



# **PGY2 Critical Care Pharmacy Residency Manual**

**2021 - 2022**

# Table of Contents

<b>Welcome!</b>	<b>1</b>
<b>About Froedtert Health</b>	<b>2</b>
<b>Departmental Information</b>	<b>4</b>
Clinical Pharmacist Scope of Services	4
Pharmacy Leadership Team	9
Residency Program Leadership	10
<b>Residency Program Policies and HR Information</b>	<b>12</b>
Resident Licensure	13
Residency Program - Scheduled, Unscheduled, and Extended Absences from Residency	14
Title: Residency Program: Residency Program Completion	15
Residency Program – Resident Performance Improvement Planning and Corrective Action	16
Residency Programs – Duty Hours (DRAFT)	18
Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic	21
PharmAcademic Evaluations	23
Duty Hours Tracking Documents	23
Bonus Shifts	23
Resident Attendance Expectations	23
Paid Time Off	24
Holidays	26
Unscheduled Absences	26
Professional Leave/Business Days	26
Professional Meeting Attendance and Funding	26
Expense Reports/Reimbursement	28
<b>Resources for Residents</b>	<b>28</b>
Laptops and Pagers	28
Remote Access	29
Personal Device Access	32
Workplace	33
WebEx Teams	33
Email Expectations	33
Dress Code	34
White Coats	34
Scrub Request Forms	35
Business Cards	35
Residency Project Resources	35
MCW Biostatistics Support	35
Presentation and Poster Templates	35
Wisconsin Prescription Drug Monitoring Program (ePDMP)	36
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications	36
Parking	37
Project Days	37
Working Remotely	37
<b>Additional General Information</b>	<b>37</b>
Vizient Committee Involvement	37
Academia Opportunities	38
Research Certificate	38
Pharmacy Society of Wisconsin Membership	38
Wellness and Resilience Resources	38
Excellence in Action	38
COVID19 Resources and Guidance	38
<b>Medical College of Wisconsin Teaching Certificate Program</b>	<b>39</b>
<b>Pharmacy Research Certificate Overview</b>	<b>41</b>
<b>Inpatient Staffing Information</b>	<b>43</b>
Resident Staffing Requirements	43
Inpatient Staffing Model	45
Inpatient and Oncology Team Details	47
<b>PGY1 Resident Project Timeline</b>	<b>Error! Bookmark not defined.</b>

## **Welcome!**

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

## About Froedtert Health

### Froedtert & the Medical College of Wisconsin

The Froedtert & the Medical College of Wisconsin (MCW) regional health network is a partnership between Froedtert Health and the Medical College of Wisconsin supporting a shared mission of patient care, innovation, medical research and education. Our health network operates eastern Wisconsin's only academic medical center, Milwaukee's only adult Level I Trauma Center at Froedtert Hospital, and an internationally recognized training and research center engaged in thousands of clinical trials and studies. The Froedtert & MCW health network, which includes six hospitals, nearly 2,000 physicians and more than 45 health centers and clinics, draws patients from throughout the Midwest and the nation. In our most recent fiscal year, outpatient visits exceeded 1.2 million, inpatient admissions to our hospitals were 52,807 and visits to our network physicians totaled 947,136.

### Froedtert Hospital

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

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

- Mission: We advance the health of the diverse communities we serve through exceptional care enhanced by innovation and discovery
- Vision Statement: We will be the trusted leader by transforming health care and connecting communities to the best of academic medicine
- Values:
  - Value People. We treat others with respect, knowing that their feelings, thoughts, and experiences are as important as our own.
  - Work Together. We collaborate across the enterprise to put forward our best.
  - Act Now. We take action to solve problems and move forward quickly.
  - Own It. We take full accountability for our decisions, actions, and results.
  - Break Through. We change the future of care with creativity and innovation.
  - Deliver Excellence. We set the standard that others aspire to by always asking "What more can we do?"

### Pharmacy Department

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

## **Vizient Quality and Accountability Rankings**

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

## Departmental Information

### Clinical Pharmacist Scope of Services

#### Safe and Effective Medication Use

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

#### Evaluation of Patient Profile and Medication Orders

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

#### Pharmacist Medication Dosing Services

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

#### Medication Histories and Reconciliation

- Pharmacists are accountable for the following:
  - Obtain medication history within 24 hours of patient admission
  - Complete admission medication reconciliation within 24 hours of patient admission
  - Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room

#### Discharge Reconciliation and Coordination

- Pharmacists are held accountable for the following:
  - Complete discharge medication reconciliation prior to patient discharge
  - Complete discharge medication counseling to patient prior to discharge
  - Facilitate access to outpatient prescriptions prior to discharge as appropriate

#### Drug Information and Patient Education

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

#### Multidisciplinary Team Involvement

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

#### Communication Between Pharmacists

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

#### Precepting and Teaching

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

#### Formulary Management

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

#### Emergency Management

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

- 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 will:
  - Utilize inventory management software to purchase pharmaceuticals
  - Purchase pharmaceuticals at the lowest possible price and maintain an inventory sufficient to meet the needs of our patients
  - Obtain pharmaceuticals from primary wholesalers or direct from the manufacturers
  - Procure, store, and distribute all medications used in the inpatient and ambulatory settings throughout Froedtert Hospital
  - Prepare and label drug formulations, dosage forms, strengths, and packaging not commercially available in accordance with applicable practice standards and regulations.
  - Ensure adequate quality assurance standards for these practices exist
  - Prepare and label compounded sterile products in accordance with practice standards
  - Prepare and label compounded and repackaged non-sterile products in accordance with practice standards
  - Coordinate all drug recall notices and follow procedures to remove recalled products for return to the manufacturer and patient follow up if necessary
  - Routinely monitor inventories of pharmaceuticals to ensure proper storage conditions and remove expired medications from stock
  - Maintain accountability for the distribution of controlled substances and monitor systems to detect diversion
  - Identify processes for safe handling and disposal of hazardous drugs
  - Identify practices to ensure adequate supply of emergency medications needed in the event of an incident resulting in mass casualties

#### **Clinical Cancer Center Services**

- Pharmacy staff will:
  - Provide direct comprehensive pharmaceutical care in the Cancer Center
  - Coordinate medication use in the oncology patient population
  - Perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
  - Develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
  - Prepare and label compounded hazardous products for the entire campus in accordance with practice standards
  - Participate in clinical research and Investigational Drug Services
  - Participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center
  - Work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists will:



- Assist in the education of patients receiving chemotherapy and adjuvant medications
- Be responsible for the development, maintenance, and execution of Collaborative Practice Agreements with physicians

