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Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

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

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

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

Pharmacy Department

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

Vizient, an alliance of academic medical centers in the United States, provides rankings for academic medical center and affiliated hospitals based on quality, safety and service. In 2019, our collective hospitals ranked in the 88th percentile as a system placing our health network among the best in the nation. Froedtert Hospital ranked 12 of 93 in the academic medical center category and 1 in the safety domain. Froedtert Menomonee Falls Hospital ranked 2 of 82 in the complex teaching medical center category. Vizient offers many resources to member hospitals as well as leadership and networking opportunities for pharmacists and pharmacy residents.
Departmental Information

Clinical Pharmacist Scope of Services

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

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

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

Medication Histories and Reconciliation
- Pharmacists are accountable for the following:
  - Obtain medication histories within 24 hours of patient admission
  - Complete admission medication reconciliation within 24 hours of patient admission
  - Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room
  - Review and verification of medications ordered greater than 27 days ago
Discharge Reconciliation and Coordination
- Pharmacists are held accountable for the following:
  - Complete discharge medication reconciliation prior to patient discharge
  - Complete discharge medication counseling to patient prior to discharge
  - Facilitate access to outpatient prescriptions prior to discharge as appropriate

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

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

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

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

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

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

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

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

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

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

- The Center for Medication Utilization (CMU) team promotes and ensures the safe, effective and fiscally responsible use of medications across the Froedtert & MCW health network. The team provides structure and support for the System Pharmacy and Therapeutics Committee and is integral to many critical medication management efforts across the health network, including:
  - Medication utilization management for medication spending and reimbursement across the health network
  - Effective medication shortage management to ensure patients and providers have access to the medications they need
  - Formulary management with support for informatics and policy integration
  - Vigilance of safe medication use in accordance with regulatory requirements and best practices
  - Facilitation and oversight of medication guidelines, protocols, collaborative practice agreements, and clinical pathways
  - Development and maintenance of infusion pump libraries, user-friendly drug information resources, and communication tools
  - Continual monitoring of medication-use patterns and value-based care initiatives

Pharmacy Informatics/Epic Willow Teams

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

Prior Authorization/Patient Assistance Services

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

Kristin Hanson, BSPharm, MS
Program Director for Residency Programs

Teri Mattek
Pharmacy Education Coordinator

PGY1 Residency Programs

Froedtert Menomonee Falls Hospital PGY1
  • Terry Audley, BSPharm, FASHP  
    • Residency Program Director
  • John Muchka, PharmD, BCPS  
    • Residency Program Coordinator

Froedtert Hospital (Acute Care Focus) PGY1
  • Anne Zechlinski, PharmD, BCPS  
    • Residency Program Director
  • Amanda Pilo, PharmD, BCPS  
    • Residency Program Coordinator

Froedtert Hospital (Ambulatory Focus) PGY1
  • Mickey Hart, PharmD, BCACP  
    • Residency Program Director
  • Jonathan White, PharmD, BCACP  
    • Residency Program Coordinator

Health System Pharmacy Administration and Leadership PGY1 and PGY2
  • Philip Brummond, PharmD, MS, FASHP  
    • Residency Program Director
  • Justin Konkol, PharmD, BCPS  
    • Residency Program Coordinator

Medication Use Safety and Policy PGY1 and PGY2
  • Kristin Hanson, BSPharm, MS  
    • Residency Program Director
  • Mary Frances Picone, PharmD, BCPS  
    • Residency Program Coordinator
PGY2 Residency Programs

PGY2 Ambulatory Care
- Amanda Mauerman, PharmD, BCACP
  - Residency Program Director
- Jonathan White, PharmD, BCACP
  - Residency Program Coordinator

PGY2 Critical Care
- Joel Feih, PharmD, BCCCP
  - Residency Program Director
- Kaitlin Cooper-Johnson, PharmD, BCCCP
  - Residency Program Coordinator

PGY2 Emergency Medicine
- Cathyyen Dang, PharmD, BCPS
  - Residency Program Director
- Jessica Feih, PharmD, BCCCP
  - Residency Program Coordinator

PGY2 Infectious Diseases
- Alison Gibble, PharmD, BCIDP
  - Residency Program Director

PGY2 Informatics
- Jill Zimmerman, PharmD, MS
  - Residency Program Director
- Brian Dekarske, PharmD
  - Residency Program Coordinator

PGY2 Oncology
- Melissa Rhoades, PharmD, BCOP
  - Residency Program Director
- Felicia Zook, PharmD, BCOP
  - Residency Program Coordinator
Residency Program Policies

Licensure

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

Residency Program Completion Attendance Requirements and Extended Absences

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

Residency Program Completion Performance Requirements

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

Resident Performance Improvement Planning and Corrective Action

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

PharmAcademic Evaluations

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

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NI = Needs Improvement</strong></td>
<td>Resident is <strong>not meeting</strong> expectations. The resident is <strong>performing below</strong> the level that would be expected of a resident at this point in their training program as evidenced by meeting 1 or more of the following characteristics:</td>
</tr>
<tr>
<td>Requires direct and repeated supervision, guidance, intervention, or prompting</td>
<td></td>
</tr>
<tr>
<td>Make questionable, unsafe, or non-evidence-based decisions</td>
<td></td>
</tr>
<tr>
<td>Fails to complete tasks in a time appropriate manner</td>
<td></td>
</tr>
<tr>
<td>Fails to incorporate or seek out feedback</td>
<td></td>
</tr>
<tr>
<td>Acts in an unprofessional manner</td>
<td></td>
</tr>
<tr>
<td><strong>Preceptor Action:</strong> The preceptor is required to document criteria-based, specific comments within PharmAcademic, citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the RPD, RPC, and mentor early in the learning experience if resident performance concerns are noted. The resident’s progress should be communicated to the preceptor team in a timely fashion, using whatever mechanism that residency program uses for preceptor communication (i.e. Residency Advisory Committee, etc.). The preceptor should determine when to reevaluate the goal/objective that for which a “NI” was assigned, ideally in about 4 months, and may necessitate a change in resident schedule.</td>
<td></td>
</tr>
<tr>
<td><strong>SP = Satisfactory Progress</strong></td>
<td>Resident is <strong>meeting</strong> expectations. The resident is <strong>performing at</strong> the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics:</td>
</tr>
<tr>
<td>Requires infrequent supervision, guidance, intervention, or prompting</td>
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<tr>
<td>Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor</td>
<td></td>
</tr>
<tr>
<td>Completes tasks in a time appropriate manner with limited prompting and guidance</td>
<td></td>
</tr>
<tr>
<td>Incorporates feedback from preceptors with minimal prompting</td>
<td></td>
</tr>
<tr>
<td>Acts in a professional manner</td>
<td></td>
</tr>
<tr>
<td><strong>Preceptor Action:</strong> The preceptor is required to document criteria-based, qualitative written comments that are specific and actionable, and acknowledge the resident’s skill progression within PharmAcademic.</td>
<td></td>
</tr>
<tr>
<td><strong>ACH = Achieved</strong></td>
<td>Resident is consistently <strong>meeting</strong> expectations. Resident is <strong>independently performing at or above</strong> the level of performance expected at the conclusion of the residency program. Resident displays all of the following characteristics:</td>
</tr>
<tr>
<td>Appropriately seeks guidance when needed</td>
<td></td>
</tr>
<tr>
<td>Consistently makes appropriate, safe, or evidence-based decisions on an independent basis</td>
<td></td>
</tr>
<tr>
<td>Independently and competently completes assigned tasks</td>
<td></td>
</tr>
<tr>
<td>Consistently demonstrates ownership of actions and consequences</td>
<td></td>
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<tr>
<td>Accurately reflects on performance and can create a sound plan for improvement</td>
<td></td>
</tr>
<tr>
<td>Acts in a professional manner</td>
<td></td>
</tr>
<tr>
<td><strong>Preceptor Action:</strong> The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</td>
<td></td>
</tr>
<tr>
<td><strong>ACHR = Achieved for Residency</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Definition:** Resident has demonstrated a **sustained performance of independently meeting or exceeding** expectations for the end of the year.

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

**Who can mark as ACHR?**

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

_Last revised 06.06.18_
Duty Hours

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

Bonus Shifts

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

Resident Attendance Expectations

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

- Residents are allotted 21 vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval.
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident’s responsibility to identify coverage and communicate the switch.
- It is the responsibility of the resident to notify their rotation preceptor of days off.
- Requests for ≤ 2 days off must be made at the beginning of the rotation in which they fall.
- Requests for > 2 consecutive days off should be made as soon as possible or at least one month in advance to allow for any necessary rotation schedule adjustments.
- In the case of an absence on rotation, making up the rotation day on a weekend as opposed to using PTO will be assessed on a case-by-case basis at the discretion of the rotation preceptor(s).
- Resident is responsible for updating Kronos to reflect days off prior to sign-off by manager.
- When possible, ambulatory residents should follow the Outpatient Pharmacy Department PTO Picking Procedure, found here: https://goo.gl/UzslB5.
- Residents are allowed bereavement pay per Froedtert’s policy. Time away for bereavement counts towards the 21 days away/year.

