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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 and adult Level I Trauma Center at Froedtert Hospital, Milwaukee, an internationally recognized training and research center engaged in thousands of clinical trials and studies. The Froedtert & MCW health network, which includes five hospitals, more than 1,600 physicians and nearly 40 health centers and clinics, draws patients from throughout the Midwest and the nation. In our most recent fiscal year, outpatient visits exceeded 1.1 million, inpatient admissions to our hospitals were 49,250 and visits to our network physicians totaled 932,000.

Froedtert Hospital

Froedtert Hospital, the primary adult teaching affiliate for the Medical College of Wisconsin, is a 604-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 Top 10 US Academic Medical Centers

Vizient (formerly the University HealthSystem Consortium) has recognized Froedtert & MCW Froedtert Hospital with a Bernard A. Birnbaum, MD, Quality Leadership Award multiple times, most recently in 2017. Froedtert & MCW Community Memorial Hospital most recently received this award in 2018. This award recognizes the top 10 performing academic or complex teaching medical centers in the nation. In 2017, Froedtert was ranked as the #3 academic medical center in the country based on data from the Vizient Quality and Accountability study! The award criteria reflect the national Institute of Medicine’s 6 domains of care: safety, timeliness, effectiveness, efficiency, equity, and patient centeredness. Froedtert & MCW was the only state health system to have all of its hospitals recognized.
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:
  o Complete discharge medication reconciliation prior to patient discharge
  o Complete discharge medication counseling to patient prior to discharge
  o 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:
  o Provide consultations in a timely and accurate manner to support other health professionals regarding medication therapy selection and management
  o Provide disease state and medication specific education during hospitalization

Multidisciplinary Team Involvement
- In order to better integrate into the medical team, pharmacists:
  o Attend daily care coordination rounds to facilitate discharge medication needs
  o Support and augment patient care rounds
  o 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:
  o Proactively identify hand-off needs prior to the end of shifts and coordinate key hand-offs in the sign-out notes
  o 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:
  o Daily teaching and incorporation of evidence-based learning into resident and student rotations
  o Evaluation and feedback for residents and students on a regular basis
  o Timely coordination of rotation activities
  o Effective use of residents, students and interns as pharmacist extenders

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

Emergency Management
- Pharmacists support and participate in emergency management
  o ICU or Emergency Department pharmacists respond to all Code 4 emergencies
  o 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 the safe, effective and fiscally responsible use of medications across Froedtert & MCW. The team is involved in many critical medication management efforts, including:
  - Medication utilization management of the drug budget
  - Effective drug shortage management to ensure patients and providers have access to the medications needed for patient care
  - Medication formulary and policy development and ongoing management
  - Creation, oversight, and maintenance of medication guidelines, protocols and clinical pathways
  - Development and maintenance of drug information, and communication tools
  - Identification and implementation of medication cost saving initiatives

Pharmacy Informatics

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

Prior Authorization/Patient Assistance Services

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

Information Technology Leadership Chart
May 15th, 2019
## Residency Program Leadership

**Kristin Hanson, BSPharm, MS**  
Program Director for Residency Programs

**Teri Mattek**  
Pharmacy Education Coordinator

### PGY1 Residency Programs

<table>
<thead>
<tr>
<th>Community Memorial Hospital PGY1</th>
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<tbody>
<tr>
<td>• Terry Audley, RPh</td>
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<tr>
<td>• Residency Program Director</td>
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<td>• John Muchka, PharmD, BCPS</td>
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<tr>
<td>• Residency Program Coordinator</td>
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<thead>
<tr>
<th>Froedtert Hospital (Acute Care Focus) PGY1</th>
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<tbody>
<tr>
<td>• Anne Zechlinski, PharmD, BCPS</td>
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<tr>
<td>• Residency Program Director</td>
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<tr>
<td>• Amanda Pilo, PharmD, BCPS</td>
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<tr>
<td>• Residency Program Coordinator</td>
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<thead>
<tr>
<th>Froedtert Hospital (Ambulatory Focus) PGY1</th>
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<tbody>
<tr>
<td>• Mickey Hart, PharmD, BCACP</td>
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<tr>
<td>• Residency Program Director</td>
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<td>• OPEN</td>
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<td>• Residency Program Coordinator</td>
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<tr>
<th>Health System Pharmacy Administration PGY1 and PGY2</th>
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<tbody>
<tr>
<td>• Philip Brummond, PharmD, MS, FASHP</td>
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<tr>
<td>• Residency Program Director</td>
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<tr>
<td>• Justin Konkol, PharmD, BCPS, DPLA</td>
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<tr>
<td>• Residency Program Coordinator</td>
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# PGY2 Residency Programs

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<tr>
<th>PGY2 Program</th>
<th>Program Director</th>
<th>Program Coordinator</th>
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<tbody>
<tr>
<td><strong>PGY2 Ambulatory Care</strong></td>
<td>Amanda Mauerman, PharmD, BCACP</td>
<td>OPEN</td>
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<td></td>
<td>• Residency Program Director</td>
<td>• Residency Program Coordinator</td>
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<tr>
<td><strong>PGY2 Critical Care</strong></td>
<td>Bill Peppard, PharmD, BCPS, FCCM</td>
<td>OPEN</td>
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<td></td>
<td>• Residency Program Director</td>
<td>• Residency Program Coordinator</td>
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<tr>
<td><strong>PGY2 Drug Information</strong></td>
<td>Kristin Hanson, BSPharm, MS</td>
<td>Mary Frances Picone, PharmD, BCPS</td>
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<td></td>
<td>• Residency Program Director</td>
<td>• Residency Program Coordinator</td>
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<tr>
<td><strong>PGY2 Emergency Medicine</strong></td>
<td>Cathyyen Dang, PharmD, BCPS</td>
<td>Jessica Cowell, PharmD, BCCCP</td>
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<td></td>
<td>• Residency Program Director</td>
<td>• Residency Program Coordinator</td>
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<td><strong>PGY2 Infectious Diseases</strong></td>
<td>Alison Gibble, PharmD</td>
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<td>• Residency Program Director</td>
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<tr>
<td><strong>PGY2 Informatics</strong></td>
<td>Jill Zimmerman, PharmD, MS</td>
<td>Brian Dekarske, PharmD</td>
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<td>• Residency Program Director</td>
<td>• Residency Program Coordinator</td>
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<td><strong>PGY2 Medication Safety</strong></td>
<td>Kristin Hanson, BSPharm, MS</td>
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<td>• Residency Program Director</td>
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<td><strong>PGY2 Oncology</strong></td>
<td>Melissa Rhoades, PharmD, BCOP</td>
<td>Felicia Zook, PharmD, BCOP</td>
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<td></td>
<td>• Residency Program Director</td>
<td>• Residency Program Coordinator</td>
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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 50 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion
- 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 earn 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 Disciplinary 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 ideally be completed by the last day of rotation or absolutely no later than the following Sunday.
- PharmAcademic evaluations are critical for both monitoring resident progress and rotation experience and should be completed thoroughly.
### Table 1: Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