## **Outpatient Pharmacy Services**

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

## **Ambulatory Pharmacy Services**

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

## **Investigational Drug Services**

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

## **Center for Medication Utilization**

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

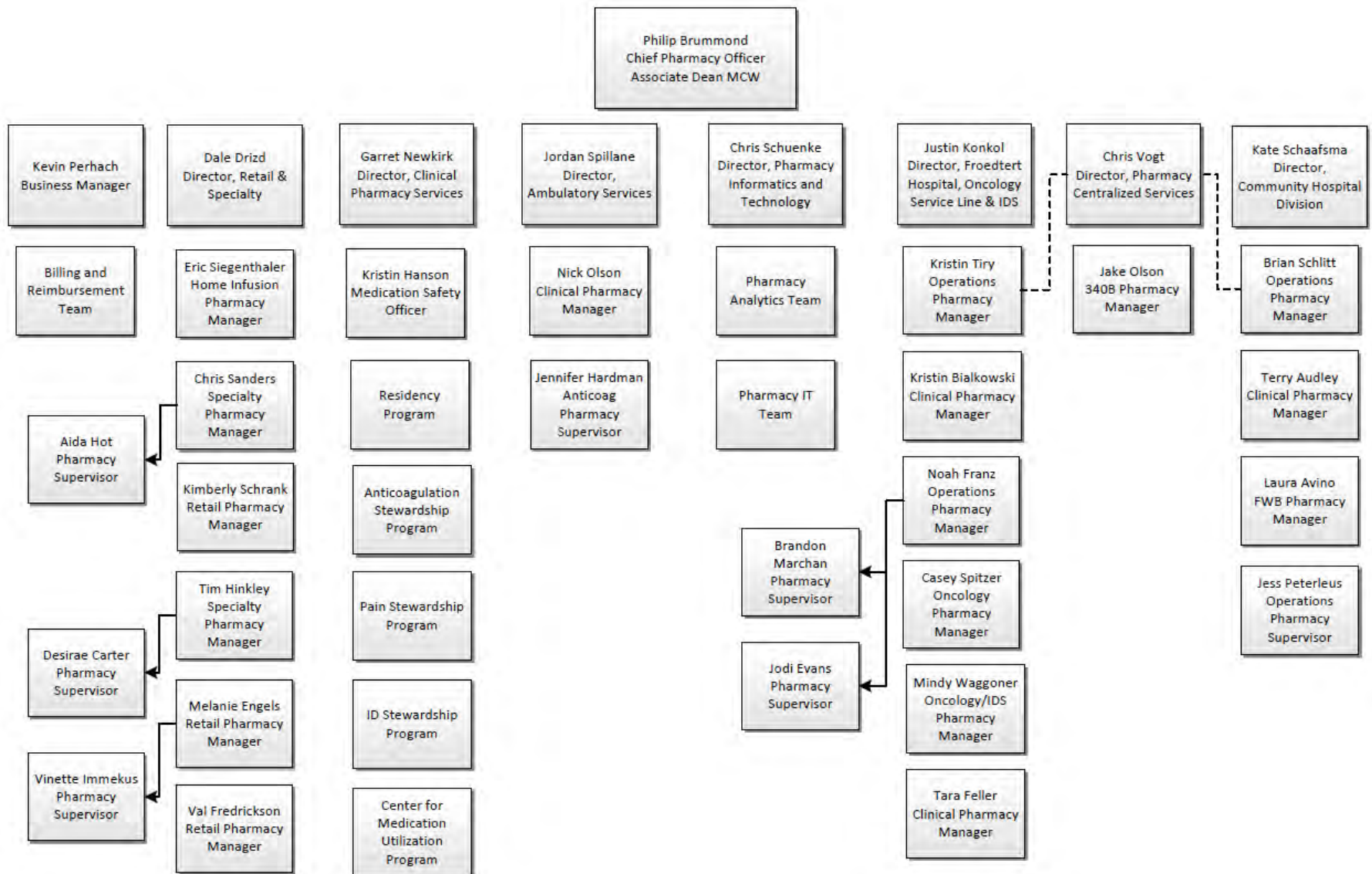
### **Pharmacy Informatics/Epic Willow Teams**

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

### **Prior Authorization/Patient Assistance Services**

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

## Pharmacy Leadership Team



## Residency Program Leadership

**Kristin Hanson, BSPHarm, MS**

Program Director for Residency Programs

**Teri Mattek**

Pharmacy Education Coordinator

## PGY1 Residency Programs

### Froedtert Menomonee Falls Hospital PGY1

- **Terry Audley, BSPHarm, FASHP**
  - Residency Program Director
- **John Muchka, PharmD, BCPS**
  - Residency Program Coordinator

### Froedtert Hospital (Acute Care Focus) PGY1

- **Anne Zechlinski, PharmD, BCPS**
  - Residency Program Director
- **Amanda Pilo, PharmD, BCPS**
  - Residency Program Coordinator

### Froedtert Hospital (Ambulatory Focus) PGY1

- **Mickey Hart, PharmD, BCACP**
  - Residency Program Director
- **Jonathan White, PharmD, BCACP**
  - Residency Program Coordinator

### Froedtert Hospital PGY1 Community

- **Melanie Engels, PharmD, MBA**
  - Residency Program Director
- **Kevin Stutt, PharmD**
  - Residency Program Coordinator

### Health System Pharmacy Administration and Leadership PGY1 and PGY2

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

### Medication Use Safety and Policy PGY1 and PGY2

- **Kristin Hanson, BSPHarm, MS**
  - Residency Program Director

## PGY2 Residency Programs

### PGY2 Ambulatory Care

- **Amanda Mauerman, PharmD, BCACP**
  - Residency Program Director
- **Jonathan White, PharmD, BCACP**
  - Residency Program Coordinator

### PGY2 Critical Care

- **Joel Feih, PharmD, BCCCP**
  - Residency Program Director
- **Kaitlin Cooper-Johnson, PharmD, BCCCP**
  - Residency Program Coordinator

### PGY2 Emergency Medicine

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

### PGY2 Infectious Diseases

- **Alison Gible, PharmD, BCIDP**
  - Residency Program Director

### PGY2 Informatics

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

### PGY2 Oncology

- **Melissa Rhoades, PharmD, BCOP**
  - Residency Program Director
- **Felicia Zook, PharmD, BCOP**
  - Residency Program Coordinator

## **Residency Program Policies and HR Information**

[Resident Licensure](#)

[Residency Program – Scheduled, Unscheduled, and Extended Absences from Residency](#)

[Residency Program – Residency Program Completion](#)

[Residency Program – Resident Performance Improvement Planning and Corrective Action](#)

[Residency Program – Duty Hours](#)

## Resident Licensure

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

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

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

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

### **Residency Program - Scheduled, Unscheduled, and Extended Absences from Residency**

Last Review: March, 2021  
 Next Review: March, 2024  
 Description: Residency program completion, extended absences, leave, LOA, PTO, sick time, holiday  
 Policy number: 40310-005  
 Origination date: September 2005  
 Purpose: To describe the requirements for residency completion and extended absences.

#### **Policy:**

- A. Froedtert & the Medical College of Wisconsin PGY1 and PGY2 pharmacy residency programs are designed as 52-week programs of full time work. Combined PGY1/PGY2 pharmacy residency programs are designed as two consecutive 52-week programs. The non-traditional residency program allows the resident to meet the residency requirements over an extended period of time.
- B. Residents may take up to a total of 21 days of time off (paid or unpaid) per year for vacation, interviews, sick time and holidays. Residents taking time off in excess of 21 days or 168 hours per year will need to make up those days in order to complete their residency program and earn a residency certificate.
- C. The residency program will be extended up to 12 weeks (with pay) beyond the original expected completion date to facilitate completion of all program requirements for residents with an approved Leave of Absence during the residency year. The length of the extension will align with the duration of the approved leave.
- D. In the event of extended or multiple intermittent absences beyond an approved Leave of Absence, the option to extend the residency will be at the discretion of the Residency Program Director and manager. The residency program may be extended up to 12 weeks beyond the original completion date.
- E. Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate.

#### **Procedure:**

- A. Residents will work with their program director, manager, and scheduler to request time off.
- B. Residents may not schedule time off from staffing shifts. Unscheduled time off from a staffing shift may result in the make-up of that shift at a later date.



- C. Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert Health policies specific to the situation.
- D. If an extension to the residency is warranted, the duration of the extension will be determined by the amount of time missed.

Preparation: Kristin Hanson, BPharm, MS  
 Authorization: Residency Steering Committee  
 Pharmacy Department Policy and Procedure Committee



## FROEDTERT PHARMACY POLICY

<b>Title: Residency Program: Residency Program Completion</b>	Effective Date: June, 2021
	Revised Date:
Entities Impacted: FMFH (X ) FMLH (X ) FMCWCP ( ) FWBH ( )	Policy Number Pending

**PURPOSE:** Describe requirements for residency program completion

**DEFINITIONS:** <I:\FMLH\PHARMACY\Residency Program\Steering Committee\Agendas and Notes 2020-2021\Notes\Updated definition of progress toward goals NI SP ACH ACHR 06.06.18 FINAL .pdf>

**POLICY:** Residents must meet all completion requirements prior to being awarded a residency certificate.

Each residency program maintains a list of completion requirements specific to that program.