Figure 1. Documenting PTO in Kronos

Holidays

- Residents are required to staff two 10-hour holiday shifts during the residency year (described under Resident Staffing Requirements).
- Time off for holidays is subtracted from PTO.
- Residents may elect to be present on rotation (instead of taking PTO) on holidays when not assigned to “staff” with approval of preceptor and residency program director.
- For PGY2s, if an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements.
Unscheduled Absences

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

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

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

Professional Leave/Business Days

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

Professional Meeting Attendance and Funding

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

PGY1 Residents

- PGY1 residents are expected to attend the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
- PGY1 residents are expected to present a poster at the Vizient Pharmacy Council meeting.
- PGY1 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.
- The $1200 travel stipend is intended to offset the expenses related to ASHP Midyear / Vizient Council meeting.
- Any remaining balance may be utilized to offset expenses for other professional meetings.
- Separate funding is provided for the PGY1 residents to attend one regional residency conference.
PGY2 Residents
- Attendance at the ASHP Midyear meeting is optional for PGY2 residents (unless required by the specific PGY2 program).
  - PGY2 residents who elect to attend ASHP Midyear, are expected to attend the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting and present a poster at the Vizient meeting.
  - PGY2 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through end of day on Monday.
- The $1800 travel stipend may be used to cover ASHP Midyear as well as other professional meetings, conferences (e.g. ACCP, SCCM, HOPA, UGM, XGM, etc.) and residency conferences.

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

Figure 2: Company Codes and Accounting Units for Travel Reimbursement

<table>
<thead>
<tr>
<th>Company</th>
<th>Company Accounting Unit</th>
<th>Accounting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1 FMF</td>
<td>2010</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (Acute Care)</td>
<td>3000</td>
<td>40310</td>
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<tr>
<td>PGY1 (Am Care)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (Admin)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (MUSP)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY2 Admin</td>
<td>3000</td>
<td>75000</td>
</tr>
<tr>
<td>PGY2 Am Care</td>
<td>3000</td>
<td>75010</td>
</tr>
<tr>
<td>PGY2 Crit Care</td>
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Official Policy Documents

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

Policy:

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

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

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

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

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

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

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

Procedure:

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

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

Title: Residency Program—Resident Performance Improvement Planning and Corrective Action
Effective Date: 8/10/2005
Revised Date: 06/02/2020
Entities Impacted: CMH (X) FMLH (X) SJH ( ) FMCWCP ( )
Procedure Number: (was policy AD25.100)

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

DEFINITIONS:
Residency Program Director (RPD) – The pharmacist on record with the American Society of Health System Pharmacists (ASHP) who is responsible for the leadership of a pharmacy residency program. This pharmacist may or may not be a formal leader at Froedtert Health.
Leader – The pharmacy resident’s direct supervisor at Froedtert Health.
Mentor – A pharmacist assigned by the residency program director to assist with resident development during the residency year. The mentor is a Froedtert Health staff member who is typically not in a leadership role.
Advisor – A pharmacist assigned by the residency program director to assist with resident development and career planning during the residency year. The advisor is a Froedtert Health staff member who is typically in a leadership role.
Preceptor – A pharmacist who oversees a resident learner during a specific learning experience.

POLICY:
A. In order to earn a residency certificate at Froedtert & the Medical College of Wisconsin, residents must meet criteria outlined in policy AD25.000, Residency Program Completion and Extended Absences.
B. If at any point during the residency program, it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal plan for improvement will be initiated by the Residency Program Director (RPD) and the resident’s leader. The resident’s mentor and/or advisor may be included depending on the circumstances.
C. Coaching will be used to correct deficiencies or behaviors initially unless:
   1. The resident is having difficulty performing tasks required to independently staff in a pharmacist role.
   2. The behavior or action would result in corrective action or dismissal for a staff member per Froedtert policies and procedures.
      i. As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.
ii. Non-compliance with these policies will be handled by the resident’s leader and the department’s Human Resource liaison.

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

PROCEDURE:

Coaching

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

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

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

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

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

Formal Performance Improvement Plan

E. At the end of the four-week time period, if it is determined that the resident has not made sufficient progress in improving performance, the RPD and leader may initiate a formal Performance Improvement Plan with the assistance of their human resources liaison. Action may start here for situations listed under section C above.

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

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

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

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

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

RELATED POLICIES/PROCEDURES:

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: The Pharmacy Leadership Team

ATTACHMENTS/APPENDICES:

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

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

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

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

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

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

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

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

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

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

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

Laptops and Pagers

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

Figure 3. How to Password Protect Patient Data

[Image: Instructions on how to password protect patient data]
Remote Access

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

Figure 4. How to Request Remote Access via APS

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

Personal Device Access

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

Figure 5: Requesting Personal Device Sync
• The device must have a password or bioID.
• Once set up, IT will have the right and ability to erase company information on the device if needed.
• Once access request has been processed, the Outlook App can be used to access email and calendar. Instructions on how to use the app are available on the IT website.

Workplace
• Workplace if the primary location for organizational communication. It is a work version of the Facebook platform.
• You should create a Workplace login using your Froedtert email address. You are also encouraged to download the Workplace app on your phone or tablet.
  o https://froedtert.workplace.com/
  o Downloading the Workplace Mobile app
• All employees are expected to keep up-to-date with organizational communications posted on Workplace.
• Employees are also encouraged to comment/like posts and post work-related content.

WebEx Teams
• All Froedtert employees have access to the WebEx Teams platform to use for virtual meetings.
• In order to schedule a meeting using WebEx Teams, create a calendar appointment and in the location, type @webex. Once the meeting is sent, login information will be populated within the body of the appointment.
• Additional capabilities are available using the WebEx Teams Application. This should be available on all Froedtert computers. It can also be downloaded onto a personal computer from: https://www.webex.com/downloads.html/.
• User guides for Webex Teams are posted here: http://intranet.froedtert.com/?id=27901&sid=5.
• Although existing employees also have access to Skype to set up conference calls and meetings, this application is being phased out.

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

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

Figure 7: Setting an Out of Office Alert (Automatic Reply)

Dress Code

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

- Residents will need to fill out the Pharmacy Department Lab Coat/Logo Order form
  - This can be found on Sharepoint:
  - The department will pay for embroidery, but resident will be responsible for paying for coat
  - Deanna Zapfel, Administrative Coordinator, is the contact person for white coats

Scrub Request Forms

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

Business Cards

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

Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

- Froedtert offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
  - PGY2 residents in Critical Care and Emergency Medicine, and PGY1 acute care PGY1 HSPA-L and PGY1 MUSP residents are required to maintain ACLS certification. Residents are expected to complete ACLS prior to starting ICU or ED rotations or staffing in these areas. ACLS is optional for other PGY2 residents
  - BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.

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

Figure 8. Registration in The Learning Center for ACLS Training

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

Parking

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

Project Days/Working Remotely

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

Vizient Committee Involvement

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

Academia Opportunities

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

Pharmacy Society of Wisconsin Membership

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

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

COVID19 Resources and Guidance

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

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

**PROGRAM BENEFITS**

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

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

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

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

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

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

TEACHING CERTIFICATE REQUIREMENTS

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

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

PROGRAM COSTS

The cost of the program for practicing pharmacists is $400. A discounted enrollment cost of $100 is available for MCW Preceptors participating in the Preceptor Benefits Program, bronze-gold level. Complimentary enrollment is provided for pharmacists currently enrolled in a residency program.
# PGY1 Resident Project Timeline

<table>
<thead>
<tr>
<th>March/April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
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</thead>
</table>
| • 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

<table>
<thead>
<tr>
<th>July 2020</th>
<th>August 2020</th>
<th>September 2020</th>
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</table>
| • 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 | • Work with advisor and project team to scope project and develop protocol (template available) | • Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback  
• PRC submits feedback that resident must respond to and return in order to obtain protocol approval |

**Resident action steps**
- Follow up with project leads to get any questions answered prior to submitting project rank list  
- Submit rank list by deadline  
- Build research team with help of project advisor  
- Plan project and begin creating scoping presentation (template on residency SharePoint site)  
- Schedule and coordinate necessary team meetings  
- Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date |

<table>
<thead>
<tr>
<th>October 2020</th>
<th>November 2020</th>
<th>December 2020</th>
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</table>
| • Begin data collection after receiving protocol approval  
• Draft Vizient poster abstract  
• Submit Vizient poster abstract | • Begin working on Vizient Poster  
• Submit Vizient Poster after reviewed by research team | • Midyear Meeting |

**Resident action steps**
- Send abstract to project team 2 weeks prior to deadline  
- Submit finalized abstract by deadline |

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<thead>
<tr>
<th>January 2021</th>
<th>February 2021</th>
<th>March 2021</th>
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</thead>
</table>
| • Midpoint check-in with PRC (via email)  
• Develop Great Lakes abstract | • Great Lakes abstract due | • Develop Great Lakes slide set and presentation |

**Resident action steps**
- Send abstract to team 2 weeks prior to submission deadline  
- Send to RPD, at least 3 business days prior to submission deadline  
- Submit abstract by deadline |

<table>
<thead>
<tr>
<th>April 2021</th>
<th>May 2021</th>
<th>June 2021</th>
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</thead>
</table>
| • Great Lakes slide set submission  
• Great Lakes Conference | • Develop project manuscript | • Manuscript submission deadline  
• Project wrap-up |

**Resident action steps**
- Submit slide set prior to deadline  
- Present at Great Lakes Conference  
- Send to project team prior to deadline  
- Send to mentor/advisor by deadline |

<table>
<thead>
<tr>
<th>May 2021</th>
<th>June 2021</th>
</tr>
</thead>
</table>
| • Send to project team prior to deadline  
• Send to mentor/advisor by deadline |

**Resident action steps**
- Submit manuscript to RPD by deadline  
- Close out study in eBridge, close out of project and tag off to project advisor |
Inpatient Staffing Information

There are 2 primary staffing models in the department:

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

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

Resident Staffing Requirements

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

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

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

Holiday Staffing
• Each resident must work two, 10 hour holiday shifts
• PGY1 residents will work one of the following groups of holidays:
  o New Year’s Day and Thanksgiving Day
  o Christmas Day and Memorial Day
  o Once assigned, PGY1 residents may switch holidays with other PGY1 residents. Holiday switches with staff pharmacists require manager approval
• PGY2 residents will also work two 10-hour holiday shifts (usually a major and minor) as assigned by clinical managers.
  o PGY2 Admin and MUSP residents will typically work July 4th between their 1st and 2nd year.
• For PGY2s, if an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements.