<table>
<thead>
<tr>
<th><strong>Formal Evaluation</strong></th>
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<tr>
<td>Formal definitions of progress toward achieving goals and objectives will allow for consistent interpretation and help provide consistent assessment and subsequent feedback for all Froedtert &amp; the Medical College of Wisconsin pharmacy residents in all residency programs. The following definitions will be used for needs improvement (NI), satisfactory progress (SP), achieved (ACH), and achieved for residency (ACHR) will be used in all PharmAcademic evaluations.</td>
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<thead>
<tr>
<th><strong>NI = Needs Improvement</strong></th>
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<tr>
<td><strong>Definition:</strong> Resident is not meeting expectations. The resident is performing below the level that would be expected of a resident at this point in their training program as evidenced by meeting 1 or more of the following characteristics:</td>
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<tr>
<td>• Requires direct and repeated supervision, guidance, intervention, or prompting</td>
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<tr>
<td>• Make questionable, unsafe, or non-evidence-based decisions</td>
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<tr>
<td>• Fails to complete tasks in a time appropriate manner</td>
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<tr>
<td>• Fails to incorporate or seek out feedback</td>
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<tr>
<td>• Acts in an unprofessional manner</td>
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<tr>
<td><strong>Preceptor Action:</strong> The preceptor is required to document criteria-based, specific comments within PharmAcademic, citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the RPD, RPC, and mentor early in the learning experience if resident performance concerns are noted. The resident’s progress should be communicated to the preceptor team in a timely fashion, using whatever mechanism that residency program uses for preceptor communication (i.e. Residency Advisory Committee, etc.). The preceptor should determine when to reevaluate the goal/objective that for which a “NI” was assigned, ideally in about 4 months, and may necessitate a change in resident schedule.</td>
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<tr>
<th><strong>SP = Satisfactory Progress</strong></th>
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<tbody>
<tr>
<td><strong>Definition:</strong> Resident is meeting expectations. The resident is performing at the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics:</td>
<td></td>
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<tr>
<td>• Requires infrequent supervision, guidance, intervention, or prompting</td>
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<tr>
<td>• Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor</td>
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<tr>
<td>• Completes tasks in a time appropriate manner with limited prompting and guidance</td>
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<tr>
<td>• Incorporates feedback from preceptors with minimal prompting</td>
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<tr>
<td>• Acts in a professional manner</td>
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<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>
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<tr>
<th><strong>ACH = Achieved</strong></th>
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<tbody>
<tr>
<td><strong>Definition:</strong> Resident is consistently meeting expectations. Resident is independently performing at or above the level of performance expected at the conclusion of the residency program. Resident displays all of the following characteristics:</td>
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<tr>
<td>• Appropriately seeks guidance when needed</td>
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<td>• Consistently makes appropriate, safe, or evidence-based decisions on an independent basis</td>
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<tr>
<td>• Independently and competently completes assigned tasks</td>
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<td>• Consistently demonstrates ownership of actions and consequences</td>
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<td>• Accurately reflects on performance and can create a sound plan for improvement</td>
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<tr>
<td>• Acts in a professional manner</td>
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<td><strong>Preceptor Action:</strong> The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</td>
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<tr>
<th><strong>ACHR = Achieved for Residency</strong></th>
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**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 WJ*
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
- ASHP (American Society of Health-System Pharmacists) duty hour guidelines
  - Hours worked are limited to 80 hours per week, which includes regular staffing shifts, residency-related activities and bonus shifts the resident volunteers to work. This can be averaged over a 4 week period
  - Residents must be provided 1 day in 7 free of all educational and clinical activities, averaged over a 4 week period. One day is defined as a continuous 24 hour period.
  - Residents should have at minimum 8 hours between scheduled duty periods.
- Duty hours include:
  - All scheduled clinical and academic activities related to the pharmacy residency program (includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs)
  - "Moon-lighting" outside of Froedtert is strongly discouraged among residents. If a resident chooses to work intermittently outside of Froedtert, they must report this to their residency program director and manager
  - Bonus shifts at Froedtert; residents are only eligible to work these shifts if they are meeting or exceeding expectations as determined by residency program director
- Duty hours do not include:
  - Reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor
- 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\2019-2020\Duty Hours 2019-2020

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

Paid Time Off

- Residents are allotted fourteen vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval.
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident’s responsibility to identify coverage and communicate the switch.
- It is the responsibility of the resident to notify their rotation preceptor of days off.
- Requests for ≤ 2 days off must be made at the beginning of the rotation in which they fall.
- Requests for > 2 consecutive days off should be made as soon as possible or at least one month in advance to allow for any necessary rotation schedule adjustments.
- In the case of an absence on rotation, making up the rotation day on a weekend as opposed to using PTO will be assessed on a case-by-case basis at the discretion of the rotation preceptor(s).
- Resident is responsible for updating Kronos to reflect days off prior to sign-off by manager.
- When possible, ambulatory residents should follow the Outpatient Pharmacy Department PTO Picking Procedure, found here: https://goo.gl/Uzsl85.
- Residents are allowed bereavement pay per Froedtert’s policy. Time away for bereavement counts towards the 14 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

Professional Leave/Business Days

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

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 Meeting Attendance and Funding

- Each PGY1 resident is allotted a $1200 stipend and each PGY2 resident is allotted a $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](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
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.

Figure 2. How to Password Protect Patient Data

Remote Access

- 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 3: 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

**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 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)

**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-48e1-8c50-61db4d521&ContentTypeId=ccb019f2-dd72-4de5-8175-dd9629f47da0](http://fhpolicy.s1.fchhome.com/Content/ViewContent.aspx?contentId=6d41f7b7-ddee-48e1-8c50-61db4d521&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.)
- 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 encouraged when on a clinical rotation or when staffing decentrally
White Coats

- Residents will need to fill out the Pharmacy Department Lab Coat/Logo Order form
  - This can be found on Sharepoint: [https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame2.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20Order.doc&action=default](https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame2.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20Order.doc&action=default)
  - The department will pay for embroidery, but resident will be responsible for paying for coat
  - Deanna Zapfel, Administrative Coordinator, is the contact person for white coats

Scrub Request Forms

- Scrubs will be needed for certain rotations, in certain programs. To obtain scrubs a request form must be filled out
- Deanna Zapfel, Administrative Coordinator, is the contact person to obtain scrubs for pharmacy department employees

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 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/](https://pdmp.wi.gov/)
    - Click “Register”
    - Select “Healthcare Professional”
    - Complete required fields including your license number
    - Select a username and password
    - Look for confirmation email from “noreply@pdmp.wi.gov”
  - **Logging in**
    - Go to: [https://pdmp.wi.gov/](https://pdmp.wi.gov/)
    - Type in username and password
    - Click "Patient Report" to look up a patient

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

- Froedtert offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
  - PGY2 residents in Critical Care and Emergency Medicine, and PGY1 acute care and HSPA 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 4. 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 (i.e. use of off-site parking lots and riding shuttle).
- Residents are encouraged to use technology for participation in off-site meetings using lync/skype in order to minimize travel time.
- Any one-time requests for on-site parking (i.e. for a day or a portion of a day) must be made in advance and be approved by our Director of Pharmacy and VP.

**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.
- In general, residents are expected to be on-site for project days. If the resident wishes to work remotely, permission must be obtained from RPD and manager.
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 School of Pharmacy
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.
Residency Program Policies

Title: Residency Program Completion & Extended Absences
Policy Type: Departmental
Department: Pharmacy
Policy Number: AD25.000
Origin Date: 09/13/2005
Date Revised: 01/9/2013
Supercedes: 08/30/2009
Topic(s): Administrative
Keyword(s): Residency program completion, extended absences
Scope: Froedtert Pharmacy

Policy:

The pharmacy residency programs at Froedtert Hospital are each 52-week programs. A minimum of 50 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion. Furthermore, residents are required to complete all activities outlined on the Activity Checklist at a level of acceptable quality. 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, MS, RPh

Authorization: _______________________________________

Director of Pharmacy          Date
Title: Resident Disciplinary Action
Policy Type: Departmental
Department: Pharmacy
Policy Number: AD25.100
Origin Date: 08/10/2005
Date Revised: 01/9/2013
Supercedes: 8/30/2009
Topic(s): Administrative
Keyword(s): Resident failure to meet expectations
Scope: Froedtert Pharmacy

Policy:

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.
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. http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx

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)
# PGY1 Resident Project Timeline