Completion requirements are included in the residency manual and provided to residency candidates at the time of their interview with the program.

Progress on achieving completion requirements will be monitored by the Residency Program Director or designee and documented as a part of the resident's development plan at least quarterly.

Residents are required to complete all program specific completion requirements by the end of the residency program.

For residency programs with a Patient Care Competency Area (R1); all objectives within that competency area must be Achieved for Residency (ACHR) by the end of the residency program.

At least 70% of the other required objectives must be Achieved for Residency (ACHR) and Satisfactory Progress (SP) must be made on all remaining required objectives by the end of the residency program.

### PROCEDURE:

### RELATED POLICIES/PROCEDURES:

**AUTHORS:** Terry Audley, John Muchka, Kristin Hanson

## FROEDTERT PHARMACY POLICY

### Residency Program – Resident Performance Improvement Planning and Corrective Action

Entities Impacted: FMFH ( ) FMLH (X) FMCWCP ( )  
FWBH ( )

Effective Date: 8/10/2005

Revised Date: 3/2/2020

Policy Number: NA

- 
- PURPOSE:** To provide guidance on handling situations in which pharmacy residents are not meeting or completing residency program requirements as expected.
- DEFINITIONS:** **Residency Program Director (RPD)** – The pharmacist on record with the American Society of Health System Pharmacists (ASHP) who is responsible for the leadership of a pharmacy residency program. This pharmacist may or may not be a formal leader at Froedtert Health..
- Leader** – The pharmacy resident's direct supervisor at Froedtert Health.
- Mentor** – A pharmacist assigned by the residency program director to assist with resident development during the residency year. The mentor is a Froedtert Health staff member who is typically not in a leadership role.
- Advisor** – A pharmacist assigned by the residency program director to assist with resident development and career planning during the residency year. The advisor is a Froedtert Health staff member who is typically in a leadership role.
- Preceptor** – A pharmacist who oversees a resident learner during a specific learning experience.
- POLICY:**
- A. In order to earn a residency certificate at Froedtert & the Medical College of Wisconsin, residents must meet criteria outlined in policy AD25.000, Residency Program Completion and Extended Absences.
  - B. If at any point during the residency program, it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal plan for improvement will be initiated by the Residency Program Director (RPD) and the resident's leader. The resident's mentor and/or advisor may be included depending on the circumstances.
  - C. Coaching will be used to correct deficiencies or behaviors initially unless:
    1. The resident is having difficulty performing tasks required to independently staff in a pharmacist role.
    2. The behavior or action would result in corrective action or dismissal for a staff member per Froedtert policies and procedures.
      - i. As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.

- ii. Non-compliance with these policies will be handled by the resident's leader and the department's Human Resource liaison.
- 3. A pattern of behavior has been established and has not improved with coaching.

**PROCEDURES: Coaching**

- A. When a preceptor or other member of the pharmacy department identifies that the resident is not meeting expectations, this information shall be communicated directly to the resident, the resident's RPD and the resident's direct leader.
  - 1 In addition to verbal feedback, the preceptor should provide written feedback to the resident in Pharmacademic with clear direction for the improvements that are needed. "Needs Improvement" should be used to document deficiencies. The RPD and/or leader will investigate by following up with the resident's preceptor as well as other preceptors and pharmacists who have worked with the resident.
  - 2 The RPD and leader will schedule a meeting with the resident to initiate a coaching conversation regarding identified problem areas and issues. A list of areas for improvement and goals to be achieved will be defined at this meeting. The rotation schedule and/or learning experiences may be adjusted in order to provide the resident an opportunity to show improvement. The resident's mentor and or advisor may also be included at the discretion of the RPD and leader.
  - 3 The RPD and leader will write a formal plan with actionable goals that has a distinct timeline using the attached template. The resident and leader will sign off on this document. The leader will add this plan to the resident's personnel file.
  - 4 The RPD and leader will schedule follow-up meetings with the resident at two and four weeks to discuss progress with the plan. Meetings may be scheduled sooner or more frequently if appropriate. Feedback will also be gathered from the resident's preceptors. If sufficient progress has been made, this will be documented on the plan and updated in the file. Based on the nature of the areas for improvement, the RPD and leader will determine if additional follow-up is needed.

**Formal Performance Improvement Plan**

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

- 1 The resident's leader will be responsible for discussing the situation with the department's HR liaison and their Director.
- 2 The leader and RPD will meet with the resident to discuss all areas in which it is believed the resident is still not meeting expectations. An official Performance Improvement Plan will be initiated based on the areas for improvement identified and timelines discussed. The leader and the resident will sign off on this document. This document and sign off will go into the resident's file, and will also reflect the understanding that if progress is not made during the established time frame, there is a possibility of dismissal from the program that would exclude the resident from earning a residency certificate.
- 3 It is the responsibility of the resident to achieve the documented goals. The leader and/or RPD will schedule follow-up meetings with the resident based on the timelines established in the performance improvement plan. The resident's mentor and/or advisor may be included in these meetings at the discretion of the resident's RPD and leader.
- 4 At the end of this time frame, if it is determined that the resident has not made progress toward completion of the goals, the RPD and the resident's direct leader shall discuss dismissal of the resident from the program and/or termination of employment.
- 5 The director of pharmacy, along with the resident's leader, and the RPD will make the final decision regarding dismissal/termination in consultation with the department's Human Resource liaison.

**AUTHORS:** Kristin Hanson, MS, RPh

**APPROVAL:** Pharmacy Policy Committee

#### **ATTACHMENTS/APPENDICES:**

Resident Coaching Documentation Template

Performance Improvement Plan Template

#### **Residency Programs – Duty Hours (DRAFT)**

Last Review: December, 2020

Next Review: December, 2023

Description: Residency, resident, duty hour

Policy number: TBD

Origination date: December 2020

Purpose: To ensure pharmacy residents are "fit for duty" by outlining a process for monitoring and tracking duty hours as a way to identify if and when interventions are needed to promote resident wellness and patient safety.

Definitions:

**Duty Hours** – Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. Duty hours include:

- Training and orientation, time to complete required certifications (ex. ACLS, BLS)
- Patient care activities (rotation & staffing)
- Administrative responsibilities
- Committee appointments and assignments
- Scheduled conferences (Milwaukee Citywide, Midyear, GLPRC, etc.)
- Projects & tasks assigned by preceptors, program director or coordinator required to meet the goals & objects of the program
- Work to complete year-long residency project
- Assignments for longitudinal rotations

Duty hours do not include:

- Reading, studying & academic preparation time
- Travel time to & from off-site rotations
- Travel time to & from conferences
- Time to complete education, training or certification not required as part of residency program
- Resident & department social activities

**Scheduled duty periods** – Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting** – Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

**Bonus Shift** – Terminology used at Froedtert & the Medical College of Wisconsin for “moonlighting shifts” that are periodically available to residents for additional compensation.

**Continuous Duty** – Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Days Free** – Calendar days with no scheduled residency-related activities. This includes weekends when not scheduled to staff.

Policy:

- A. All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the American Society of Health System Pharmacists (ASHP) Pharmacy Specific Duty Hours and Accreditation Standards.

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacy-specific-duty-hours.ashx>

- Residents will review the ASHP Duty Hours document upon initiation of the residency training program.
- During orientation, the RPD will review requirements related to duty hours with residents. Furthermore, the RPD will highlight and emphasize resident

accountability and responsibility as it relates to patient safety and the importance of being “fit for duty.”

B. Maximum duty hours of work per week and duty-free times:

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting/bonus shifts.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).