Inpatient PGY2 Weekend Staffing
PGY2s will submit their weekend availability for each schedule when requested by the pharmacist scheduler. Residents may indicate “no availability” for up to two weekends per schedule. If a resident does not submit availability by the schedule request deadline, it will be assumed that the resident does not have a weekend preference.

High Demand Weekends
The following weekends are considered high demand weekends due to a large number of staff members requesting off. Availability requests for PGY2 residents during these weekends are not guaranteed and approval for the weekend off will not be known until schedule publication (approx. 6-8 weeks in advance). Manager approval must be obtained for extenuating circumstances.
• Internal PGY2s will be available to work two July weekends (at beginning of residency year)
• Labor Day Weekend
• The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
• The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
• Spring Break/Easter weekends (March 20 and 21, March 27 and 28, April 3 and 4, April 10 and 11, April 17 and 18)
• Memorial Day Weekend
• Last weekend in June and 1st weekend in July (end of year for external PGY2s)
Inpatient Staffing Model

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

Froedtert Hospital
Inpatient Intern Staffing Plan
(April 30th, 2020)

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

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

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

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

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

Intern O
- Primary Unit: Observation Unit
- Secondary Unit: 4PV
- Pharmacists: Control 1P

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

Intern B
- pICU2 (4PV)
- pCards1 (3W 16-50, 7NT)
- pSurg1 (SMF)
- pSurg3 (3W 1-15, 5NW)
- pMed1 (4SE, 4NE)
- pMed3 (7NT, 5SE)
- pTx1 (4NW)
## Inpatient and Oncology Team Details

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td><strong>Medicine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med1</td>
<td>4NE (MT 1, 6, 7)</td>
<td>Joanne Antonopoulos</td>
<td>Matt Zimmerman</td>
</tr>
<tr>
<td>Med2</td>
<td>4SE (MT 2, 8, 17)</td>
<td>Jory Ward*</td>
<td>Ali Katula</td>
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<tr>
<td>Med3</td>
<td>9NT (MT 3, 9, 14)</td>
<td>Alison Glienke</td>
<td>Abby Twigg</td>
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<tr>
<td>Med4</td>
<td>8NT (MT 4, 10, 11)</td>
<td>Caitlyn King</td>
<td>Laura Case</td>
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<tr>
<td>Med5</td>
<td>5SE (MT 5, 12, 15)</td>
<td>Adam Hood</td>
<td>Jess Luzi</td>
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<tr>
<td>Med6</td>
<td>4SW (MT 16, 20, TM)</td>
<td>Laurie Dworak</td>
<td>Matt Birschbach</td>
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<tr>
<td><strong>Surgery &amp; Neurology</strong></td>
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<tr>
<td>Surg1</td>
<td>2NT (32 beds)</td>
<td>Leah Holschbach</td>
<td>Sara Hubbard*</td>
</tr>
<tr>
<td>Surg2</td>
<td>10CFAC (32 beds)</td>
<td>Amber Wollenziehn</td>
<td>Rotating</td>
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<tr>
<td>Surg3</td>
<td>4PV, ERU (20/8 beds)</td>
<td>Rotating</td>
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<td>Surg4</td>
<td>5NW (30 beds)</td>
<td>Sarah Crober</td>
<td>Kim Knoernsschild</td>
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<td>Surg5</td>
<td>11CFAC (32 beds)</td>
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<td>Ann Birkenstock/Sarah Solano</td>
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<td>Surg6</td>
<td>12CFAC (32 beds)</td>
<td>Debbie Kessen</td>
<td>Brittany Tefft</td>
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<tr>
<td>Surg7</td>
<td>5SW, 5NE (19/28 beds)</td>
<td>Stephanie Tchen</td>
<td>Brian Domack</td>
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</tbody>
</table>

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

| **Critical Care/ED** |                      |                           |                           |
| ICU1          | SICU (21 beds)        | Sara Farrell              | Dave Herrmann             |
| pICU1         | SICU, NICU (41 beds)  | Elizabeth Scanlon         | Lindsey Dailey            |
| ICU2          | NICU (20 beds)        | Danielle Mabrey*          | Kim Haldeman              |
| pICU2         | MICU (26 beds)        | Kaitlin Cooper Johnson    | Patti Rouman              |
| ICU3          | MICU (26 beds)        | Carla Karczewski          | Mike Katz                 |
| ED            | Emergency Department  | Jessica Cowell,           | Cathyyen Dang, Matt Stanton, Chetna Patel|
|               |                        | Ryan Feldman             |                           |
| N3/N4         | 3rd shift ICU         | Katie Ewert, Alyssa       | Kelly Richardson, Chris  |
|               |                        | Meixelsperger             | Viesselmann               |
| ICU Faculty   | MICU                   |                           | Sarah Peppard             |

| **Cardiology** |                      |                           |                           |
| Cards1        | CVICU (20 beds)       | Joel Feih                 | Greg Stilin               |
| Cards2        | 3W (50 beds)          | Ashley Stromich           | Melissa Tan               |
| Cards3        | 3W (50 beds)          | Amanda Pilo               | Amanda Pilo               |
| pCards1       | 3W (beds 1-35), CVICU (20 beds) | Bethanne Held-Godgluck | Janelle Juul*             |
| Cards Fac     | CVICU, 3W (heart failure team) |                       | Joe Rinka                 |

| **Transplant** |                      |                           |                           |
| Tx1            | TICU (20 beds)        | Rotated                   | Rotated                   |
| Tx2            | 4NW (27 beds)         | Rotated                   | Rotated                   |
| pTx1           | 4NW, TICU (46 beds)   | Rotated                   | Rotated                   |

Transplant Team Members: Carolyn Haupert, Jules Felsecker, Roo Bhatt*, Lindsey Verbunker

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<th>Units</th>
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<th>&quot;B&quot; Week</th>
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<tr>
<td><strong>Central Pharmacy</strong></td>
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<td>C1</td>
<td>Central, Obs, BC (0630)</td>
<td>Ben Knapp</td>
<td>Mike Morris</td>
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<tr>
<td>C2</td>
<td>Central, Obs, BC (0800)</td>
<td>Phil Olley*</td>
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<tr>
<td>pC1</td>
<td>Central, Obs, BC, OR after 1500 (1000)</td>
<td>Phu Cao</td>
<td>Aina Lasky</td>
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<tr>
<td>N</td>
<td>3rd shift central</td>
<td>Mark Owens</td>
<td>Lynn Buss</td>
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<tr>
<td>N2</td>
<td>3rd shift central</td>
<td>Danielle Corrin</td>
<td>Lisa Weinzatl</td>
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<td><strong>Specialty Areas</strong></td>
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<tr>
<td>OR</td>
<td>Perioperative Service</td>
<td>David Eberle*</td>
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<td>PAT</td>
<td>Pre-Admission Testing</td>
<td>Liz Thimm</td>
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<td>INF</td>
<td>Infusion Clinic</td>
<td>Nikki Masse</td>
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<td>Diab</td>
<td>DAART (Glucose surveillance)</td>
<td>Linda Guddie</td>
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<td><strong>Froedtert Inpatient Oncology</strong></td>
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<td>Onc1</td>
<td>7/8 CFAC (64 beds total)</td>
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<td>Onc2</td>
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<td>Onc3</td>
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<td>Rotated</td>
<td>Rotated</td>
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<td>Oncology Team Members: Lisa Olson, Emilie Aschenbrenner*, Nan Tong, Cole McCoy, Aaron Lorge, Lisa Samanas, Michael Schmidt, Cole Lightfoot, Nicole Pearl</td>
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<td><strong>Froedtert Day Hospital</strong></td>
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<td>DH630</td>
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<td>Christy Regan</td>
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<td>DH6</td>
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<td>Brooke Fraser, Julie Difonzo, Stacy Laird*, Michelle Schroeder, Marie Parish, Erin Turk</td>
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<td>DH7</td>
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<td>DH8</td>
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<td><strong>Froedtert Ambulatory Oncology Clinics</strong></td>
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<tr>
<td>Grace Clinic - 1</td>
<td></td>
<td>Felicia Zook/Angie Canadeo/Erin McGurty</td>
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<tr>
<td>Grace Clinic - 2</td>
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<td>Kristina Teso</td>
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<td>Grace Clinic – 3 (M, F)</td>
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<td>Briana Amundson</td>
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<td>Courage Clinic</td>
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<td>Carrie Oxencis</td>
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<td>Life Clinic</td>
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<td>Elizabeth Weil</td>
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<td>Faith Clinic</td>
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<td>Stephanie Free</td>
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<td>Hope Clinic (M, T, W, R)</td>
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<tr>
<td>Ambulatory Rotation</td>
<td></td>
<td>Nicole Ruffcorn</td>
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<tr>
<td><strong>Drexel and Moorland Cancer Center Pharmacists</strong></td>
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<tr>
<td>Drexel</td>
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<td>Tom Nowak, Zain Syed</td>
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<tr>
<td>Moorland</td>
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<td>Laurie Maurer, Melissa Staats</td>
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<tr>
<td><strong>Investigational Drugs (IDS) Pharmacists</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger</td>
<td></td>
</tr>
</tbody>
</table>

