med Error Committee Meeting
- **Friday, 2/27: NOT ON ROTATION (Staff 8p/weekend)**

Strengths:

- Thorough profile review
- Precepting students

Areas for Improvement:

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

Inpatient Pharmacy Staffing Model

There are 3 primary staffing models in the department:

8 hour, rotating staff:

- Eight hour staff works a mixture of day and PM shifts. When possible, 8-hour staff is scheduled for a week stretch on the same team for continuity of care. They generally work every 4th weekend.
- Pharmacists working day shifts in the ED, ICU, MCU, ACE, O&S, M&S, CCC, POC and central pharmacy have this schedule.

7/70 and 8/80 staff

- 7/70 third shift pharmacists work Monday through Sunday (7 days) and work 10 hours each day. During this stretch, they work in Central Pharmacy then they have the following 7 days off.
- Pharmacists who work 8/80 work Monday through Monday (8 days) and work 10 hours each day. They then have the following 6 days off.
- 7/70 (and 8/80 staff) work every other weekend.

Ambulatory Care Pharmacy Services

- Cancer Care Center and Anticoagulation Clinic
 - These pharmacists work various shifts Monday – Friday.
 - The Anticoagulation Clinic pharmacists report to a supervisor outside CMH
 - Typically the ambulatory pharmacists come in at 0730 or 0800
- Preop Clinic (POC)
 - Monday – Thursday 0800-1730 when patients are scheduled

Pharmacy Intern Program

- Pharmacy interns are available on weekday evenings and weekends to support clinical pharmacist activities.
- Interns are primarily responsible for medication histories and work out of the ED and on the floors.
- They are also available to assist with discharge medication teaching.

Resident Staffing Requirements

Weekday Staffing

- 10 weeks total are required – they typically are 1-2 weeks after each rotation
- Staffing will vary throughout the year depending on pharmacist PTO and sick calls
- Schedules will be published frequently
- Talk to the RPD or scheduler if you run into scheduling issues

Weekend Staffing

- Staffing is every 3rd or 4th weekend based on department needs
- These weekend staffing shifts include working in central pharmacy or on the floor

Holiday Staffing

- Each resident must staff at least two holidays.
- Once assigned, PGY1 residents may switch holidays with others. Holiday switches with staff pharmacists may require manager approval.

Pharmacist Teams (varies on weekends and holidays)

A	Central day shift (0700-1530)
T1	ICU (0700-1530)
T2	MCU (0700-1530)
T3	ACE (0800-1630)
O&S	4th floor, Surgical/Ortho/Peds, Home ToDay Surgery (0600-1430)
POC	Preop Clinic (M-Th 0800-1730)
M&S	5th floor, Surgical (0800-1630)
EDA	Emergency Department, day shift (0800-1630)
CCC	Cancer Care Clinic
CCI	Cancer Care Infusion Center
EC	Central pm shift (1400-2230)
ED1	pm decentral (1400-2230)
ED2	pm decentral (1200-2030)
X	third shift (2200-0800)
E3	(1400-0000)

Froedtert Menomonee Falls Hospital Unit Information

- **Central Pharmacy** – Operations, technology, distribution, total parental nutrition, sterile preparation (USP 797), beyond use dating, OB/GYN, cath lab, OR, dialysis kits
- **ED** – Toxicology, rapid sequence intubation, stroke, NSTEMI, STEMI, trauma, ACLS
- **ICU** – Rapid sequence intubation, respiratory distress, post-TPA stroke, cardiovascular surgery, severe sepsis, DKA, CRRT, rapid response team
- **Behavioral Health** – Clozapine, antidepressants, antipsychotics, ECT
- **MCU** – Stroke, NSTEMI, STEMI, CHF, telemetry, DVT/PE, arrhythmias
- **ACE** – Infectious disease (PNA, UTI, C diff, sepsis, etc.), diabetes, COPD exacerbations, chemotherapy, Verigene technology, procalcitonin, Acute Care of Elders
- **Garden View** – hospice care
- **O&S** – Orthopedic surgery patients
- **M&S** – Common disease states: Surgical patients (appendectomy, cholecystectomy, etc.), parental nutrition, stroke
- **Froedtert? CCC** – Cancer Care Center, outpatient chemo infusions and management of oral chemotherapy program
- **Froedtert Community Hospitals (Pewaukee and New Berlin) remote pharmacy services provided**

Outpatient Pharmacy

If a patient is being discharged, the outpatient pharmacy is open Monday through Friday from 0900 to 1730 (It is closed daily for lunch 1230 to 1300)

The Town Hall Health Center outpatient pharmacy across the street is open Monday through Thursday from 0800-2000, Friday from 0800-1700 and on Saturday from 0800-1230.