C. Moonlighting/Bonus Shifts

- Any moonlighting/bonus shifts worked at Froedtert Health or externally are included within duty hours.
- Once trained and licensed, residents may pick up bonus shifts at Froedtert Health as long as:
  - i. The resident obtains permission from RPD prior to picking up their first shift.
  - ii. The shifts do not interfere with residency program requirements.
  - iii. The resident is meeting or exceeding residency program requirements.
  - iv. The shift will not cause the resident to exceed duty hours rules.
- If a pharmacist believes the resident is showing signs of fatigue (excessive yawning, sedation, etc), the resident should be relieved of their duty. The pharmacist will notify the program director and the resident will be prohibited from moonlighting/bonus shifts for at least 4 weeks.
- Moonlighting/bonus shifts will be prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals.
- External moonlighting is discouraged, however, if a resident chooses to moonlight, hours must be disclosed with duty hours. If it is identified that moonlighting is interfering with fitness for duty, residents will be required to end moonlighting responsibilities.

D. Duty Hours Tracking

- Residents are expected to self-monitor their compliance with duty hours on a weekly basis. They will track compliance using the Duty Hours Tracking document or PharmAcademic custom evaluation at the discretion of the RPD.
- RPDs will review duty hours for each resident on a monthly basis. It is the resident's responsibility to notify their program director at any point there they are approaching a duty hours limit or if they are feeling excessive fatigue or exhaustion.
- If a resident is exceeding duty hours limits, the RPDs will work with the resident to identify a strategy to comply with the standard while meeting program requirements.

Author: Anne Zechlinski, PharmD

Approval:

Residency Steering Committee

Pharmacy Policy and Procedure Committ

## Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

### Formal Evaluation

Standard definitions of progress toward achieving goals and objectives will allow for consistent interpretation and help provide consistent assessment and subsequent feedback for all Froedtert & the Medical College of Wisconsin pharmacy residents in all residency programs. The following definitions will be used for needs improvement (NI), satisfactory progress (SP), achieved (ACH), and achieved for residency (ACHR) will be used in all PharmAcademic evaluations.

### NI = Needs Improvement

**Definition:** Resident is not meeting expectations. The resident is performing below the level that would be expected of a resident at this point in their training program as evidenced by meeting 1 or more of the following characteristics:

- Requires direct and repeated supervision, guidance, intervention, or prompting
- Make questionable, unsafe, or non-evidence-based decisions
- Fails to complete tasks in a time appropriate manner
- Fails to incorporate or seek out feedback
- Acts in an unprofessional manner

**Preceptor Action:** The preceptor is required to document criteria-based, specific comments within PharmAcademic, citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the RPD, RPC, and mentor early in the learning experience if resident performance concerns are noted. The resident's progress should be communicated to the preceptor team in a timely fashion, using whatever mechanism that residency program uses for preceptor communication (i.e. Residency Advisory Committee, etc.). The preceptor should determine when to reevaluate the goal/objective that for which a "NI" was assigned, ideally in about 4 months, and may necessitate a change in resident schedule.

### SP = Satisfactory Progress

**Definition:** Resident is meeting expectations. The resident is performing at the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics:

- Requires infrequent supervision, guidance, intervention, or prompting
- Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor
- Completes tasks in a time appropriate manner with limited prompting and guidance
- Incorporates feedback from preceptors with minimal prompting
- Acts in a professional manner

**Preceptor Action:** The preceptor is required to document criteria-based, qualitative written comments that are specific and actionable, and acknowledge the resident's skill progression within PharmAcademic.

### ACH = Achieved

**Definition:** Resident is consistently meeting expectations. Resident is independently performing at or above the level of performance expected at the conclusion of the residency program. Resident displays all of the following characteristics:

- Appropriately seeks guidance when needed
- Consistently makes appropriate, safe, or evidence-based decisions on an independent basis
- Independently and competently completes assigned tasks
- Consistently demonstrates ownership of actions and consequences
- Accurately reflects on performance and can create a sound plan for improvement
- Acts in a professional manner

**Preceptor Action:** The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.

### ACHR = Achieved for Residency

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

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

**Who can mark as ACHR?**

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

*Last revised 06.06.18*



## PharmAcademic Evaluations

- All Froedtert residency programs utilize PharmAcademic for completion of resident performance evaluations.
- All evaluations should be completed by the last day of rotation or absolutely no later than the following Sunday.
- PharmAcademic evaluations are critical for both monitoring resident progress and rotation experience and should be completed thoroughly.

## Duty Hours Tracking Documents

- Residents are expected to self-monitor their compliance with duty hours per the Duty Hours Policy.
- Duty hours tracking forms can be found at: <I:\FMLH\PHARMACY\Residency Program\2021-2022\Duty Hours 2021-2022>
- ASHP Duty Hours Guidance: <I:\FMLH\PHARMACY\Residency Program\2021-2022\Duty Hours 2021-2022\ASHP Duty Hours Guidance>

## Bonus Shifts

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

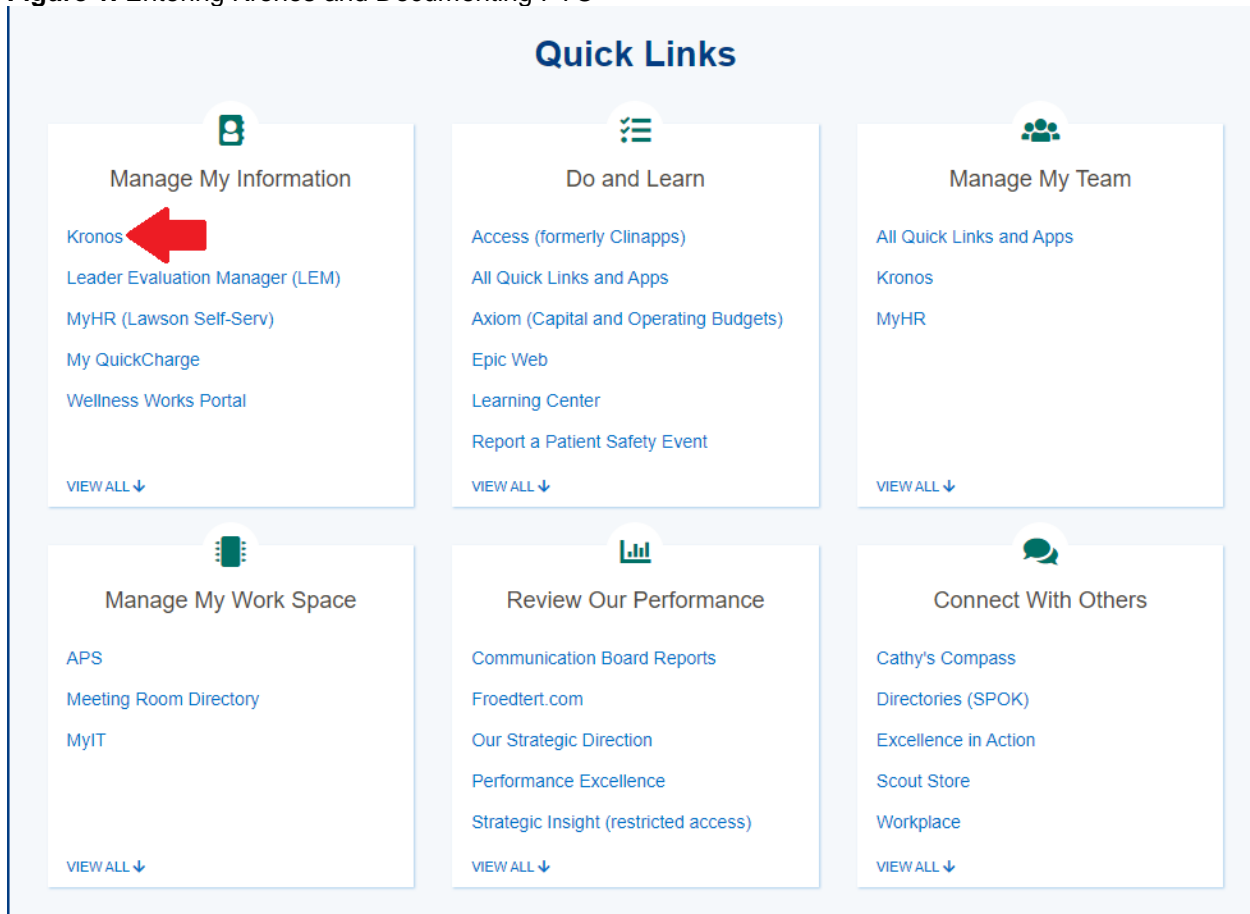
## Resident Attendance Expectations


- Residents are expected to work at least 8 hours/day Monday-Friday
- Residents are expected to notify their program director and manager in advance (as soon as possible) in the event that they will not be on-site on a weekday (either due to PTO or work-from-home).
  - Residents must alert their preceptor and RPD in advance of planned work-from-home outside of the local area (ie, > 60 miles from campus).
- The following are examples when RPD and manager should be notified:
  - Resident is taking scheduled PTO (vacation, interview, etc) or bereavement time
  - Resident is off during the week with the intent of making up the day on a weekend
  - Resident has an unscheduled absence (sick, emergency, etc)