*Denotes Pharmacist Coordinator
PGY2 Critical Care Residency Program

Residency Program Director
Joel T. Feih, PharmD, BCCCP
Cardiovascular Critical Care Pharmacist
Froedtert Hospital
Assistant Professor of Anesthesiology
Medical College of Wisconsin

Residency Program Coordinator
Kaitlin Cooper Johnson, PharmD, BCCCP
Medical Critical Care Pharmacist
Froedtert Hospital

Critical Care Residency Purpose

Critical Care Residency Purpose Statement

The PGY2 Critical Care Residency will develop a pharmacist with advanced skills in critical care capable of practicing in a variety of health care settings, including large academic medical centers. The individual will be prepared to work collaboratively with an interdisciplinary health care team to optimize patient care and critical care pharmacotherapy, advance the profession and specialty, and engage in the training of future pharmacists. The program will further instill core principles of medical research and writing, further preparing individuals to contribute to the literature supporting evidence-based medicine.

Critical Care Program Overview

Froedtert Hospital, the largest facility in the Froedtert & the Medical College of Wisconsin health system, is an academic medical center and Level 1 trauma center located on the Milwaukee Regional Medical Center Campus. Decentralized pharmacists provide comprehensive clinical services and patient education throughout the hospital. The Department of Pharmacy maintains an excellent rapport with nursing and medical staff and is actively involved in their educational programs, policy development and clinical initiatives. The foundation of the Critical Care Residency training lies in the four main intensive care units (Medical, Surgical, Cardiovascular, Neurosciences), with supplemental experiences in additional practice environments such as Emergency Medicine, Community Critical Care, Toxicology, Nutrition, Transplant Critical Care, Perioperative Care, and Academia. The PGY2 Critical Care resident will join their critical care colleagues in optimizing patient outcomes via the judicious used of evidence-based pharmacotherapy.

This ASHP accredited PGY2 Critical Care program provides comprehensive training in critical care pharmacotherapy within an academic medical center and will prepare the resident to practice in a variety of healthcare settings. Experiences include clinical practice in a variety of environments; research; committee work; ACLS, BDLS, FCCS, and PALS certification; and staffing. Learning experiences and activities are tailored to meet the needs and interests of each resident. Opportunities exist to work with and serve as a preceptor for pharmacy students and PGY1 residents, and participate in didactic pharmacy education. Residents also have the opportunity to participate in a teaching certificate program at either Concordia University Wisconsin or the Medical College of Wisconsin.

Outcome: Residents successfully completing the critical care residency program will be able to provide exceptional pharmaceutical care, built on a foundation of evidence-based medicine, as part of a multidisciplinary team in any critical care setting. They will be practice leaders and have the ability to grow professionally through self-assessment, and facilitate the education and growth of others through...
direct preceptorship, education, and peer-assessment. They will have the skills to make complex
decisions in high-intensity critical care settings, including medical emergencies, and communicate these
plans to healthcare providers and patients to optimize patient care. Lastly, they will have the ability to
conduct research projects to benefit patient care or the education of others.

In order to achieve this high level of practice, the resident must achieve residency program goals put
forth by ASHP. (Please refer to Froedtert Hospital Departmental Policies for full criteria pertaining to
successful completion of the PGY2 Critical Care Residency Program.) Each year the program will be
customized to meet the needs of the resident, as the education and professional backgrounds vary
between residents. Additionally, the resident will be expected to submit longitudinal goals for the
program.

**Critical Care Program Outcomes and**
**Goals**
The PGY2 Critical Care Residency is designed to transition PGY1 residency-trained graduates from
generalist practice to specialized practice that meets the needs of critically ill patients. PGY2 critical care
residency graduates are equipped to be fully integrated members of the interdisciplinary critical care
team and are able to make complex medication and nutrition support recommendations in this fast-
paced environment. Training focuses on developing the resident’s capability to deal with a wide range of
diseases and disorders that occur in the critically ill. Special emphasis is placed on the complexities of
multiple organ system failure and the difficulties imposed on care when patients require life-sustaining
equipment. The resident must have “Achieved for Residency” designated on at least 70% of program-
required goals and “Satisfactory Progress” or “Achieved” on all remaining goals.

**Required Goals and Educational Objectives**
**R1 Patient Care**
R1.1 In collaboration with the health care team, provide comprehensive medication management to
critically ill patients following a consistent patient care process.
  R1.1.1 Interact effectively with health care teams to manage critically ill patients’ medication
  therapy.
  R1.1.2 Interact effectively with critically ill patients, family members, and caregivers.
  R1.1.3 Collect information on which to base safe and effective medication therapy for critically
  ill patients.
  R1.1.4 Analyze and assess information on which to base safe and effective medication therapy
  for critically ill patients.
  R1.1.5 Design, or redesign, safe and effective patient-centered therapeutic regimens and
  monitoring plans (care plans) for critically ill patients.
  R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) for
  critically ill patients by taking appropriate follow-up actions.
  R1.1.7 For critically ill patients, document direct patient care activities appropriately in the
  medical record, or where appropriate.
  R1.1.8 Demonstrate responsibility to critically ill patients for patient outcomes.
R1.2 Ensure continuity of care during transitions of critically ill patients between care settings.
  R1.2.1 Manage transitions of care effectively for critically ill patients.
R1.3 Manage and facilitate delivery of medications to support safe and effective drug therapy for
critically ill patients.
R1.3.1 Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.
R1.3.2 Manage aspects of the medication-use process related to formulary management for critically ill patients.
R1.3.3 Facilitate aspects of the medication-use process for critically ill patients.

R2 Advancing Practice and Improving Patient Care
R2.1 Demonstrate ability to manage formulary and medication-use processes for critically ill patients, as applicable to the organization.
R2.1.1 Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements.
R2.1.2 Participate in a medication-use evaluation related to care for critically ill patients.
R2.1.3 Participate in the review of medication event reporting and monitoring related to care for critically ill patients.
R2.1.4 Identify opportunities for improvement of the medication-use system related to care for critical care patients.

R2.2 Demonstrate ability to conduct a quality improvement or research project.
R2.2.1 Identify and/or demonstrate understanding of a specific project topic to improve care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
R2.2.2 Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
R2.2.3 Collect and evaluate data for a practice quality improvement or research project for the care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
R2.2.4 Implement a quality improvement or research project to improve care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
R2.2.5 Assess changes or need to make changes to improve care for critical care patients or a topic for advancing the pharmacy profession or critical care pharmacy.
R2.2.6 Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for critically ill patients or for a topic related to advancing the pharmacy profession or critical care pharmacy at a local, regional, or national conference. (The presentation can be virtual.)

R3 Leadership and Management
R3.1 Demonstrate leadership skills for successful self-development in the provision of care for critically ill patients.
R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients.
R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.

R3.2 Demonstrate management skills in the provision of care for critically ill patients.
R3.2.1 Contribute to critical care pharmacy departmental management.
R3.2.2 Manage one’s own critical care practice effectively.

R4 Teaching, Education, and Dissemination of Knowledge
R4.1 Provide effective medication and practice-related education to critically ill patients, caregivers, health care professionals, students, and the public (individuals and groups).
   R4.1.1 Design effective educational activities related to critical care pharmacy
   R4.1.2 Use effective presentation and teaching skills to deliver education related to critical care pharmacy.
   R4.1.3 Use effective written communication to disseminate knowledge related to critical care pharmacy.
   R4.1.4 Appropriately assess effectiveness of education related to critical care pharmacy.
R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care.
   R4.2.1 When engaged in teaching related to critical care, select a preceptor role that meets learners’ educational needs.
   R4.2.2 Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care.

**Elective Goals and Educational Objectives**
Additional (elective) goals may be found at the ASHP Residency webpage but will not be evaluated in this program unless requested, or unless an elective with associated goal/objectives is selected.

**Critical Care Program**

**Structure**

**Dates**
The residency program year for 2020-2021 is scheduled to begin Monday, June 22, 2020 and conclude on Sunday, June 21, 2021. Refer to match letter for other official information.

**Orientation / Training**
All residents, including both those that did and those that did not complete their PGY1 residencies at Froedtert Hospital, are required to complete orientation. Residents will review the PGY2 curriculum with the Residency Program Director (RPD) and/or Residency Program Coordination (RPC), which will include a review of the Residency Manual, Learning Experiences, PharmAcademic, and other pertinent documents. Residents will be introduced to their mentors and manager, establish a research project topic for the year, and review and tour the facility with the RPD and/or RPC.

PGY2CC residents who completed their PGY1 at Froedtert Hospital are expected to help the incoming PGY2 residents (new to Froedtert) acclimate. The resident will forego formal “training”, as they will have already completed this as a PGY1. Instead, generally, these residents will initially spend 1-2 weeks staffing in acute care clinical practice during the summer months to help with ICU vacation coverage prior to initiating clinical rotations.