<table>
<thead>
<tr>
<th>March/April 2019</th>
<th>May 2019</th>
<th>June 2019</th>
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<tbody>
<tr>
<td>• Call for projects from staff&lt;br&gt; • Remind any potential project advisors to complete CITI training</td>
<td>• Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training</td>
<td>• Finalized project list distributed to incoming residents</td>
</tr>
<tr>
<td><strong>Resident action steps</strong> = none</td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
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<td>• Go to <a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a> and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators</td>
<td>• Review available projects and prepare questions to ask project leads once on-site</td>
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<tr>
<th>July 2019</th>
<th>August 2019</th>
<th>September 2019</th>
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<tbody>
<tr>
<td>• Project leads will present available projects to residents during orientation&lt;br&gt; • Residents submit project rankings (usually top 3) &lt;br&gt; • Projects are assigned&lt;br&gt; • Research team established&lt;br&gt; • Scoping of project and scoping presentation preparation begins</td>
<td>• Work with advisor and project team to scope project and develop protocol (template available) &lt;br&gt;</td>
<td>• Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback&lt;br&gt; • PRC submits feedback that resident must respond to and return in order to obtain protocol approval</td>
</tr>
<tr>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>□ Follow up with project leads to get any questions answered prior to submitting project rank list&lt;br&gt; □ Submit rank list by deadline&lt;br&gt; □ Build research team with help of project advisor&lt;br&gt; □ Plan project and begin creating scoping presentation (template on residency SharePoint site)</td>
<td>□ Schedule and coordinate necessary team meetings&lt;br&gt; □ Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date</td>
<td>□ Send protocol draft to Kristin Busse one week prior to PRC presentation date (<a href="mailto:kristin.busse@froedtert.com">kristin.busse@froedtert.com</a>)&lt;br&gt; □ Respond to e-mail containing feedback within one week&lt;br&gt; □ Distribute finalized protocol to team&lt;br&gt; □ Complete e-bridge registration and submission</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>October 2019</th>
<th>November 2019</th>
<th>December 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Begin data collection after receiving protocol approval&lt;br&gt; • Draft Vizient poster abstract&lt;br&gt; • Submit Vizient poster abstract</td>
<td>• Begin working on Vizient Poster&lt;br&gt; • Submit Vizient Poster after reviewed by research team</td>
<td>• Midyear Meeting</td>
</tr>
<tr>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>□ Send abstract to project team 2 weeks prior to deadline&lt;br&gt; □ Submit finalized abstract by deadline</td>
<td>□ Send to poster draft to project team 2 weeks prior to proof deadline&lt;br&gt; □ Submit for proof printing by deadline&lt;br&gt; □ Submit for final printing by deadline</td>
<td>□ Present poster</td>
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<tr>
<th>January 2020</th>
<th>February 2020</th>
<th>March 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Midpoint check-in with PRC (via email) &lt;br&gt; • Develop Great Lakes abstract</td>
<td>• Great Lakes abstract due</td>
<td>• Develop Great Lakes slide set and presentation</td>
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<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>□ Send abstract to team 2 weeks prior to deadline&lt;br&gt; □ Send to RPD, at least 3 business days prior to submission deadline</td>
<td>□ Submit abstract by deadline</td>
<td>□ Submit slide set to RPD and project team prior to deadline&lt;br&gt; □ Complete Great Lakes practice presentations</td>
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<tr>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
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<tbody>
<tr>
<td>• Great Lakes slide set submission&lt;br&gt; • Great Lakes Conference</td>
<td>• Develop project manuscript</td>
<td>• Manuscript submission deadline&lt;br&gt; Project wrap-up</td>
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<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
<td><strong>Resident action steps</strong></td>
</tr>
<tr>
<td>□ Submit slide set prior to deadline&lt;br&gt; □ Present at Great Lakes Conference</td>
<td>□ Send to project team prior to deadline&lt;br&gt; □ Send to mentor/advisor by deadline</td>
<td>□ Submit manuscript to RPD by deadline&lt;br&gt; Close out study in eBridge, close out of project and tag off to project advisor</td>
</tr>
</tbody>
</table>

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Inpatient Pharmacy Staffing Model

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 decentralized 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

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. Shifts assigned to PGY2s will be communicated to residents in July

**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 21 and 22, March 28 and 29, April 4th and 5th, April 11th and 12th, April 18th and 19th)
• Memorial Day Weekend
• Last weekend in June and 1st weekend in July (end of year for external PGY2s)
Inpatient Staffing Model

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

Froedtert Hospital Inpatient Pharmacist Staffing Plan – Weekday (February 28, 2019)

**AM Pharmacists**

- **Medicine**
  - Med1 (4NE): Teams 1, 6, 7
  - Med2 (4SW): Teams 2, 4, 10, onc
  - Med3 (9NT): Teams 3, 9, 12
  - Med4 (5SE): Teams 4, 10, 15
  - Med5 (4SE): Teams 5, 8, 11
  - 8 hrs (0800)

- **Oncology**
  - Onc1: 7/8 CFAC (64 beds total)
  - Onc2: 7/8 CFAC (64 beds total)
  - Onc3: 7/8 CFAC (64 beds total)
  - 10 hrs (0700)

- **Surgery & Neurology**
  - Surg1: 2NT (32 beds)
  - Surg2: 3SW (19 beds), 6EL (11 beds)
  - Surg3: 4PV, ERU (20/8 beds)
  - Surg4: 5NW, 5NE (30/28 beds)
  - Surg5: 7PT (24 beds)
  - Surg6: 8NT (24 beds)
  - Surg7: 5SW, 5NE (19/28 beds)
  - 8 hrs (0700)

- **Critical Care**
  - ICU1: SICU (21 beds)
  - ICU2: NICU (20 beds)
  - ICU3: MICU (26 beds)
  - ICU Faculty
  - 10 hrs (0700)

- **Cardiology**
  - Cards1: CVCU (20 beds)
  - Cards2: 3NW (30 beds)
  - Cards Faculty: CVCU, 3NW
  - 10 hrs (0700)

- **Transplant**
  - Tx1: TICU (20 beds)
  - Tx2: 4NW (26 beds)
  - 10 hrs (0700)

- **Central**
  - C1: Central, Ob (start 0630)
  - C2: Central, Obs (start 0800)
  - OR, OR (start 0630)
  - 8 hrs (0700)

- **Emergency Department**
  - ED: ED
  - 10 hrs (0700)

**PM Pharmacists**

- **Medicine**
  - pMed1 (8 hrs)
  - pMed2 (10 hr Resident Team)
  - pMed3 (8 hrs)
  - 5 hr overlap

- **Oncology**
  - pOnc1 (10 hrs)
  - 6 hr overlap

- **Surgery & Neurology**
  - pSurg1 (8 hrs)
  - pSurg2 (10 hr Resident Team)
  - pSurg3 (10 hr Resident Team)
  - 4 hr overlap

- **Critical Care**
  - pICU1 (10 hrs)
  - pICU2 (10 hrs)
  - 5 hr overlap

- **Cardiology**
  - pCards1 (10 hrs)
  - 6 hr overlap

- **Transplant**
  - pTx1 (10 hrs)
  - 5 hr overlap

- **Central**
  - pC1 (10 hrs: start 1000)
  - 4/7 hr overlap

- **Emergency Department**
  - pED (10 hr)

**Intern Support**

- Med Intern
  - Check: 4NE/4SE
  - 8CFAC, 8CFAC
  - 8CFAC

- Surgery Intern
  - Check: 2NT/3SW
  - 4PV, ERU, 7NT, 4NE

- Cardiology Intern
  - Check: 3NW (50 beds)
  - 4NW, 4NW, 4NW, 4NW

- ED Intern
  - Check: ED

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Inpatient Staffing Model (continued)

Froedtert Hospital Inpatient Pharmacist Staffing Plan – Weekend (March 21, 2019)

Service Line | AM Pharmacists | PM Pharmacists
--- | --- | ---
**Medicine**

- **wMed1**: 4NE (34 beds total) (Support SSE beds 18-25 until 1030)
- **wMed2**: 4SW (31 beds total) (Support SSE beds 1-9 until 1030)
- **wMed3**: 5NT (32 beds)
- **wMed5**: 4SE (35 beds total) (Support SSE beds 10-17 until 1030)

**Surgery/Neuro**

- **wSurg1**: 2NT (32 beds total)
- **wSurg2**: 3NW, 5SW, 6EL (19/19/11 beds)
- **wSurg3**: 4PV, ERU (20/8 beds), 7NT (beds 1-12)
- **wSurg4**: 5NW, 5NE (30/28 beds)
- **wSurg5**: 7NT (beds 13-24), 8NT (24 beds)

**Critical Care**

- **ICU1**: SICU (21 beds)
- **ICU2**: NICU (20 beds)
- **ICU3**: MICU (26 beds)

**Cardiology**

- **Card1**: CVICU (20 beds)
- **Card2**: 3NW (30 beds)

**Transplant**

- **Tx1**: 1ICU (20 beds)
- **Tx2**: 4NW (26 beds)