## Paid Time Off

- Residents are allotted 21 vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval.
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident's responsibility to identify coverage and communicate the switch.
- It is the responsibility of the resident to notify their RPD and rotation preceptor of days off.
- Requests for ≤ 2 days off must be made at the beginning of the rotation in which they fall.
- Requests for > 2 consecutive days off should be made as soon as possible or at least one month in advance to allow for any necessary rotation schedule adjustments.
- In the case of an absence on rotation, making up the rotation day on a weekend as opposed to using PTO will be assessed on a case-by-case basis at the discretion of the rotation preceptor(s).
- Resident is responsible for updating Kronos to reflect days off prior to sign-off by manager.
- When possible, ambulatory residents should follow the Outpatient Pharmacy Department PTO Picking Procedure, found here: <https://goo.gl/Uzsl85>.
- Residents are allowed bereavement pay per Froedtert's policy. Time away for bereavement counts towards the 21 days away/year.

**Figure 1.** Entering Kronos and Documenting PTO






Workforce Central<sup>®</sup>

Version 8.1.8

Education Material

User Name

Password



Enter Epic Credentials

	Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period
	Fri 6/18			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	8.0
	Sat 6/19												8.0
	Sun 6/20												8.0
	Mon 6/21									8:00AM-4:00...	8.0	8.0	16.0
	Tue 6/22			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	24.0
	Wed 6/23			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	32.0
	Thu 6/24			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	40.0
	Fri 6/25			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	48.0
	Sat 6/26												48.0
	Sun 6/27												48.0
	Mon 6/28			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	56.0
	Tue 6/29			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	64.0
	Wed 6/30			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	72.0
	Thu 7/01			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	80.0

	Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Schedule	Shift	Daily	Period
	Fri 6/18			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	8.0
	Sat 6/19												8.0
	Sun 6/20												8.0
	Mon 6/21	PTO	8.0							8:00AM-4:00...	8.0	8.0	16.0
	Tue 6/22			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	24.0
	Wed 6/23			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	32.0
	Thu 6/24			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	40.0
	Fri 6/25			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	48.0
	Sat 6/26												48.0
	Sun 6/27												48.0
	Mon 6/28			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	56.0
	Tue 6/29			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	64.0
	Wed 6/30			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	72.0
	Thu 7/01			8:00AM		4:00PM				8:00AM-4:00...	8.0	8.0	80.0

## Holidays

- Froedtert Hospital recognizes six official holidays: Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents who staff in areas that are open on holidays are required to staff up to two 10-hour holiday shifts during the residency year (described under Resident Staffing Requirements).
- Time off for holidays is subtracted from PTO.
- Residents may elect to be present on rotation (instead of taking PTO) on holidays when not assigned to "staff" with approval of preceptor and residency program director.
- For PGY2s, if an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements. This should be arranged with their RPD and manager.

## Unscheduled Absences

- For inpatient/oncology staffing shifts/rotation:
  - Contact central pharmacy at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (414-805-2690) regardless if you are staffing. The manager on-call will cover your scheduled shift if staffing. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day
  - If on rotation, notify your preceptors and residency program director of the absence as soon as possible.
- For ambulatory/retail staffing shifts/rotation:
  - Contact the on-call manager/coordinator at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (pager: 414-314-1369) regardless if you are on rotation or staffing
  - If staffing, the on-call manager/coordinator will cover your scheduled shift. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day.
  - If on rotation, the manager on-call will notify your preceptor(s), RPD, and manager of the absence. The resident may also send notification if desired.
- PTO will be used for unscheduled absence unless other arrangements are made with preceptors and your manager.

## Professional Leave/Business Days

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

## Professional Meeting Attendance and Funding

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

#### PGY1 Residents

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

#### PGY2 Residents

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

## Expense Reports/Reimbursement

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

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

	Company	Accounting Unit
PGY1 FMF	2010	40310
PGY1 (Acute Care)	3000	40310
PGY1 (Am Care)	3000	40310
PGY1 (Community)	1430	75050
PGY1 (HSPAL)	3000	40310
PGY1 (MUSP)	3000	40310
PGY2 Admin	3000	75000
PGY2 Am Care	3000	75010
PGY2 Crit Care	3000	75000
PGY2 EM	3000	75000
PGY2 ID	3000	75000
PGY2 Informatics	1000	75001
PGY2 MUSP	1000	75001
PGY2 Oncology	3000	75020

## Resources for Residents

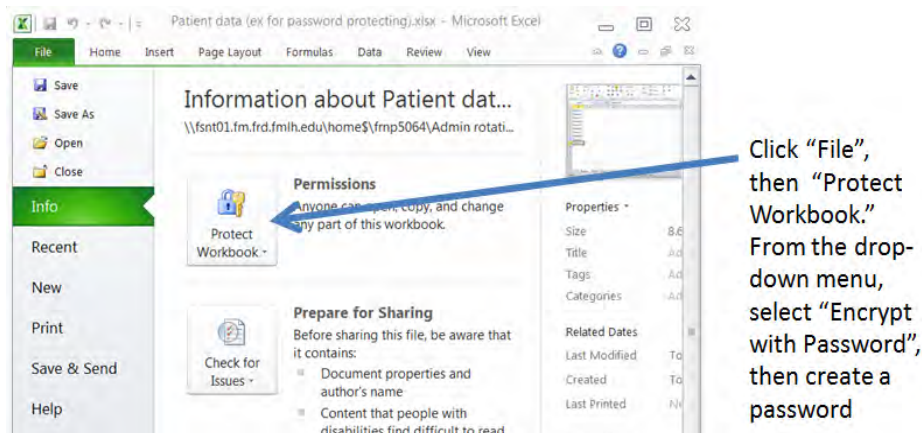
### Laptops and Pagers

- Residents will be issued laptop computers and personal pagers to be used throughout the year
  - **Laptops:** Laptops should be used as a workstation while on rotation (including for clinical rotations) as well as can be used at home. Laptops should be stored in a secure location.
    - Residents are required to password-protect all documents containing Health Insurance Portability and Accountability Act (HIPAA) information (see example below "Example: How to Password-Protect Patient Data").
  - **Pagers:** Pagers should be carried by the resident while on campus. Expected response time if paged is 15 minutes or less during business hours. Residents may have assigned "on-call" times when pagers need to be carried 24/7. Residents may obtain app to manage pager on their phone.