For new incoming residents who completed their PGY1 training elsewhere, the first 5 weeks of the program are dedicated to hospital and departmental orientation and training. This training will focus on hospital and departmental policies and guidelines, training in all pertinent computer systems, and will introduce the resident to both non-clinical and clinical resources and services. Additionally, residents will shadow pharmacists on-the-job to prepare them for their acute care clinical practice responsibilities. Prior to initiation of rotations and acute care clinical practice, the RPD will verify with trainers and the resident that they are adequately prepared.

**Schedule of Learning Experiences**

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A customized rotation schedule is developed based on the resident’s self-identified strengths, weaknesses, interests, goals, and career path. Prior to July 1, the resident will complete three self-assessment tools via PharmAcademic: 1) ASHP Entering Interests Form; 2) Entering Objective-Based Self-Evaluation; 3) PGY2 Critical Care Pre-residency Assessment Tool - Experiences and Interests. The RPD and RPC will review these evaluations with the mentor to design a customized training plan for the year. During the first few days of the program the resident will meet with the mentor and RPD to further discuss the aforementioned information to establish a resident-specific schedule that will facilitate meeting the resident’s goals.

Required Core Clinical Rotations
The PGY2CC resident will rotate through each of the required learning experiences at least once during the year (see table for full details). All required learning experiences must be completed prior to taking elective learning experiences. The order of learning experiences will be MICU or SICU followed by NICU or CVICU, then EM. This is done in an effort to go from broad to specialized critical care training and facilitate a stepwise learning process. This also correlates with how the clinical staffing is scheduled to optimize exposure to different practice environments. Two weeks of concentrated nutrition support will also be required; the timing of this rotation is flexible.

Clinical Staffing
The below information is based on current model, and is subject to modification for the coming resident calendar year. Acute care clinical practice weeks are set by the scheduler and RPD to be spaced out throughout the year to compliment core learning experiences when possible. The goal is to maximize time spent in the ICU, though this will vary from year to year based on resident experience and vacation coverage needed. This will include at least 1 week of N3/N4 coverage. The clinical staffing schedule is located on the Residency SharePoint site.
- Approximately 7 weeks as a decentral pharmacist (Monday–Friday, 10-hour shifts)
- Approximately 10 weekends as a central and/or decentral pharmacist (Sat & Sun, 10-hour shifts)
- Two holidays assigned to the resident by the scheduler & RPD based on needs
# Critical Care Residency Learning Experience Structure

## Learning Experience – Required Introductory

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<tr>
<th>Experience</th>
<th>Duration</th>
<th>Location</th>
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<tr>
<td><strong>Orientation:</strong> Required for all residents, designed to orient them to the critical care setting and residency expectations.</td>
<td>~1 week</td>
<td>FH</td>
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<tr>
<td><strong>Training:</strong> Required for all residents who did not complete their PGY1 at Froedtert Hospital.</td>
<td>5 weeks</td>
<td>FH</td>
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## Learning Experience – Required Core

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<tr>
<th>Experience</th>
<th>Duration</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Critical Care Medicine (MICU):</strong> A 26-bed closed ICU caring for patients with hemodynamic and/or respiratory instability who are admitted to one of 2 services. During the second experience, which takes place in the latter part of the year, the resident will focus on increasing patient workload and emphasize teaching / precepting skills while on rotation.</td>
<td>8 weeks (2 rotations of 4 weeks)</td>
<td>FH</td>
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<tr>
<td><strong>Cardiovascular Critical Care (CVICU):</strong> A 20-bed open ICU caring for post-operative cardiac surgery patients (CABG, valve replacement/repair, aneurysm repair, heart/lung transplant, etc.) and cardiology patients (acute coronary syndromes, acute/advanced heart failure, arrhythmias, hemodynamic instability, etc.).</td>
<td>4 weeks</td>
<td>FH</td>
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<tr>
<td><strong>Trauma / Surgical Critical Care (SICU):</strong> A 21-bed open ICU caring for level-I trauma patients and all acutely-ill post-operative patients for all surgical services (excluding cardiothoracic surgery). No burn patients.</td>
<td>4 weeks</td>
<td>FH</td>
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<tr>
<td><strong>Neurology / Neurosurgery Critical Care (NICU):</strong> A 20-bed stroke-certified ICU caring for patients with stroke, traumatic brain injury, and other neurologic disorders. Rounding teams include neurology, neurosurgery, and neurocritical care.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Emergency Medicine (EM):</strong> A 45-bed level I trauma center with over 56,000 annual visits. Additionally there is an adjacent 14-bed observation unit.</td>
<td>4 weeks</td>
<td>FH</td>
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<tr>
<td><strong>Nutrition Support:</strong> The resident will round with the MICU, CVICU, TICU, and SICU dieticians over the course of two weeks and will be responsible for prescribing nutrition therapy (both enteral &amp; parenteral) as part of the critical care team.</td>
<td>2 weeks</td>
<td>FH</td>
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## Learning Experience – Required Longitudinal