**Oncology**

- **Onc1**: 7 CFAC, BCFAC, Cancer Center
- **Onc2**: 7 CFAC, BCFAC, Cancer Center
- **Onc3**: 7 CFAC, BCFAC, Cancer Center

**Central**

- **C1**: Birth Center, OR, Obs, Infusion Clinic

**Emergency Department**

- **ED**: ED

---

**Move to central at 1530**

- **wpMed**: 5NW, 4NE, 4SE, 45W, 5SE, 9NT, 7CFAC, BCFAC
- **wpSurg**: 5SW, 2NT, 4NW, 4PV, ERU, 7NT, 8NT, 5SW, 5NE, 5NW, 6EL

**wpA**

800-1030: central, CIC, PACU, 5SE orders
1030-1830: Primary - SSE, CIC
At 1530 – open all queues

**wpICU1**

SICU, MICU, NICU, TICU, CVICU (107 beds)
At 1700 – open all ICU queues

**pC1**

8C, OR, Obs, Infusion Clinic

**pED**

ED

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Inpatient Staffing Model (continued)

Froedtert Hospital
Inpatient Intern Staffing Plan
(December 2018)

Weekday Interns
4 hour shift with flexible start time between 1700-1800

Intern Medicine
Check in: 4NE/4SE
Units to Cover: 4NE, 4SE, 5SE, 9NT, 7CFAC, 8CFAC

Intern Surgery
Check in: 2NT/3SW
Units to Cover: 2NT, 3SW, 4PV/ERU, 7NT, 8NT, CIC

Intern Cardiology
Check in: 3NW
Units to Cover: 3NW, 4SW, 4NW, 5NW, 5SW

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

Intern E2
Primary Unit: Emergency Department
Secondary Unit: as needed based on patient queue.
Pharmacists: ED Pharmacist

Intern O
Primary Unit: Observation Unit
Secondary Unit: Emergency Department
Pharmacists: Central 1P

Intern Medicine
- Check in: pMed1 (4NE, 4SE until 8PM)
  Additional units:
  - pMed2 (5SE, 9NT) (4NE, 4SE at 8PM)
  - pMed3 (7CFAC, 8CFAC)

Intern Surgery
Check in: pSurg1 (2NT, 4PV, ERU until 8PM)
Additional units:
- PICU2 (CIC)
- pMed3 (3SW until 8PM)
- pSurg3 (3SW after 8PM)
- pSurg2 (7NT, 8NT) (4PV, ERU, 2NT after 8PM)

Intern Cardiology
Check in: pCards1 (3NW, CVICU)
Additional units:
- PTx1 (4NW)
- PMed3 (45SW until 8PM)
- pSurg3 (5NW, 5SW) (45SW after 8PM)
## Inpatient Pharmacy 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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<tr>
<td><strong>Medicine</strong></td>
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<tr>
<td>Med1</td>
<td>4NE (26 beds)</td>
<td>Joanne Antonopoulos</td>
<td>Matt Zimmerman</td>
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<tr>
<td>Med3</td>
<td>4SW (22 beds)</td>
<td>Cole Lightfoot</td>
<td>Laurie Dworak</td>
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<td>Med4</td>
<td>5SE (25 beds)</td>
<td>Caitlyn King</td>
<td>Laura Case</td>
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<tr>
<td>Med5</td>
<td>9NT (32 beds)</td>
<td>Ashley Stromich</td>
<td>Alison Glienke</td>
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<td><strong>Surgery &amp; Neurology</strong></td>
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<td></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>3SW (20 beds)</td>
<td>OPEN</td>
<td>Aaron Lentz</td>
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<tr>
<td>Surg3</td>
<td>4PV, ERU (20/8 beds)</td>
<td>OPEN</td>
<td>OPEN</td>
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<tr>
<td>Surg4</td>
<td>5NW, 5NE (30/28 beds)</td>
<td>Sarah Crober</td>
<td>Kim Knoernschild</td>
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<tr>
<td>Surg5</td>
<td>5SW, 5NE (19/28 beds)</td>
<td>OPEN</td>
<td>Brian Domack</td>
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<tr>
<td>Surg6</td>
<td>7NT (24 beds)</td>
<td>OPEN</td>
<td>Sarah Solano/Ann Birkenstock</td>
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<tr>
<td>Surg7</td>
<td>8NT (24 beds)</td>
<td>Debbye Kessen</td>
<td>Brittany Tefft</td>
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<td><strong>Critical Care/ED</strong></td>
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<tr>
<td>ICU1</td>
<td>SICU (21 beds)</td>
<td>Bill Peppard</td>
<td>Dave Herrmann</td>
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<tr>
<td>plICU1</td>
<td>SICU, NICU (41 beds)</td>
<td>Kim Hoang</td>
<td>Danielle Mabrey</td>
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<tr>
<td>ICU2</td>
<td>NICU (20 beds)</td>
<td>Kristin Bialkowski*</td>
<td>Kim Haldeman</td>
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<tr>
<td>plICU2</td>
<td>MICU (26 beds)</td>
<td>OPEN</td>
<td>Patti Rouman</td>
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<tr>
<td>ICU3</td>
<td>MICU (26 beds)</td>
<td>Carla Karczewski</td>
<td>Mike Katz</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
<td>Jessica Cowell, Ryan Feldman</td>
<td>Cathyyen Dang, Matt Stanton</td>
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<tr>
<td>N3/N4</td>
<td>3rd shift ICU</td>
<td>Katie Ewert, Alyssa Meixelsperger</td>
<td>Sara Farrell, Chris Visselmann</td>
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<tr>
<td>ICU Faculty</td>
<td>MICU</td>
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<td>Sarah Peppard/Ann Parks</td>
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<tr>
<td><strong>Cardiology</strong></td>
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<tr>
<td>Cards1</td>
<td>CVICU (20 beds)</td>
<td>Joel Feih</td>
<td>Greg Stilin</td>
</tr>
<tr>
<td>pCards1</td>
<td>3NW, CVICU (50 beds)</td>
<td>Bethanne Held-Godgluck</td>
<td>Janelle Juul</td>
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<tr>
<td>Cards2</td>
<td>3NW (30 beds)</td>
<td>Amanda Pilo</td>
<td>Melissa Tan</td>
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<tr>
<td>Cards Fac</td>
<td>CVICU, 3NW (heart failure)</td>
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<td>Joe Rinka</td>
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<td><strong>Transplant</strong></td>
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<tr>
<td>Tx1</td>
<td>TICU (20 beds)</td>
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<td>Rotated</td>
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<tr>
<td>Tx2</td>
<td>4NW (27 beds)</td>
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<tr>
<td>pTx1</td>
<td>4NW, TICU (46 beds)</td>
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*Transplant Team Members: Carolyn Haupert, Jules Felsecker, Roo Bhatt, Lindsey Verbunker, Meghan Glynn*
## Inpatient Pharmacy Team Details (Continued)

<table>
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<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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<td>C1</td>
<td>Central, Obs, BC (0630)</td>
<td>Jim Cruikshank</td>
<td>Mike Morris</td>
</tr>
<tr>
<td>C2</td>
<td>Central, Obs, BC (0800)</td>
<td>Phil Olley*</td>
<td></td>
</tr>
<tr>
<td>pC1</td>
<td>Central, Obs, BC, OR after 1500 (1000)</td>
<td>Ben Knapp</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></td>
<td>David Eberle*</td>
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<tr>
<td>PAT</td>
<td>Pre-Admission Testing</td>
<td></td>
<td>Liz Thimm</td>
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<tr>
<td>INF</td>
<td>Infusion Clinic</td>
<td></td>
<td>Nikki Masse</td>
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<tr>
<td>Diab</td>
<td>DAART (Glucose surveillance)</td>
<td></td>
<td>Linda Guddie</td>
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<td><strong>Inpatient Oncology</strong></td>
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<td>Onc1</td>
<td>7/8 CFAC (64 beds total)</td>
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<tr>
<td>Onc2</td>
<td>7/8 CFAC (64 beds total)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
<tr>
<td>Onc3</td>
<td>7/8 CFAC (64 beds total)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
</tbody>
</table>