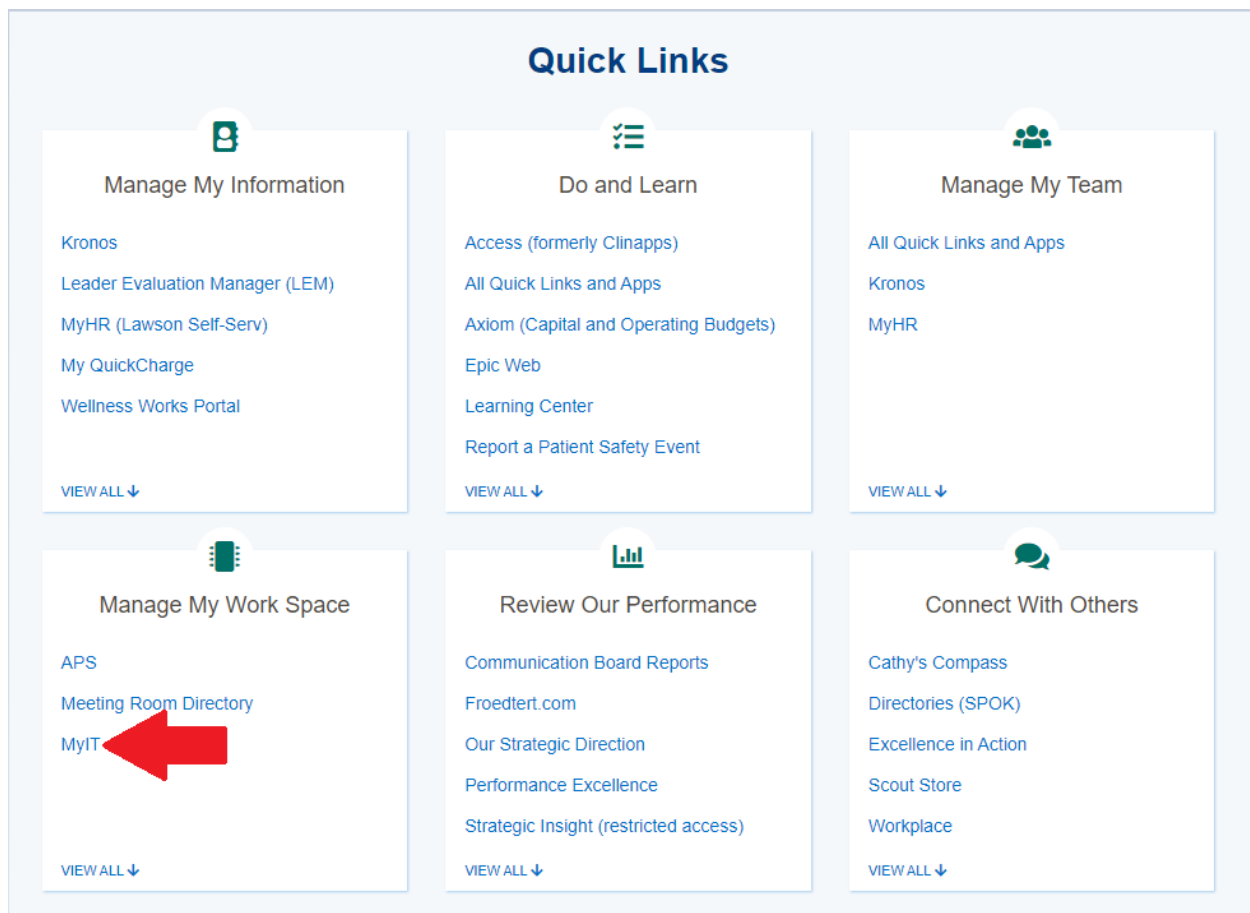


- Any loss or damage to these items must be reported to the residency program director as soon as possible. The resident may be responsible for covering any fees related to loss or damage.
- If there are issues with device performance (i.e. low battery life, missing applications, etc), the resident is responsible for contacting IT for fix through the myIT app (see Figure 4).

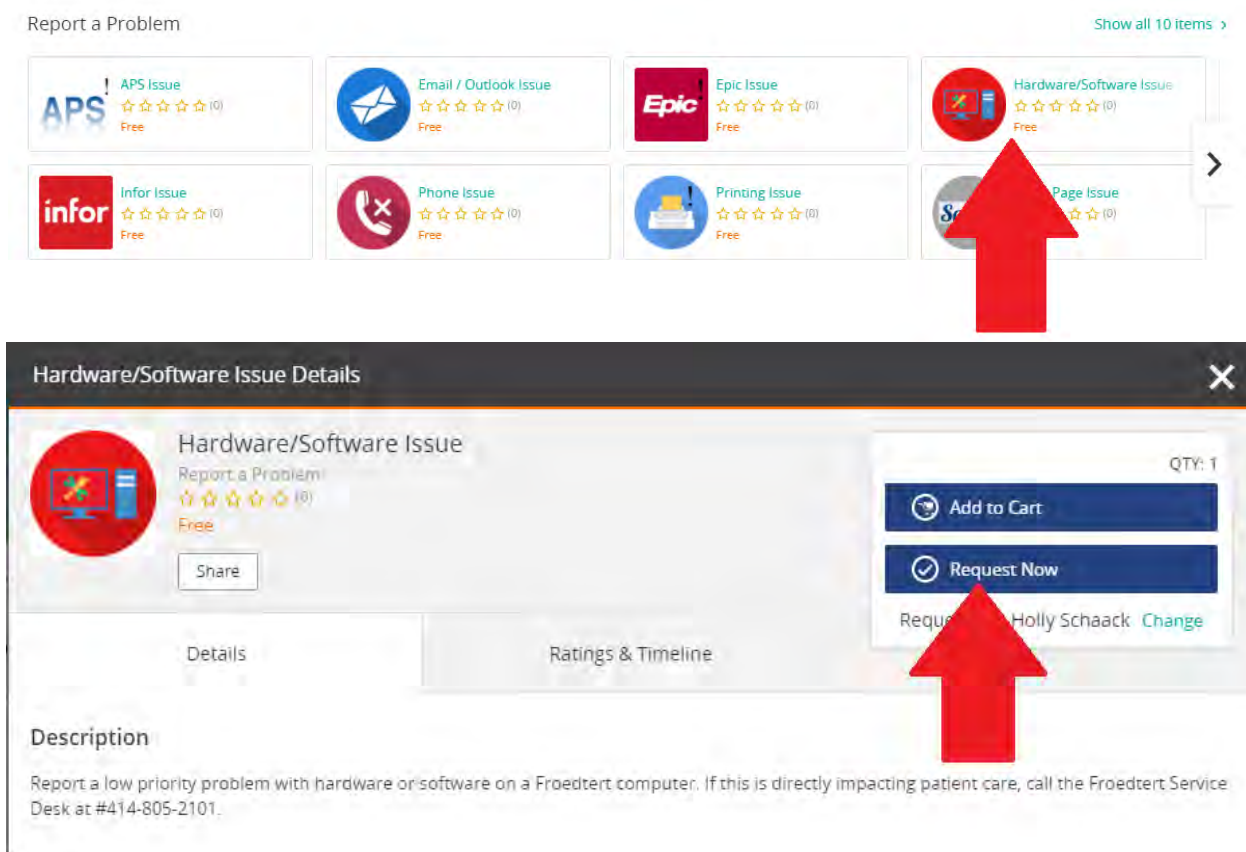
**Figure 3.** How to Password Protect Patient Data



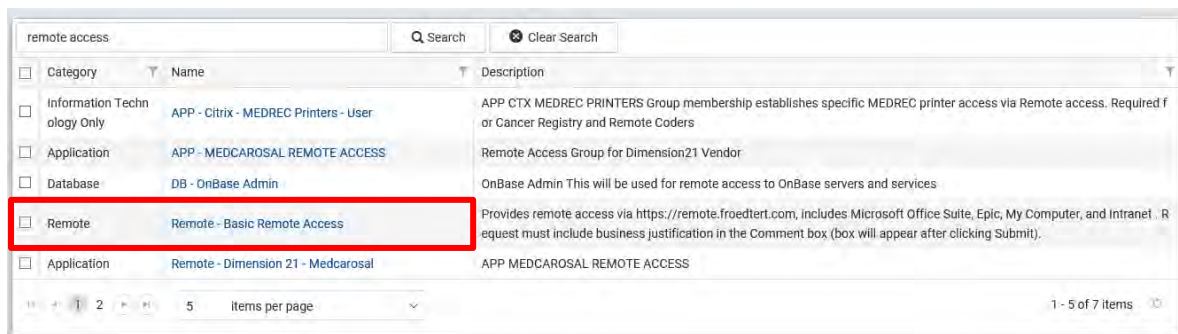
**Figure 4.** How to Enter myIT requests (Use Epic Credentials to Log In to MyIT)