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<tr>
<th>Experience</th>
<th>Duration</th>
<th>Location</th>
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<tr>
<td><strong>Clinical Staffing:</strong> Seven weeks and ten weekends as an independent decentral pharmacist</td>
<td>Longitudinal</td>
<td>FH</td>
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<tr>
<td><strong>Journal Club:</strong> Each resident presents two formal JCs per year to the critical care pharmacy staff and facilitates discussion as the topic relates to contemporary practice.</td>
<td>Longitudinal</td>
<td>FH</td>
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<tr>
<td><strong>Medication Utilization Evaluation:</strong> Each resident will complete one policy–related activity (guideline revision, monograph, drug class review) plus collaborate on a MUE together</td>
<td>Longitudinal</td>
<td>FH</td>
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<tr>
<td><strong>Safety:</strong> Each resident will present two M&amp;M / clinical conundrum presentations at the critical care series and will review one major medication error in depth</td>
<td>Longitudinal</td>
<td>FH</td>
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<tr>
<td><strong>Practice Management:</strong> The resident will participate in the MERC (Medical Emergency and Resuscitation Committee) and Critical Care RN Orientation.</td>
<td>Longitudinal</td>
<td>FH</td>
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<tr>
<td><strong>Professional Speaking:</strong> The resident will receive directed feedback on speaking style and technique through a variety of presentation types.</td>
<td>Longitudinal</td>
<td>FH</td>
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<tr>
<td><strong>Research Project:</strong> Curriculum will be provided to develop research skills and support the execution of a research project focused on improving patient care.</td>
<td>Longitudinal</td>
<td>FH</td>
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FH: Froedtert Hospital; CHW: Children’s Hospital of Wisconsin; CMH: Community Memorial Hospital; CUW: Concordia University Wisconsin
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<tr>
<th>Learning Experience – Elective</th>
<th>Duration</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Academia:</strong> Emphasis on supporting the critical care elective via didactic lecture and leading group discussion / journal clubs, may earn a teaching certificate if involvement includes longitudinal course curriculum development.</td>
<td>Longitudinal</td>
<td>CUW or MCW</td>
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<tr>
<td><strong>Toxicology:</strong> Located at the regional poison center, includes managing patient cases, writing consults, and discussing toxologic emergencies.</td>
<td>1 month</td>
<td>CHW</td>
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<tr>
<td><strong>Transplant Intensive Care Unit (TICU):</strong> A 20-bed ICU focused on care of abdominal transplant patients. Heart and lung transplants are cared for in the CVICU and are taught during that learning experience.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Infectious Diseases – Consult or Stewardship:</strong> While on consult service, the resident will round with one of the three ID teams and complete all ID-related ASHP-required critical care topic discussions. While on stewardship, the resident will gain exposure to the immune-competent and immune-compromised service, and the Antimicrobial Stewardship Team.</td>
<td>2 to 4 weeks</td>
<td>FH (FMFH optional)</td>
</tr>
<tr>
<td><strong>Advanced Heart Failure / Heart Transplant:</strong> Mix of ward and ICU patients with a clinical emphasis on advanced heart failure, devices, and heart transplantation.</td>
<td>2 weeks</td>
<td>FH</td>
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<tr>
<td><strong>Community Critical Care (CMH ICU):</strong> A 20-bed medical/surgical ICU and a community emergency medicine experience at our partner 237-bed community hospital.</td>
<td>2 weeks</td>
<td>FMFH</td>
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<tr>
<td><strong>Oncology:</strong> This will be a rotation in collaboration between inpatient Oncology preceptors and MICU preceptors. The resident will be mostly on the inpatient Oncology floor, but will manage a variety of patients based on clinical interest and patient presentations.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Perioperative /Anesthesia (OR):</strong> Focus on acute care, workflow logistics, and policy.</td>
<td>2 weeks</td>
<td>FH</td>
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<tr>
<td><strong>3rd shift ICU:</strong> Two pharmacists provide clinical services for all 107 ICU beds and the ED, and respond to medical emergencies.</td>
<td>1 week</td>
<td>FH</td>
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<tr>
<td><strong>Repeat Core Rotation:</strong> Any core rotation may be repeated based on career interest and job prospects in the latter part of the year, with an emphasis on primary literature exploration and teaching.</td>
<td>4 weeks</td>
<td>FH</td>
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CUW: Concordia University Wisconsin School of Pharmacy; MCW: Medical College of Wisconsin School of Pharmacy; CHW Children’s Hospital of Wisconsin; FH: Froedtert Hospital; FMFH: Froedtert Menomonee Falls Hospital
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<tr>
<th>Required—Introductory</th>
<th>Preceptor</th>
<th>Training</th>
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</table>
| Orientation           | Joel Feih, PharmD, BCCCP | PharmacD, University of Wisconsin, Madison, WI ’12  
PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’13  
PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’14 |
| Training (External residents only) | Anne Zechlinski, PharmD, BCPS | PharmacD, University of Wisconsin, Madison, WI ’07  
PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’08  
PGY2 Administration, Froedtert Hospital, Milwaukee, WI ’09 |
| Required—Core Practice | Preceptor | Training |
| Critical Care Medicine (MICU) | Mike Katz, PharmD | PharmacD, University of Wisconsin, Madison, WI ’07  
PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’09 |
| Cardiac / Cardiovascular (CVICU) | Joel Feih, PharmD, BCCCP | PharmacD, University of Wisconsin, Madison, WI ’12  
PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’13  
PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’14 |
| Trauma / Surgical Critical Care | David Herrmann, PharmD, BCCCP | PharmacD, University of Wisconsin, Madison, WI ’87  
BS Pharmacy, University of Wisconsin, Madison, WI ’90  
PharmacD, University of Wisconsin, Madison, WI ’09  
PGY1 Practice, New England Medical Center, Boston, MA ’91 |
| Neurology / Neurosurgical Critical Care (NICU) | Kim Haldeman, PharmD, BCCCP | PharmacD, Butler University, Indianapolis, IN ’10  
PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’11 |
| Emergency Medicine (EM) | Jessica Feih, PharmD, BCCCP | PharmacD, University of Illinois at Chicago, Chicago, IL ’09  
BS Biology, Northern Illinois University, Dekalb, IL ’09  
PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’13  
PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’14 |
| Nutrition Support | Michelle Kozeniecki, MS, RD, CD, CNSC | BS Dietetics/Nutritional Science, University of Wisconsin, Madison, WI ’08  
Dietetic Internship, University of Iowa Hospitals & Clinics, Iowa City, IA ’09  
MS Dietetics/Nutritional Science, Mount Mary College, Milwaukee, WI ’12 |
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<th>Preceptors (continued)</th>
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<td><strong>Required—Longitudinal</strong></td>
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<td><strong>Preceptor</strong></td>
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<td><strong>Training</strong></td>
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<td><strong>Clinical Staffing</strong></td>
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<tr>
<td>Joel Feih, PharmD, BCCCP</td>
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<tr>
<td>PharmD, University of Wisconsin, Madison, WI ’12</td>
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<tr>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’13</td>
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<tr>
<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’14</td>
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<tr>
<td>Janelle Juul, PharmD, BCCCP</td>
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<tr>
<td>PharmD, Concordia University of Wisconsin, Mequon, WI ’14</td>
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<tr>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’15</td>
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<tr>
<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’16</td>
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<tr>
<td><strong>Journal Club</strong></td>
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<tr>
<td>Adam Biggs, PharmD, BCCCP</td>
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<tr>
<td>PharmD, Drake University, Des Moines, IA ’07</td>
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<tr>
<td>PGY1 Practice, University of Arizona, Tucson, AZ ’08</td>
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<td>PGY2 Critical Care, University of Arizona, Tucson, AZ ’09</td>
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<tr>
<td>Dani Mabrey, PharmD, BCCCP</td>
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<tr>
<td>PharmD, University of Wisconsin, Madison, WI ’15</td>
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<tr>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’16</td>
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<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’17</td>
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<tr>
<td><strong>Medication Utilization Evaluation (MUE) &amp; Policy</strong></td>
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<tr>
<td>David Herrmann, PharmD, BCCCP</td>
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<tr>
<td>BS Pharmacy, University of Wisconsin, Madison, WI ’87</td>
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<td>PharmD, University of Wisconsin, Madison, WI ’90</td>
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<tr>
<td>PGY1 Practice, New England Medical Center, Boston, MA ’91</td>
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<tr>
<td>Kaitlin Cooper Johnson, PharmD, BCCCP</td>
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<tr>
<td>PharmD, Concordia University Wisconsin, Mequon, WI ’16</td>
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<tr>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’17</td>
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<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’18</td>
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<tr>
<td><strong>Practice Management</strong></td>
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<tr>
<td>Kristin Bialkowski, PharmD, BCCCP</td>
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<tr>
<td>PharmD, Drake University, Des Moines IA ’03</td>
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<tr>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’04</td>
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<tr>
<td>Dani Mabrey, PharmD, BCCCP</td>
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<tr>
<td>BS Biochemistry, University of Wisconsin, Madison, WI ’11</td>
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<tr>
<td>PharmD, University of Wisconsin, Madison, WI ’15</td>
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<tr>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’16</td>
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<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’17</td>
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<td>Elective Experiences</td>
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<td><strong>Academia</strong></td>
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<td><strong>Transplant Critical Care (TICU)</strong></td>
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<td><strong>ID—Stewardship or Consult</strong></td>
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<td><strong>Advanced Heart Failure</strong></td>
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<td><strong>Community Critical Care (CMH ICU)</strong></td>
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<td><strong>Oncology</strong></td>
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<td><strong>Perioperative / Anesthesia (OR)</strong></td>
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<td><strong>3rd Shift ICU</strong></td>
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Critical Care Evaluation

Procedures
All Froedtert Hospital pharmacy residency programs use the ASHP PharmAcademic for evaluation of resident performance. The preceptors and the RPD determine the required objectives to be evaluated during a given learning experience. A summary table for all rotations may be found on the “I drive” in the shared PGY2 Critical Care folder.

Customized Training Plan
At the beginning of the year the resident, mentor, and RPD/RPC will collaborate to create three longitudinal goals for the year. The mentor completes a quarterly self-assessment focusing on progress with meeting resident-established goals, performance, and career planning. The mentor completes a similar evaluation and engages the resident in an open discussion. From this, a customized resident training plan will be developed by the mentor in collaboration with the RPD/RPC. The customized resident training plan may include changes to the resident’s experience based on their strengths and areas for improvement, career goals, and interests. Changes to the schedule, research project planning, documentation in PharmAcademic, and future opportunities are examples of changes commonly made to a resident’s experience. Once discussed with the RPD/RPC, the mentor will upload to PharmAcademic which will automatically share the plan with other preceptors. The plan is then enacted to meet the goals and objectives by establishing priorities for the upcoming quarter, and making modifications as needed.

Learning Experience Orientation
Preceptors should review the customized training plan prior to start of rotation. Prior to rotation, the resident should familiarize themselves with the learning experience overview in PharmAcademic or on the I drive. The resident should send an email to the rotational preceptors highlighting strengths, areas for improvement, progress on previous rotation, goals, best method to learn and scheduling details. Initial orientation should take place no later than the first day of the learning experience and should include, at a minimum, a review of the learning experience overview and how that relates to the specific rotation together with the preceptor. Expectations should be established on various aspects of the rotation, including topic discussions, order verification and entry, histories / discharges, patient work volume, and how to evaluate progress throughout the rotation. This learning experience overview should include learning goals/objectives and associated activities, resident expectations, orientation to the practice area and multidisciplinary service, and any additional materials necessary for successful completion of the rotation.

Summative Resident Evaluations
Verbal assessment and feedback of resident progress should be completed on a weekly basis (at a minimum, some learning experiences offer this feedback daily) and should be communicated to the opposite-week preceptor via verbal and/or written communication – the mechanism for communication is left to the discretion of each learning experience. The final evaluation should be discussed verbally on the last day of the learning experience, and the written version should be completed and documented in PharmAcademic within two weeks of learning experience completion. In addition to the resident and preceptor, the mentor, RPD or RPC should also be present for the evaluation discussion. As aforementioned, the resident will send an email to the next rotation, incorporating in feedback from the current rotation and discuss progress. The preceptors will also be responsible for sending an email addressing key components of resident performance, so the inheriting rotation has a starting point. Some of those areas are order verification, communication with providers, clinical skills, precepting, etc.
Other Learning Experience Evaluations
The RPD will assign evaluations which will include preceptor’s evaluation of resident, resident self-evaluation (as needed), resident evaluation for the learning experience, and a resident evaluation of the preceptor(s). The resident is expected to provide feedback specifying valuable aspects of the rotation, as well as identifying areas for improvement. These evaluations will then be discussed between the preceptor, resident, and RPD/RPC. Preceptors and residents are encouraged to provide additional comments when appropriate. Information found in written evaluations should have already been first discussed verbally. Similar to summative resident evaluations, evaluations should be discussed verbally on the last day of the learning experience, and the written version should be completed and documented in PharmAcademic within two weeks of learning experience completion.

Rounding with Manager and RPD
The resident will meet with their manager on a regular basis consistent with hospital and departmental procedure, referred to as “rounding”. Please refer to immediate supervisor for additional information. The resident will also meet with the RPD on a monthly basis (or more frequently as needed per discretion of resident and/or RPD/RPC/mentor) to assess rotations, supplemental activities, workload / time management, and stress.

Competencies, Goals & Objectives Required to Earn a Residency Certificate
As an ASHP-accredited residency program, Froedtert Hospital incorporates all competencies, goals & objectives required by ASHP. Satisfactory 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. At the end of the resident year, a committee comprised of the Residency Program Director, the Residency Program Coordinator, and the Resident Mentor will review each goal and objective assigned to the resident. Using all available information to date (including but not limited to PharmAcademic evaluations, resident development plan, etc.) the committee, via simple majority vote, will determine the status of each goal and objective.