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

| **Day Hospital** | | |
| CC5  | Day Hospital | Christy Regan |
| CC5p | Day Hospital | Pie Cha |
| CC1  | Day Hospital | | |
| CC2  | Day Hospital | Brooke Fraser, Julie Difonzo, Stacy Laird*, Michelle Schroeder, Marie Gull |
| CC3  | Day Hospital | | |

## Ambulatory Oncology Clinics

| CC4  | Grace Clinic - 1 | Felicia Zook/Angie Canadeo/Erin McGurty |
| CC5  | Grace Clinic - 2 | |
|      | Grace Clinic – 3 (M, F) | |
| CC6  | Courage Clinic | Kristina Teso |
| CC7  | Life Clinic | Laura Schmidt |
| CC8  | Faith Clinic | Carrie Oxencis |
| CC9  | Breast Clinic | Elizabeth Weil |
| CC10 | Hope Clinic (M, T, W, R) | Steph Free |

*Denotes Pharmacist Coordinator
PGY2 Critical Care Pharmacy Residency Program

Residency Program Director
William J. Peppard, PharmD, BCPS, FCCM
Trauma/Surgery Critical Care Pharmacist
Froedtert Hospital
Assistant Professor of Surgery
Medical College of Wisconsin

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 five core practice areas (Medical ICU, Trauma / Surgical ICU, Cardiovascular ICU, Neurosciences ICU, Emergency Medicine), though its success would not be possible without additional practice environments such as 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.

The 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. To do so, experiences include clinical practice in a variety of environments, research, committee work, ACLS 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. The program has been ASHP accredited since its inception.

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 conduct a quality improvement or research project.

- **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 (i.e. academia).

Critical Care Program Structure

Dates

The residency program year for 2019-2020 is scheduled to begin Monday, July 8th, 2019 and conclude on Sunday, July 7th, 2020 (or 52 weeks from the residents start date). Refer to match letter for official dates.
**Orientation**
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 tour the facility.

**Training**
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, 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**
A customized rotation schedule is developed based on the resident's self-identified strengths, weaknesses, interests, goals, and career path. Prior to July 1st, 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, make comments, and cosign. The mentor will complete the customized training plan and solicit feedback from the resident via PharmAcademic. 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. One to two rotation blocks later in the year may remain TBD to allow for flexibility once a career path has been identified. The learning experience schedule is located on the Residency SharePoint site (same document as acute care clinical practice).

**Required Core Clinical Rotations**
The PGY2CC resident will rotate through each of the required learning experiences at least once during the year. Rotation blocks range from 4 to 6 weeks for the core practice areas; however, this may be adjusted based on the experience and goals of the resident. In that case, goals and objectives for that specific learning experience must be further customized – the default goals and objects will be inadequate. 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. Additional information for each learning experience, such as learning experience description, may be found on the "I drive" in the folder “PGY2 Critical Care Residency.”

**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 2 weeks of N3 and/or ED2 shifts. 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 based on needs
- Resident may be asked to staff for RPD or RPC to facilitate professional development as needed
## Critical Care Residency Learning Experience Structure

<table>
<thead>
<tr>
<th>Learning Experience – Required Introductory</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning Experience – Required Core</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical Care Medicine (MICU):</strong> A 26-bed closed ICU caring for patients with a multitude of medical issues. There are 2 rounding services.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Critical Care Medicine II (MICU):</strong> This is a 2-week experience toward the end of the year designed to complement the previously-completed 4-week experience at the beginning of the year.</td>
<td>2 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Cardiac / Cardiovascular Critical Care (CVICU):</strong> A 20-bed ICU caring for post-operative cardiac surgery patients (CABG, valve replacement/repair, aneurysm repair, heart transplant, etc.) and cardiology patients (acute coronary syndromes, acute/advanced heart failure, unstable arrhythmias, hemodynamic instability, etc.).</td>
<td>5 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Trauma / Surgical Critical Care (SICU):</strong> A 21-bed ICU caring for level-I trauma patients and all acutely-ill post-operative patients for all surgical services (excluding cardiothoracic and transplant surgery). No burn patients.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<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 &gt; 56,000 annual visits. Additionally there is an adjacent 14-bed observation unit.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Infectious Diseases:</strong> The resident will round with one of the two ID teams, though the focus will be on completing most ID-related ASHP-required critical care topic discussions.</td>
<td>2 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Nutrition Support:</strong> The resident will round with the MICU dietician and SICU dietician for one week each and will evaluate and prescribe 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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</table>

<table>
<thead>
<tr>
<th>Learning Experience – Required Longitudinal</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Staffing:</strong> As described above.</td>
<td>Longitudinal</td>
<td>FH</td>
</tr>
<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, and participate in the monthly SCCM CPP JC.</td>
<td>Longitudinal</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Medication Utilization Evaluation &amp; Safety:</strong> The resident will manage critical care drug shortages as they relate to CODE Carts and Back-up Boxes, and provide clinical evaluation of medication misadventures with sitting on the Extravasation Committee.</td>
<td>Longitudinal</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Practice Management:</strong> The resident will participate in the MERC (Medical Emergency and Resuscitation Committee) at Froedtert Hospital, and CERC (Critical Care and Emergency Medicine Collaborative) through the Pharmacy Society of Wisconsin.</td>
<td>Longitudinal</td>
<td>FH</td>
</tr>
<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>
</tr>
<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>
</tr>
</tbody>
</table>
FH: Froedtert Hospital; CHW: Children’s Hospital of Wisconsin; CMH: Community Memorial Hospital; CUW: Concordia University Wisconsin
<table>
<thead>
<tr>
<th>Learning Experience – Elective</th>
<th>Duration</th>
<th>Location</th>
</tr>
</thead>
<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>
</tr>
<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>
</tr>
<tr>
<td><strong>Transplant Intensive Care Unit (TICU):</strong> A 20-bed ICU focused on care of abdominal transplant patients. Hearts and lung transplants are cared for in the CVICU and SICU, respectively, and are taught during those learning experiences.</td>
<td>4 weeks</td>
<td>FH</td>
</tr>
<tr>
<td><strong>Infectious Diseases - Stewardship:</strong> The resident will gain exposure to the immune-competent and immune-compromised service, and the Antimicrobial Stewardship Team (AST).</td>
<td>4 weeks</td>
<td>FH (CMH optional)</td>
</tr>
<tr>
<td><strong>Cardiac / Cardiovascular Advanced Elective:</strong> Mix of ward and ICU patients with a clinical emphasis on advanced heart failure, mechanical circulatory devices, heart transplantation, and anticoagulation</td>
<td>3 to 4 weeks</td>
<td>FH</td>
</tr>
<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>3 to 4 weeks</td>
<td>CMH</td>
</tr>
<tr>
<td><strong>Critical Care Oncology:</strong> The critical care resident will be paired with a PGY2 oncology pharmacy resident will be co-precepted by a critical care and oncology pharmacist. The resident will provide care to oncology patients in the MICU and the experience will be supplemented by clinical discussions in the oncology ward.</td>
<td>3 to 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>
</tr>
<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>
</tr>
</tbody>
</table>

CUW: Concordia University Wisconsin School of Pharmacy; MCW: Medical College of Wisconsin School of Pharmacy; CHW Children’s Hospital of Wisconsin; FH: Froedtert Hospital; CMH: Community Memorial Hospital.
## Critical Care Preceptor Roster

### Required—Introductory Preceptor Training

<table>
<thead>
<tr>
<th>Training (External residents only)</th>
<th>Preceptor</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>William Peppard, PharmD, BCPS, FCCM</td>
<td>BS Pharmacy, St. Louis College of Pharmacy, St. Louis, MO ’02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PharmD, St. Louis College of Pharmacy, St. Louis, MO ’03</td>
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<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’04</td>
</tr>
<tr>
<td></td>
<td>Anne Zechlinski, PharmD, BCPS</td>
<td>PharmD, University of Wisconsin, Madison, WI ’07</td>
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<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’08</td>
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<tr>
<td></td>
<td></td>
<td>PGY2 Administration, Froedtert Hospital, Milwaukee, WI ’09</td>
</tr>
</tbody>
</table>