**Figure 4 (Cont.).** How to Enter myIT requests (Use Epic Credentials to Log In to MyIT)



**Figure 5.** How to Request Remote Access via APS



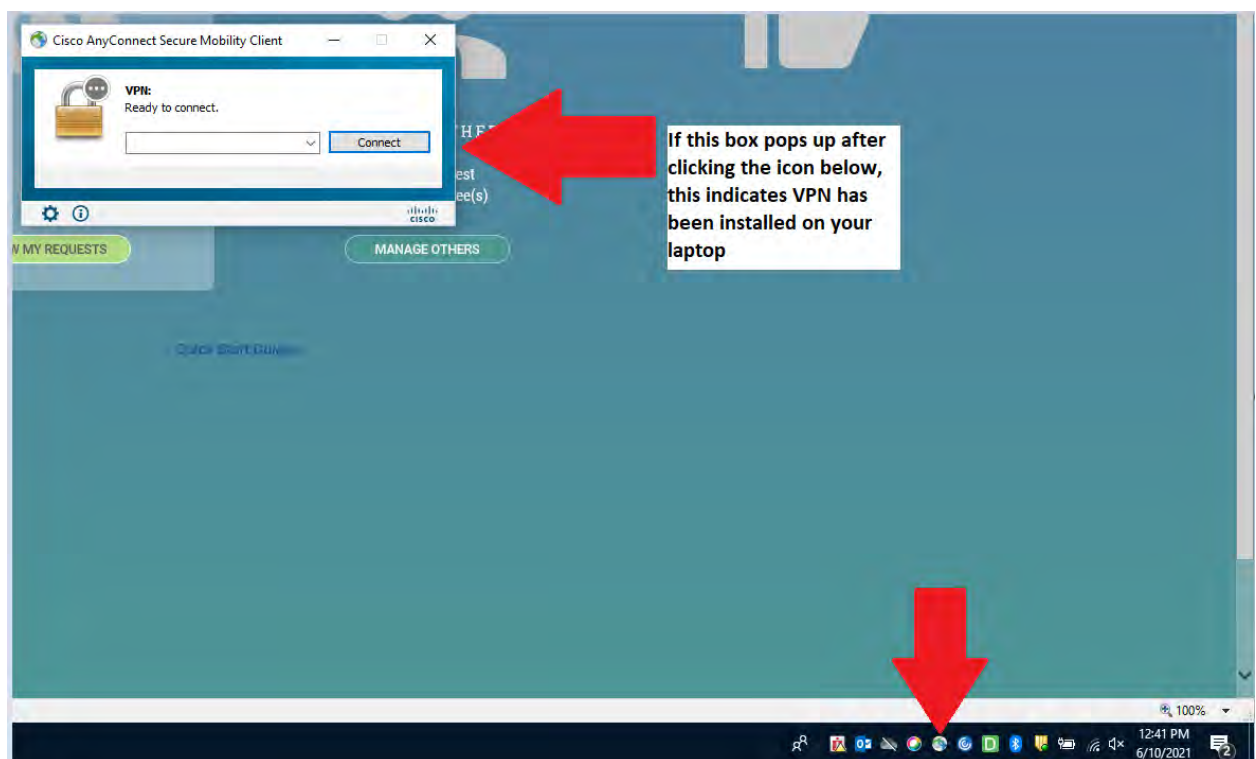
### Remote Access

- Remote access should be requested in order to gain access to Froedtert applications (including Epic) and documents at home. When using a personal device, residents may use the remote portal. When using Froedtert issued laptop, VPN access should be utilized.
- To access remote portal, Citrix must be downloaded. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.



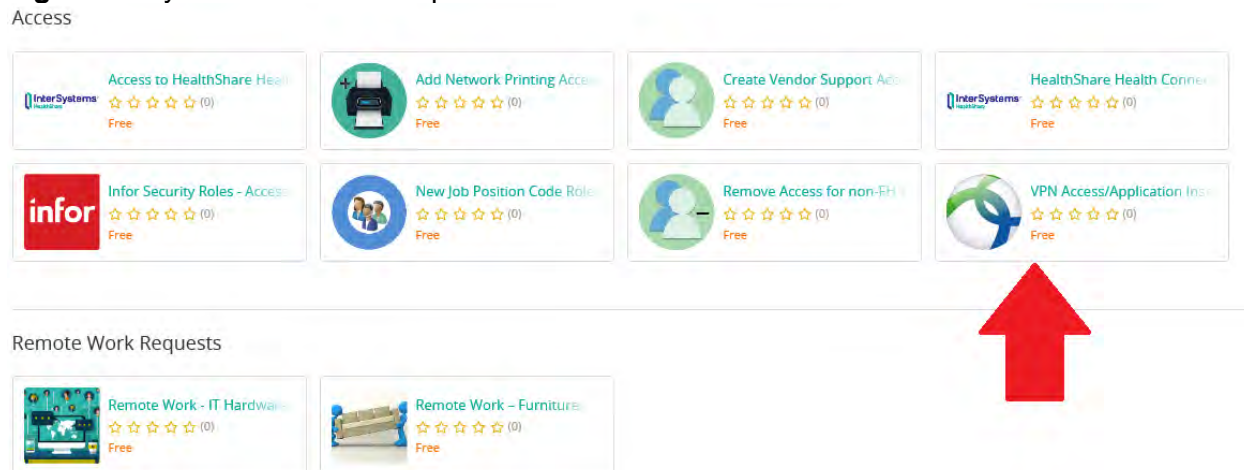
- The VIP App must be downloaded and used as a method for dual authentication. The app should be downloaded on a personal device from Froedtert Campus in order to link it with the account. Click link below to access instructions:
- <http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Forms/Free%20Symantec%20VIP%20Access%20App%20Instructions%20V9.pdf>
- Link to Froedtert remote desktop: <https://remote.froedtert.com/>
- Once logged in, the following applications should be available:
  - Epic
  - Microsoft Outlook, Excel, Word, PowerPoint, OneNote
  - Froedtert Intranet
  - Froedtert Network (H: Drive and I: Drive)
- VPN is the preferred method to connect remotely using Froedtert issued laptop.
  - To see if you have VPN access, click on the icon in Figure 6
  - Instructions for logging into VPN can be found here: <\\FMLH\\PHARMACY\\Residency Program\\2021-2022\\Orientation\\VPN Access Instructions>

**Figure 6.** VPN Access



- If you do not have access, you will need to request it via myIT (follow instructions in Figure 4, but click on VPN Access/Application (seen in Figure 7))