Critical Care
Projects/Presentations
Year-long Resident Research Project
The year-long research project is required to be written in a manuscript form consistent with author guidelines put forth for consideration for publication into AJHP or another reputable peer reviewed journal. Examples of past resident projects include:
- Evaluation of ACT and anti-Xa to monitor heparin during temporary mechanical circulatory support
- Evaluation of pharmacist interventions in the ICU

Minor Project for SCCM
The minor project is required to be submitted for presentation at SCCM Annual Congress, with abstract deadline August 3. The project will consist of final data from a completed project (PGY1 research project, PGY2 minor project or inherited project from previous resident, etc.) The presentation entails a 5 minute podium presentation describing the study and waiver of conference entrance fee. If the resident uses a project from PGY1, a minor-project is still expected to be completed for an additional writing experience.
Learning Experience Projects
A minimum of 1 deliverable project is required per required learning experience. The type of project for each learning experience will be assigned at the beginning of the year by the RPD/RPC – refer to Wednesday Conference schedule on the I-drive. Projects for the core ICU rotations will consist of either CE Grand Rounds, Journal Club, safety discussion (see below for further description), and the Emergency Medicine project will be to develop and present a lecture to EM physician residents at their Grand Rounds. Electives will be based on the individual resident and rotation. The topic for each project will be agreed upon by the learning experience preceptor and resident with the goal of being contemporary and clinically relevant to critical care pharmacists. Depending upon the assignment, the format may be formal PowerPoint presentations, informal presentation, publication, drug information question, case report, in-service, etc, and may be directed toward variety of audiences (pharmacists, physicians, nurses, respiratory therapists, administration, students, etc). Specifics pertaining to the format and audience will be left to the discretion of the primary preceptor and RPD/RPC.

Grand Rounds (CE required)
One Critical Care Pharmacy Grand Rounds presentation is required, roughly 1 hour in length each, and will be presented throughout the year at Wednesday Conference (see I-drive for schedule). Additionally, a presentation at ED Grand Rounds during the resident’s ED learning experience is required, roughly 20 minutes in length.

Journal Club
Critical Care Journal Club (CCJC) is scheduled regularly throughout the year at Wednesday Conference. Each resident is required to present two CCJCs. Refer to the CCJC syllabus posted on the I-drive for additional information. The PGY2 residents will also be responsible for coordinating the monthly SCCM CPP journal club.

WPRC Abstract
Data from the resident’s year-long research project will be presented locally at the Wisconsin Residency Research Conference sponsored by the Pharmacy Society of Wisconsin (PSW). Abstracts are due in January for the meeting which takes place in April. This activity replaces going to Great Lakes Pharmacy Residency Conference.

Vizient/ASHP Midyear Abstract
Residents are expected to attend Vizient and ASHP Midyear, including presenting an abstract of their choosing at Vizient Resident Poster Session, and that same abstract at the Critical Care Networking Session as ASHP Midyear.

Critical Care Pharmacy Practice Didactic Lecture
One, 1-hour lecture to pharmacy students, complete with assigned readings, objectives, patient cases, and quiz questions, will be presented at the Critical Care Pharmacy Practice elective (PHAR 551) at Concordia University of Wisconsin School of Pharmacy. If the date falls during acute care clinical practice, it becomes the resident’s responsibility to find coverage for that shift.

Advanced Teaching Certificate
Both Concordia University of Wisconsin School of Pharmacy and Medical College of Wisconsin School of Pharmacy offer Advanced Teaching Certificate for our critical care residents (prerequisite is having completed a teaching certificate as a PGY1 pharmacy practice resident). Both programs include key aspects such as formal curriculum focused on teaching skill development, creating a teaching
philosophy, creating a portfolio, delivering didactic lectures, and facilitating laboratory experiences, etc. Additional details are available from the RPD or each School of Pharmacy, respectively.

**Supplemental Activities**

Other required supplemental activities that the resident will complete during the year will include Fundamentals in Critical Care Support (FCCS), Advanced Cardiovascular Life Support (ACLS [if not otherwise certified]), and Basic Disaster Life Support (BDLS) training. Residents will also have the opportunity to deliver two RN orientation lecture on critical care medications for new ICU nurses in conjunction with a preceptor delivering a lecture on ACLS medications as part of the professional speaking requirement. Optional supplemental activities include Pediatric Advanced Cardiovascular Life Support (PALS), and/or NRP.

**Professional Organization**

**Membership/Conferences**

Residents are expected to be active members in Society of Critical Care Medicine (SCCM) and attend the Annual Congress held each January/February. (See Funding for Professional Conferences for reimbursement information.) Residents are provided with complimentary membership to SCCM which will be coordinated by the RPD during the first few months of the residency year. Additionally, all non-physicians whose abstracts are accepted to SCCM Annual Congress are eligible for complimentary meeting registration – see RPD for additional details.

Residents are also welcome and encouraged (but not required) to attend Milwaukee Residency Conferences (monthly throughout the year).

**Critical Care Mentorship**

**Experiences**

Resident mentors are pharmacists assigned to each resident. Their primary purpose is to provide guidance throughout the year with an emphasis on overall professional development and career advancement. Residents and mentors are expected to meet approximately monthly to discuss resident progress and adjust goals and objectives as needed.
### PGY2 Critical Care Residency Timeline

<table>
<thead>
<tr>
<th>February 2020</th>
<th>May 2020</th>
<th>June 2020</th>
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| • Call for projects from staff  
  • Remind any potential project advisors to complete CITI training | • Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training  
  • Minor projects are disseminated and chosen by residents  
  • Minor project IRB and PRC by either advisor or resident pending internal vs. external | • Major projects are disseminated to residents  
  • Project advisors are chosen  
  • Start data collection for minor project |

#### Resident action steps
- Go to [https://www.citiprogram.org](https://www.citiprogram.org) and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators
- Submit interest in minor project
- Work with advisor and project team to scope project and develop protocol
- Teaching certificate responsibilities start
- Longitudinal CMU activities start for resident 1
- Longitudinal safety activities start for resident 2
- Get schedule for RN orientation lectures

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<tr>
<th>July 2020</th>
<th>August 2020</th>
<th>September 2020</th>
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| • 7/7 all resident orientation, 7/9 MCW symposium, 7/24 MCW orientation  
  • Minor project data collection and/or analysis completed by 7/25  
  • BDLS 7/27  
  • FCCS  
  • Minor project abstract preparation due to team 7/29  
  • External residents submit project rankings (top 3)  
  • Major project and research team established | • Work with advisor and project team to scope project and develop protocol  
  • Teaching certificate responsibilities start  
  • Longitudinal CMU activities start for resident 1  
  • Longitudinal safety activities start for resident 2  
  • Get schedule for RN orientation lectures | • Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback  
  • PRC feedback and response  
  • Develop presentation for CC elective |

#### Resident action steps
- Follow up with project leads to get any questions answered prior to submitting project rank list
- Submit rank list by deadline
- Build research team with help of project advisor
- Finish data collection and analyze
- Write abstract and disseminate to project team
- Submit abstract to SCCM by Aug 3 at 1200
- Develop research question
- Conduct literature search
- Decide on hypothesis and main outcomes of interest
- Design study
- Invite team members to scoping discussion
- Plan project and begin creating protocol
- Determine data sources
- Develop protocol draft to research team two weeks prior to scheduled PRC presentation date
- Send protocol draft to Mary Frances Picone one week prior to PRC presentation date
- Respond to e-mail containing feedback within one week
- Distribute finalized protocol to team
- Design data collection sheet
- Submit to IRB ASAP following approval

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<tr>
<th>October 2020</th>
<th>November 2020</th>
<th>December 2020</th>
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</table>
| • Begin data collection after receiving protocol approval  
  • Draft Vizient poster abstract  
  • Submit Vizient poster abstract  
  • Receive notification re: SCCM acceptance  
  • CC Elective presentations Thurs Oct 1 and 8 1510-1600 | • Begin working on Vizient Poster  
  • Submit Vizient Poster after reviewed by research team  
  • On site teaching certificate responsibilities end | • Midyear Meeting  
  • Research Month  
  • Develop SCCM slides and disseminate to research team  
  • Collaborative MUE due |

#### Resident action steps
- Send to project team 2 weeks prior to deadline
- Send to project team 2 weeks prior to proof deadline
- Submit for proof printing by deadline
- Send to project team 2 weeks prior to proof deadline
- Submit for proof printing by deadline
- Send to project team 2 weeks prior to proof deadline
- Submit for proof printing by deadline
- Present poster
- MUE
<table>
<thead>
<tr>
<th>January 2020</th>
<th>February 2020</th>
<th>March 2020</th>
</tr>
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<tbody>
<tr>
<td>□ Develop and submit WPRC abstract</td>
<td>□ Teaching certificate abstract submission</td>
<td>□ Develop WPRC slide deck</td>
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<tr>
<td>□ SCCM 1/31-2/3</td>
<td>□ PGY2 CC interviews</td>
<td>□ Complete practice modules</td>
</tr>
<tr>
<td>□ Review PGY2 candidate applications</td>
<td>□ Work on submission for minor project to acceptable journal</td>
<td>□ Submit WPRC slides</td>
</tr>
<tr>
<td>□ Longitudinal safety starts resident 1</td>
<td>□ Start creating EM Grand Rounds Presentation</td>
<td>□ Complete data collection on major project by 3/31</td>
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<tr>
<td>□ Longitudinal CMU starts resident 2</td>
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Resident action steps