### Required—Core Practice Preceptor Training

<table>
<thead>
<tr>
<th>Critical Care Medicine (MICU)</th>
<th>Preceptor</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mike Katz, PharmD</td>
<td>PharmD, University of Wisconsin, Madison, WI ’07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’09</td>
</tr>
<tr>
<td>Cardiac / Cardiovascular (CVICU)</td>
<td>Joel Feih, PharmD, BCCCP</td>
<td>PharmD, University of Wisconsin, Madison, WI ’12</td>
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<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’13</td>
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<tr>
<td></td>
<td></td>
<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’14</td>
</tr>
<tr>
<td>Trauma / Surgical Critical Care</td>
<td>David Herrmann, PharmD, BCCCP</td>
<td>BS Pharmacy, University of Wisconsin, Madison, WI ’87</td>
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<tr>
<td></td>
<td></td>
<td>PharmD, University of Wisconsin, Madison, WI ’90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, New England Medical Center, Boston, MA ’91</td>
</tr>
<tr>
<td>Neurology / Neurosurgical Critical Care (NICU)</td>
<td>Kristin Bialkowski, PharmD, BCCCP</td>
<td>PharmD, Drake University, Des Moines IA ’03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’04</td>
</tr>
<tr>
<td>Emergency Medicine (EM)</td>
<td>Jessica Cowell, PharmD, BCCCP</td>
<td>BS Biology, Northern Illinois University, Dekalb, IL ’09</td>
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<tr>
<td></td>
<td></td>
<td>PharmD, University of Illinois at Chicago, Chicago, IL, ’13</td>
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<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’14</td>
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<tr>
<td></td>
<td></td>
<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’15</td>
</tr>
<tr>
<td>Infectious Diseases (ID)</td>
<td>Allison Gibble, PharmD</td>
<td>PharmD, Drake University, Des Moines, IA ’14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY2 Infectious Diseases, Froedtert Hospital, Milwaukee, WI ’15</td>
</tr>
<tr>
<td>Nutrition Support</td>
<td>Michelle Kozeniecki, MS, RD, CD, CNSC</td>
<td>BS Dietetics/Nutritional Science, University of Wisconsin, Madison, WI ’08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dietetic Internship, University of Iowa Hospitals &amp; Clinics, Iowa City, IA ’09</td>
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<tr>
<td></td>
<td></td>
<td>MS Dietetics/Nutritional Science, Mount Mary College, Milwaukee, WI ’12</td>
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Critical Care Preceptor Roster (continued)

<table>
<thead>
<tr>
<th>Required—Longitudinal</th>
<th>Preceptor</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Staffing</strong></td>
<td>William Peppard, PharmD, BCPS, FCCM</td>
<td>BS Pharmacy, St. Louis College of Pharmacy, St. Louis, MO ’02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PharmD, St. Louis College of Pharmacy, St. Louis, MO ’03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’04</td>
</tr>
<tr>
<td><strong>Journal Club</strong></td>
<td>Janelle Juul, PharmD, BCCCP</td>
<td>PharmD, Concordia University of Wisconsin, Mequon, WI ’14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’16</td>
</tr>
<tr>
<td><strong>Medication Utilization Evaluation</strong> (MUE) &amp; Safety</td>
<td>Adam Biggs, PharmD, BCPS, BCCCP</td>
<td>PharmD, Drake University, Des Moines, IA ’07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, University of Arizona, Tucson, AZ ’08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY2 Critical Care, University of Arizona, Tucson, AZ ’08</td>
</tr>
<tr>
<td><strong>Practice Management</strong></td>
<td>David Herrmann, PharmD, BCCCP</td>
<td>BS Pharmacy, University of Wisconsin, Madison, WI ’87</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PharmD, University of Wisconsin, Madison, WI ’90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PGY1 Practice, New England Medical Center, Boston, MA ’91</td>
</tr>
<tr>
<td><strong>Professional Speaking</strong></td>
<td>Dani Mabrey, PharmD, BCCCP</td>
<td>BS Biochemistry, University of Wisconsin, Madison, WI ’11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PharmD, University of Wisconsin, Madison, WI ’15</td>
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<tr>
<td></td>
<td></td>
<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ’16</td>
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<tr>
<td></td>
<td></td>
<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ’17</td>
</tr>
<tr>
<td><strong>Research Project</strong></td>
<td>Kristin Busse, PharmD, BCPS</td>
<td>PharmD, Drake University, Des Moines, IA ’04</td>
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<td>PGY1 Practice, Clement J. Zablocki VA Medical Center, Milwaukee, WI ’05</td>
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<td>PGY2 Infectious Diseases, Oklahoma City VA Medical Center, Oklahoma City, OK ’06</td>
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<td>Clinical Antiretroviral Research Fellowship, National Institutes of Health, Bethesda, MD ’08</td>
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<td>Academia</td>
<td>Sarah Peppard, PharmD, BCPS, BCCCP</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘06</td>
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<td>PGY1 Practice, Northwestern Memorial Hospital, Chicago, IL ‘07</td>
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<td>Toxicology</td>
<td>Matthew Stanton, PharmD, BCPS, DABAT, CSPI</td>
<td>BS, University of Wisconsin, Madison, WI ‘06</td>
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<td>PharmD, Midwestern University College of Pharmacy, Glendale, AZ ‘09</td>
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<td>Additional toxicology training at the Medical College of Wisconsin, Milwaukee, WI</td>
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<td>Transplant Critical Care (TICU)</td>
<td>Meghan Glynn, PharmD</td>
<td>PharmD, Purdue University, West Lafayette, IN ‘15</td>
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<td>PGY1 Practice, University of Illinois at Chicago, Chicago, IL ‘16</td>
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<td>PGY2 Transplant, Henry Ford Hospital, Detroit, MI ‘17</td>
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<tr>
<td>ID—Stewardship</td>
<td>Allison Gibble, PharmD</td>
<td>PharmD, Drake University, Des Moines, IA ‘14</td>
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<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ‘15</td>
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<td>PGY2 Infectious Diseases, Froedtert Hospital, Milwaukee, WI ‘15</td>
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<td>CVICU Advanced Elective</td>
<td>Joe Rinka, PharmD, BCPS</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘06</td>
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<td>(CVICU II)</td>
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<td>PGY1 Practice, Meriter Hospital, Madison, WI ‘07</td>
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<td>PGY2 Cardiology, Boston Medical Center, Boston, MA ‘08</td>
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<td>Community Critical Care (CMH ICU)</td>
<td>Ryan Szaniawski, PharmD, BCCCP</td>
<td>PharmD, Midwestern University, Downers Grove, IL ‘12</td>
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<td>PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI ‘14</td>
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<td>Brian Schlitt, PharmD, BCPS</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘06</td>
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<td>Critical Care Oncology (MICU)</td>
<td>Ann Parks, PharmD, BCPS</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘06</td>
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<td>PGY1 Practice, Aurora Health Care, St. Luke’s Medical Center, Milwaukee, WI ‘07</td>
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<td>PGY2 Critical Care, Providence Health &amp; Services—Sacred Heart, Spokane, WA ‘08</td>
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<td>Aaron Lorge, PharmD, BCOP</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘13</td>
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<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ‘14</td>
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<td>PGY2 Oncology, Froedtert Hospital, Milwaukee, WI ‘15</td>
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<tr>
<td>Perioperative / Anesthesia (OR)</td>
<td>David Eberle, PharmD</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘05</td>
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<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ‘06</td>
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<tr>
<td>3rd Shift ICU</td>
<td>Katie Ewert, PharmD</td>
<td>PharmD, University of Wisconsin, Madison, WI ‘15</td>
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<td>PGY1 Practice, Froedtert Hospital, Milwaukee, WI ‘16</td>
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<td>PGY2 Emergency Medicine, Froedtert Hospital, Milwaukee, WI ‘17</td>
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Critical Care Pre-Learning Experience Communication

Two weeks in advance of each learning experience (including longitudinal), residents should review the learning experience description in PharmAcademic and identify goals to target for the experience. Below are the elements that should be included in your communication to preceptors as well as an example of an exceptional pre-learning experience email.

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

**Learning Style**
- Additionally, it is helpful if you provide information about your learning style. Although you may or may not have taken a formal learning style assessment, you should still be able to provide a general description of what is most effective for you.
- Example: I like to be quizzed on new information, I am a hands on learner - I learn by doing, I like to observe first prior to trying new things on my own

**Schedule**
Notify your preceptors with any meetings, staffing days, and if a project day will be scheduled during the learning experience. Since schedules are likely to change, make sure that you provide your preceptor with any updates on the first day and throughout the learning experience.

**Strengths and Opportunities for Improvement**
- The goal for this portion is to take feedback that you have received on previous learning experiences and communicate it to your next preceptors.
- Example: My identified strengths on my previous learning experience were ability to thoroughly review a patient profile identify drug-related problems and ability to prepare topic discussions for students. Opportunities for improvement were my time management in working up patients, improving confidence by speaking up more on rounds, and looking up information prior to asking for the answer from my preceptor.
Hello!

I’m looking forward to working with you starting in 2 weeks. Below are my goals and expectations for the learning experience that I would like to share with you. I have also included some of my known appointments and conflicts during the learning experience. Please let me know if you have any questions or comments. I plan to review the learning experience in PharmAcademic prior to the learning experience to prepare.

Goals:
1. Be able to **analyze** a complex patient and make drug therapy plans and interventions as needed.
2. Gain **confidence** in making recommendations to the team; enhance my **communication** skills.
3. Better understand the pharmacology and appropriate use of **antiepileptic drugs** in the critical care setting (indications, appropriate orders, side effects, therapeutic drug levels, etc.)
4. Better understand therapies for **common disease states** seen in the NICU (i.e., TBI, SAH, status epilepticus, CNS infections, brain tumors, stroke, neurological disorders, and common neurosurgical procedures).
5. Become more familiar with **neurosurgical procedures** and related medication use issues:
   a. Which meds to hold, which meds are unnecessary/necessary (med rec)
   b. Which meds are necessary to use with certain procedures or devices and which to avoid
6. Broaden and deepen my understanding of the appropriate use of **antibiotics**, especially in the NICU patient population and be able to recognize **pharmacokinetic** changes which occur in patients with traumatic brain injury, CNS infections, and other neurological states.
7. Become familiar with **NICU-specific orders** and better understand which drugs can/cannot be used on the regular hospital floors.
8. Gain a better understanding of **emergent situations** where certain meds are truly needed STAT; learn which meds need to come from central, and which are usually prepared in the ICU.

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

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

Schedule:
- **Monday, 2/23**: No scheduled meetings
- **Tuesday, 2/24**:
  - 1200-1300 Resident Candidate Interview Lunch
  - **DONE ON LEARNING EXPERIENCE BY 1615/1630** (central PM shift @ 1700)
- **Wednesday, 2/25**:
  - 1130-1230 Resident Discussion
  - 1230-1300 Rounding with Kristin Hanson
- **Thursday, 2/26**: 1330-1430 Med Error Committee Meeting
- **Friday, 2/27**: **NOT ON LEARNING EXPERIENCE** (Staff 8p/weekend)
- **NOTE**: Project Full Day will be Monday, March 2nd

Strengths:
- Thorough profile review
- Precepting students

Areas for Improvement:
- Efficiency
- Confidence
- Looking up information before going to preceptor for answer
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 resident 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/weaknesses 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. 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 (available in PharmAcademic, supplemental materials available on “I drive” in the shared PGY2 Critical Care folder). 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 learn 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.

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. 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

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.

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 Critical Care Medicine (detailed here), or another reputable peer reviewed journal. Examples of past resident projects are available at the end of the resident manual.

Learning Experience Projects
A minimum of 1 deliverable project is required per required learning experience. The type and due date of project for each learning experience will be assigned at the beginning of the year by the RPD/RPC – refer to Thursday Conference schedule on the I-drive. Projects for the core ICU rotations will consist of either CE Grand Rounds or Journal Club (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 or two Critical Care Pharmacy Grand Rounds presentations are required, roughly 1 hour in length each, and will be presented throughout the year at Thursday 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 Thursday 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. Residents are encouraged to participate in PGY1 JC but are not required to present.

SCCM & WPRC Abstract
The resident is expected to present an abstract at SCCM consisting of final data from a completed project (PGY1 research project, PGY2 mini project or inherited project from previous resident, etc.) with an encore presentation locally at the Wisconsin Pharmacy Research Conference (WPRC) sponsored by the Pharmacy Society of Wisconsin (PSW). Attendance at WPRC is in place of attendance at Great Lakes Pharmacy Residency Conference (GLPRC).

Vizient & ASHP Midyear Abstracts
If the resident attends Vizient and ASHP Midyear, they are expected to present 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. It is also expected that the resident facilitates a minimum of one journal club discussion in group format on the same topic. The resident is expected to select a date to present that falls during a learning experience. 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/updating 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) and Advanced Cardiovascular Life Support (ACLS [if not otherwise certified]) training. Residents will also have the opportunity to deliver a nursing 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), Clinical and Translational Sciences Institute (CTSI) lecture series, and the CTSI boot camp depending on the resident’s interest.

**Critical Care Professional Organization Membership/Conferences**

**SCCM**

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 month 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.

**ASHP & Vizient**

Membership is optional, but resident are expected to attend ASHP Midyear Meeting. PGY2 residents are expected to meet all the same requirements that are established for their PGY1 peers. Additionally they are expected to assist with PGY2CC recruitment. Resident are required to attend Vizient Annual Meeting (December) which is held immediately preceding ASHP Midyear. As mentioned above, residents are expected to present an abstract of their choosing at Vizient Resident Poster Session, and that same abstract at the Critical Care Networking Session as ASHP Midyear (this may not be their SCCM project).

**PSW**

Membership is sponsored by the department. Residents are expected to attend the Wisconsin Pharmacy Research Conference (WPRC) presented by the Pharmacy Society of Wisconsin (PSW) which is held during the Spring Annual Meeting in Madison, WI. Residents may present an encore presentation of their SCCM research, or present something entirely new.

Residents are also welcome (but not required) to attend additional professional conferences as time and interests allow, including the following:

- Milwaukee Residency Conferences (monthly throughout the year, Greater Milwaukee, WI)
- PSW Annual Meeting (August, Madison, WI)
- Residents are not to attend Great Lakes Pharmacy Resident Conference (April; Purdue University, West Lafayette, IN))
Critical Care Mentorship Experiences

Resident mentors are clinical pharmacists who are paired with each resident based on their career interests, learning styles, and personalities. 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. Mentors will work with the RPD/RPC to develop the residents’ customized plan.
Critical Care Resident Research Projects

**Chelsea Mitchell**, Clinical outcomes associated with the incorporation of MRSA PCR in a pneumonia treatment protocol at a level 1 trauma/surgical ICU
*SCCM: Incorporation of MRSA PCR in a pneumonia treatment protocol at a level 1 trauma/surgical ICU*

**Terry Pang**, Evaluation of aPTT and anti-Xa monitoring in heparin anticoagulation in immediate post-ventricular assist device implantation
*SCCM: Evaluation of aPTT and anti-Xa in heparin anticoagulation in immediate post-ventricular assist device implantation*

**Kaitlin Cooper-Johnson**, Prospective evaluation of the pharmacokinetic impact of continuous renal replacement therapy
(continued from previous year; Annie Biesboer, PharmD, BCPS, BCCCP, CUW Young Faculty Grant, $5,000)
*SCCM: Incidence of dobutamine-induced tachyarrhythmia in critically ill patients on chronic beta-blockers*

**Kirsten Wallskog**, Evaluation of heparin laboratory monitoring with activated clotting time, activated partial thromboplastin time, chromogenic anti-Xa, and thromboelastography for patients undergoing temporary mechanical circulatory support
*SCCM: Use of thromboelastography for monitoring heparin in extracorporeal membrane oxygenation therapy*

**Peter Zepke**, Evaluation of sodium bicarbonate administration during cardiac arrest in the emergency department
*SCCM: Efficacy and safety of three times daily versus two times daily linezolid in patients receiving CVVH*