- □ Send to team 2 weeks prior to submission deadline
- □ Send to RPD, at least 3 business days prior to submission deadline

Resident action steps

- □ Submit abstract by deadline

Resident action steps

- □ Submit slide set to RPD prior to deadline
- □ Complete Great Lakes practice presentations

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<tr>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
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<tbody>
<tr>
<td>□ WPRC presentation April 1</td>
<td>□ Develop project manuscript and presentation of research</td>
<td>□ Manuscript final submission deadline</td>
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<tr>
<td>□ Send results to statisticians first week in April</td>
<td>□ Initial draft of manuscript due</td>
<td>□ Project wrap-up in IRB</td>
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<tr>
<td>□ Discuss results with statisticians</td>
<td></td>
<td>□ Submit manuscript to journal for publication</td>
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</table>

Resident action steps

- □ Present at WPRC
- □ Evaluate statistical analysis and submit feedback to statisticians

Resident action steps

- □ Send to project team prior to deadline
- □ Send to mentor/advisor by deadline

Resident action steps

- □ Submit manuscript to RPD by deadline
- □ Close out study in eBridge, close out of project and tag off to project advisor
<table>
<thead>
<tr>
<th>Resident</th>
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<th>First Position</th>
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<tbody>
<tr>
<td>Elizabeth Scanlon, PharmD</td>
<td>PharmD, University of Rhode Island '18</td>
<td>PGY1 Practice, North Shore, ‘18 PGY2 Critical Care, FH ‘19</td>
<td>Froedtert Hospital SICU/NICU Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital SICU/NICU Pharmacist Milwaukee, WI</td>
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<tr>
<td>Brittney Duewell, PharmD</td>
<td>PharmD, Concordia University Wisconsin ’18</td>
<td>PGY1 Practice, FH, ‘18 PGY2 Critical Care, FH ‘19</td>
<td>Froedtert Hospital Float ICU Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital Float ICU Pharmacist Milwaukee, WI</td>
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<tr>
<td>Chelsea Mitchell, PharmD</td>
<td>BS Biology, University of Denver ’13 PharmD, University of Colorado ‘18</td>
<td>PGY1 Practice, Methodist University Hospital, ‘18 PGY2 Critical Care, FH ‘19</td>
<td>Methodist University Hospital CVICU Pharmacist Memphis, TN</td>
<td>Methodist University Hospital CVICU Pharmacist Memphis, TN</td>
</tr>
<tr>
<td>Terry Pang, PharmD</td>
<td>BA Economics, UCLA ’07 PharmD, Touro University ’17</td>
<td>PGY1 Practice, Alameda Health — Highland Hospital, ‘18 PGY2 Critical Care, FH ‘19</td>
<td>Sutter Medical Center Emergency Medicine Pharmacist Sacramento, CA</td>
<td>Sutter Medical Center Emergency Medicine Pharmacist Sacramento, CA</td>
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<tr>
<td>Kirsten Wallskog, PharmD, BCCCP</td>
<td>PharmD, Purdue University ’16</td>
<td>PGY1 Practice, Beaumont Hospital—Royal Oak ’17 PGY2 Critical Care, FH ‘18</td>
<td>Portland VA EM Pharmacist Portland, OR</td>
<td>Portland VA EM Pharmacist Portland, OR</td>
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<tr>
<td>Peter Zepke, PharmD, BCCCP</td>
<td>PharmD, University of Wisconsin ’16</td>
<td>PGY1 Practice, FH ’17 PGY2 Critical Care, FH ‘18</td>
<td>University of Wisconsin Hospital &amp; Clinics ED / Pediatric ICU Pharmacist Madison, WI</td>
<td>University of Wisconsin Hospital &amp; Clinics ED / Pediatric ICU Pharmacist Madison, WI</td>
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<tr>
<td>Kaitlin Cooper-Johnson, PharmD, BCCCP</td>
<td>BA Communication, University of Wisconsin— Milwaukee ’10 PharmD, Concordia University Wisconsin ’16</td>
<td>PGY1 Practice, FH ’17 PGY2 Critical Care, FH ‘18</td>
<td>Froedtert Hospital Float ICU Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital MICU Pharmacist PGY2CC Residency Program Coordinator Milwaukee, WI</td>
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<tr>
<td>Dani Mabrey, PharmD, BCCCP</td>
<td>BS Biochemistry, University of Wisconsin ’11 PharmD, University of Wisconsin ’15</td>
<td>PGY1 Practice, FH ’16 PGY2 Critical Care, FH ‘17</td>
<td>Froedtert Hospital SICU/NICU Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital NICU Pharmacist Critical Care Coordinator Milwaukee, WI</td>
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<td>Spencer Laehn, PharmD, BCCCP</td>
<td>PharmD, University of Wisconsin ’15</td>
<td>PGY1 Practice, FH ’16 PGY2 Critical Care, FH ‘17</td>
<td>University of New Mexico Medical Center PM ICU Pharmacist Albuquerque, NM</td>
<td>Denver Health Emergency Medicine Pharmacist Denver, CO</td>
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<tr>
<td>Caitlin (Mullins) Dadhania, PharmD, BCCCP</td>
<td>BS Biology, Southern Methodist University ’10 PharmD, Wingate University ’14</td>
<td>PGY1 Practice, Tufts Medical Center ’15 PGY2 Critical Care, FH ’16</td>
<td>Tuft’s Medical Center CVICU Pharmacist Boston, MA</td>
<td>Tuft’s Medical Center CVICU Pharmacist Boston, MA</td>
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<tr>
<td>Janelle Juul, PharmD, BCCCP</td>
<td>BS Biochemistry, University of Wisconsin— Milwaukee ’09 PharmD, Concordia University Wisconsin ’14</td>
<td>PGY1 Practice, FH ’15 PGY2 Critical Care, FH ‘16</td>
<td>Froedtert Hospital CVICU Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital CVICU Pharmacist Cardiology Coordinator Milwaukee, WI</td>
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<th>Current Position</th>
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<tr>
<td>Jessica (Cowell) Feih, PharmD, BCCCP</td>
<td>BS Biology, Northern Illinois University ’09 PharmD, University of Illinois at Chicago ’13</td>
<td>PGY1 Practice, FH ’14 PGY2 Critical Care, FH ’15</td>
<td>Froedtert Hospital Float Critical Care Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital Emergency Medicine Pharmacist Milwaukee, WI</td>
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<tr>
<td>Meghann (Luc) Bruden, PharmD, BCCCP</td>
<td>PharmD, University of Wisconsin ’13</td>
<td>PGY1 Practice, FH ’14 PGY2 Critical Care, FH ’15</td>
<td>Froedtert Hospital Surgical/Trauma ICU Pharmacist Milwaukee, WI</td>
<td>Harborview Medical Center General ICU Pharmacist PGY1 Residency Program Coordinator Seattle, WA</td>
</tr>
<tr>
<td>Joel Feih, PharmD, BCCCP</td>
<td>PharmD, University of Wisconsin ’12</td>
<td>PGY1 Practice, FH ’13 PGY2 Critical Care, FH ’14</td>
<td>Froedtert Hospital CVICU Pharmacist Milwaukee, WI</td>
<td>Froedtert Hospital CVICU Pharmacist PGY2CC Residency Program Director Assistant Professor of Anesthesiology, Medical College of Wisconsin Milwaukee, WI</td>
</tr>
<tr>
<td>Andy Kim, PharmD, BCCCP</td>
<td>BA Biology, University of Kansas ’06 PharmD, University of Minnesota—Duluth ’11</td>
<td>PGY1 Practice, FH ’12 PGY2 Critical Care, FH ’13</td>
<td>University of Louisville Hospital Critical Care Pharmacist Louisville, KY</td>
<td>Denver Health Medical Critical Care Pharmacist PGY2CC Residency Program Director Denver, CO</td>
</tr>
<tr>
<td>Annie Biesboer, PharmD, BCCPS, BCCCP</td>
<td>PharmD, University of Wisconsin ’10</td>
<td>PGY1 Practice, FH ’11 PGY2 Critical Care, FH ’12</td>
<td>Concordia University Wisconsin Assistant Professor of Pharmacy Practice (clinical practice site in MICU at FH) Mequon, WI</td>
<td>Pfizer, Inc. Midwest Region</td>
</tr>
<tr>
<td>Lisa (Craver) Armstrong, PharmD, BCPS</td>
<td>PharmD, Drake University ’09</td>
<td>PGY1 Practice, University of Tennessee - Knoxville ’10 PGY2 Critical Care, FH ’11</td>
<td>University of Virginia Health System General ICU &amp; EM Pharmacist Charlottesville, VA</td>
<td>Mission Hospital Critical Care Pharmacist Asheville, NC</td>
</tr>
<tr>
<td>Kate (Oltrogge) Pape, PharmD, BCPS, BCCCP</td>
<td>BA Biology, Simpson College ’04 PharmD, University of Minnesota at Minneapolis ’08</td>
<td>PGY1 Practice, FH ’09 PGY2 Critical Care, FH ’10</td>
<td>Aurora St. Luke’s Medical Center Medical ICU Pharmacist Milwaukee, WI</td>
<td>Oregon Health &amp; Science University Cardiology Supervisor Portland, OR</td>
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