**Dani Mabrey**, Prospective evaluation of the pharmacokinetic impact of continuous renal replacement therapy
(Annie Biesboer, PharmD, BCPS, BCCCP, CUW Young Faculty Grant, $5,000)
*SCCM: *Electronic scoring tool use focuses pharmacist interventions on higher-acuity patients*

**Spencer Laehn**, Post-operative depth of sedation in free flap head and neck surgery and flap complication
*SCCM: Risk factors for MRSA pneumonia in critically ill trauma/ surgical ICU patients*

**Janelle Juul**, Efficacy of ketamine protocol for acute pain management at a level 1 trauma center: A prospective randomized clinical trial
(Tom Carver, MD, MCW Faculty Start Up Grant, $25,000)
*SCCM: Validation and outcomes of rapid molecular diagnostic technology in culture-positive sterile fluid*

**Caitlin Mullins**, Implementation and evaluation of a TEG-based hemostasis protocol in perioperative cardiothoracic surgery patients
*SCCM: Adjunct ketamine infusions provide improved acute traumatic and post-surgical pain management*

**Jessica Cowell**, Evaluation of sodium bicarbonate administration during cardiopulmonary arrest
*SCCM: Clinical outcomes of neurocritical care patients following a bed triage workflow*

**Meghann Luc**, Evaluation of the efficacy and safety of an analgesia, delirium, and sedation management guideline for vented patients: a quasi-experimental pilot study in a medical intensive care unit
*SCCM: Pharmacokinetic analysis of once-daily vancomycin dosing during continuous renal replacement therapy*
Ryan Szaniawski, Incidence, treatment and reversal of bleeding episodes in patients taking novel oral anticoagulants versus warfarin who present to the emergency department at an academic medical center
SCCM: Use of estimated blood volume for the dosing of unfractionated heparin

Joel Feih, Evaluation of sedation depth and outcomes following the implementation of computerized provider order entry in critically ill medical and surgical patients at an academic medical center
SCCM: *Pharmacist involvement on a rapid response team

Andy Kim, Evaluation of empiric single coverage for gram-negative ventilator associated pneumonia protocol in an academic level one trauma/surgical intensive care unit.
SCCM: Evaluation of empiric single coverage for gram-negative ventilator associated pneumonia protocol in an academic level one trauma/surgical intensive care unit

Annie Biesboer, Treatment of acute delirium in the intensive care unit at an academic medical center
ACCP: *Retrospective analysis of unfractionated heparin infusions in morbidly obese patients

Lisa Craver, Transition from continuous intravenous insulin infusion to subcutaneous multiple daily injections in the ICU

Kate Oltrogge, Amiodarone for atrial fibrillation following cardiothoracic surgery: An evaluation of dosing and recurrence
ASHP: *Extended-interval amikacin dosing for the treatment of Mycobacterium infections

*Denotes PGY1 project taken as an abstract to a conference as a PGY2 under the guidance of the PGY2 critical care RPD/PRC
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<tr>
<th>Resident</th>
<th>Pharmacy Training</th>
<th>Residency Training</th>
<th>First Position</th>
<th>Current Position</th>
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<tbody>
<tr>
<td>Chelsea Mitchell, PharmD</td>
<td>BS Biology, University of Denver ’13 PharmD, University of Colorado ’17</td>
<td>PGY1 Practice, Methodist University Hospital, Memphis, TN ’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, Oakland, CA ’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>
</tr>
<tr>
<td>Kirsten Wallskog, PharmD, BCCCP</td>
<td>PharmD, Purdue University ’16</td>
<td>PGY1 Practice, Beaumont Hospital—Royal Oak, Royal Oak, MI ’17 PGY2 Critical Care, FH ’18</td>
<td>Portland VA Emergency Medicine Pharmacist Portland, OR</td>
<td>Portland VA Emergency Medicine 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>U. of Wisconsin Hospital &amp; Clinics ED / Pediatric ICU Pharmacist Madison, WI</td>
<td>U. 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 Medical Critical Care Pharmacist 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 ’17 PGY2 Critical Care, FH ’18</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>Spencer Laehn, PharmD, BCCCP</td>
<td>PharmD, University of Wisconsin ’15</td>
<td>PGY1 Practice, FH ’16 PGY2 Critical Care, FH ’17</td>
<td>U. of New Mexico Medical Center PM ICU Pharmacist Albuquerque, NM</td>
<td>Denver Health Medical Center Medical Critical Care Pharmacist Denver, CO</td>
</tr>
<tr>
<td>Caitlin (Mullins) Dadhana, PharmD, BCCCP</td>
<td>BS Biology, Southern Methodist University ’10 PharmD, Wingate University ’14</td>
<td>PGY1 Practice, Tufts Medical Center, Boston, MA ’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 Cardiology Coordinator Milwaukee, WI</td>
<td>Froedtert Hospital CVICU Pharmacist Milwaukee, WI</td>
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Critical Care Resident Alumni (continued)

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| Jessica (Cowell) Feih, PharmD, BCCCP | BS Biology, Northern Illinois University ’09  
PharmD, University of Illinois at Chicago ’13 | PGY1 Practice, FH ’14  
PGY2 Critical Care, FH ’15 | Froedtert Hospital  
Float Critical Care Pharmacist  
Milwaukee, WI | Froedtert Hospital  
Emergency Medicine Pharmacist  
PGY2EM RPC  
Milwaukee, WI |
| Meghann (Luc) Bruden, PharmD, BCCCP | PharmD, University of Wisconsin ’13 | PGY1 Practice, FH ’14  
PGY2 Critical Care, FH ’15 | Froedtert Hospital  
Trauma/Surgical ICU Pharmacist  
Milwaukee, WI | Harborview Medical Center  
General ICU Pharmacist  
Seattle, WA |
| Joel Feih, PharmD, BCCCP | PharmD, University of Wisconsin ’12 | PGY1 Practice, FH ’13  
PGY2 Critical Care, FH ’14 | Froedtert Hospital  
CVICU Pharmacist  
Milwaukee, WI | Froedtert Hospital  
CVICU Pharmacist  
PGY2CC RPC  
Assistant Professor of Anesthesia  
Medical College of Wisconsin  
Milwaukee, WI |
| Ryan Szaniawski, PharmD, BCCCP | PharmD, University of Wisconsin ’12 | PGY1 Practice, FH ’13  
PGY2 Critical Care, FH ’14 | Community Memorial Hospital  
Emergency Medicine Pharmacist  
Menomonee Falls, WI | Community Memorial Hospital  
Emergency Medicine Pharmacist  
Menomonee Falls, WI |
| Andy Kim, PharmD, BCCCP | BA Biology, University of Kansas ’06  
PharmD, University of Minnesota—Duluth ’11 | PGY1 Practice, FH ’12  
PGY2 Critical Care, FH ’13 | University of Louisville Hospital  
Critical Care Pharmacist  
Louisville, KY | Denver Health  
Medical Critical Care Pharmacist  
PGY2CC RPD  
Denver, CO |
| Annie Biesboer, PharmD, BCPS, BCCCP | PharmD, University of Wisconsin ’10 | PGY1 Practice, FH ’11  
PGY2 Critical Care, FH ’12 | Concordia University Wisconsin  
Assistant Professor of Pharmacy Practice (clinical practice site in MICU at FH)  
Mequon, WI | Pfizer, Inc.  
Clinical Outcomes Specialist  
Midwest Region |
| Lisa (Craver) Armstrong, PharmD, BCPS | PharmD, Drake University ’09 | PGY1 Practice, University of Tennessee – Knoxville, Knoxville, TN ’10  
PGY2 Critical Care, FH ’11 | University of Virginia Health System  
General ICU & EM Pharmacist  
Charlottesville, VA | Mission Hospital  
Critical Care Pharmacist  
Asheville, NC |
| Kate (Oltrogge) Pape, PharmD, BCPS, BCCCP | BA Biology, Simpson College ’04  
PharmD, University of Minnesota at Minneapolis ’08 | PGY1 Practice, FH ’09  
PGY2 Critical Care, FH ’10 | Aurora St. Luke’s Medical Center  
Medical ICU Pharmacist  
Milwaukee, WI | University of Iowa  
Professor of Pharmacy Practice  
Burn ICU Pharmacist  
PGY1 RPC  
University of Iowa Health System  
Iowa City, IA |