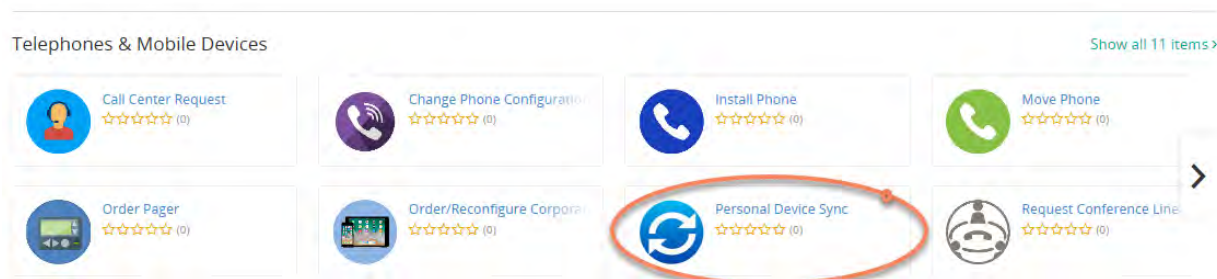
**Figure 7: MyIT VPN Access Request**



## Personal Device Access

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

**Figure 8: Requesting Personal Device Sync**



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

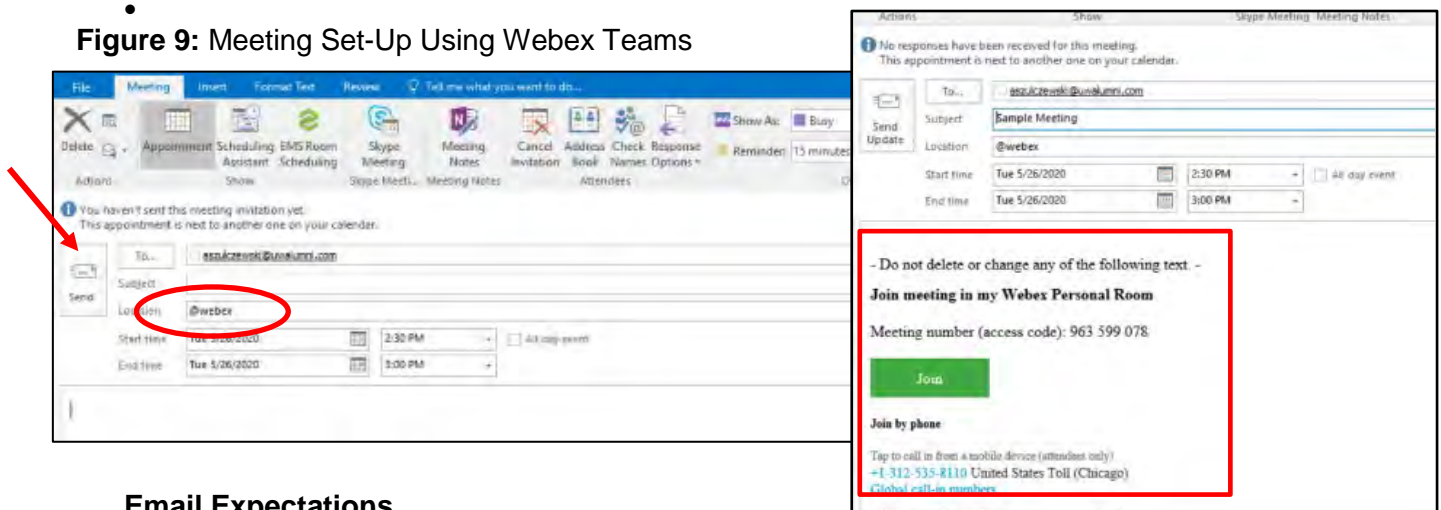
## Workplace

- Workplace is the primary location for organizational communication. It is a work version of the Facebook platform.
- You will receive an email 2 weeks after your first paycheck to set up a Workplace account – before this, you will not be able to create an account.
- You should create a Workplace login using your Froedtert email address. You are also encouraged to download the Workplace app on your phone or tablet.
  - <https://froedtert.workplace.com/>
  - [Downloading the Workplace Mobile app](#)
- All employees are expected to keep up-to-date with organizational communications posted on Workplace.
- Employees are also encouraged to comment/like posts and post work-related content.

## WebEx Teams

- All Froedtert employees have access to the WebEx and WebEx Teams platform to use for virtual meetings.
- In order to schedule a meeting using WebEx, create a calendar appointment and in the location, type @webex. Once the meeting is sent, login information will be populated within the body of the appointment.
- Additional capabilities are available using the WebEx Teams Application. This should be available on all Froedtert computers. It can also be downloaded onto a personal computer from: <https://www.webex.com/downloads.html/>.
- User guides for Webex Teams are posted here: <http://intranet.froedtert.com/?id=27901&sid=5>.
- Frequently asked questions (eg, how to create a meeting space, how to schedule meetings, etc.) are answered here: [I:\FMLH\PHARMACY\Residency Program\2021-2022\Orientation\WebEx FAQs](#)

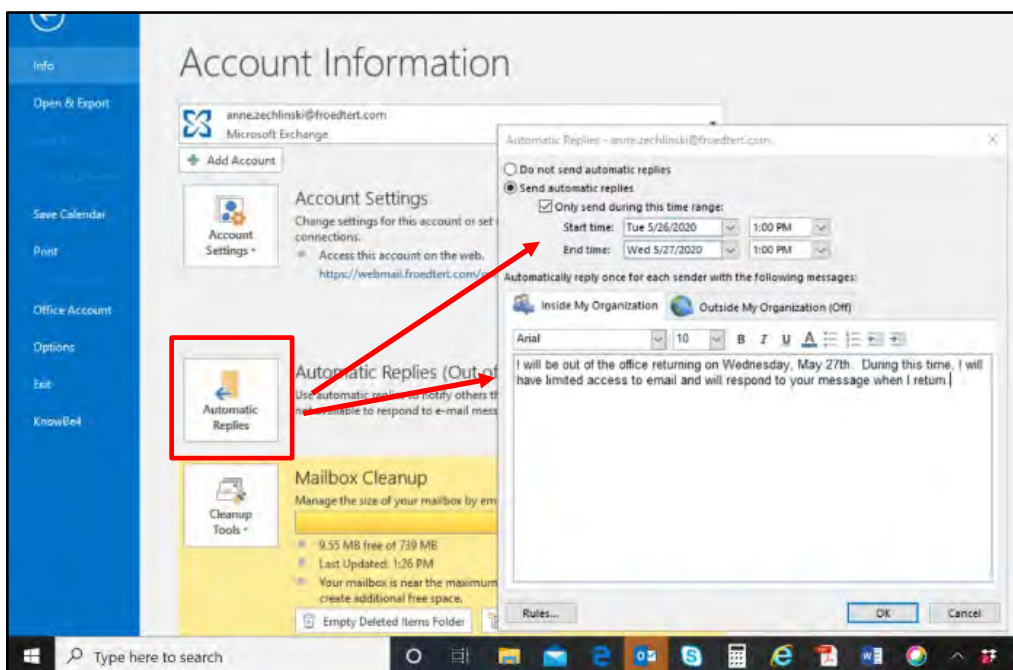
Figure 9: Meeting Set-Up Using Webex Teams



## Email Expectations

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

**Figure 10: Setting an Out of Office Alert (Automatic Reply)**



## Dress Code

- The Froedtert Dress Code - Personal Appearance Policy is posted on the Scout page at link below: <http://fhpolicy.s1.fchhome.com/Content/Policies.aspx?ContentTypeId=7a1c99c1-2e09-41a2-8256-d606906e7a55#>
- In general, residents are expected to wear business casual attire when on rotation and staffing on decentral units, ambulatory clinics, outpatient pharmacies or in office environments.
- Scrubs are acceptable in the ED, OR and pharmacy operations areas (central, day hospital, etc.). In the ED and pharmacy operations areas, residents may choose to wear their own scrubs or request Froedtert issued scrubs. In the OR, residents must wear Froedtert issued scrubs.
- More formal attire will be required for special events. For example, suits are required for presentations outside the organization (i.e. Midyear posters, Great Lakes Presentations)
- White coats are strongly encouraged when on a clinical rotation or when staffing decentrally.

## White Coats

- Residents will need to fill out the Pharmacy Department Lab Coat/Logo Order form
  - You will receive an email from Teri Mattek with the order form so that you can order your white coat before the start of residency.
    - If you cannot find the email, the order form can be found on Sharepoint: [https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/\\_layouts/15/WopiFrame.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20froedtert%20pharm%20order%20form%202017.doc&action=default](https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20froedtert%20pharm%20order%20form%202017.doc&action=default)
  - The department will reimburse residents for embroidery, but resident will be responsible for paying for coat
  - Deanna Zapfel, Administrative Coordinator, is the contact person for white coats, should you need any additional coats throughout the year

## Scrub Request Forms

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

## Business Cards

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

## Residency Project Resources

### Residency Project Sharepoint

- Information about research protocols, posters, and presentations can be found here: <https://datacollectionrb.sp.froedtert.com/sites/pharmacy/residency/Poster%20and%20Presentation%20Resources/Forms/>
- There are also past resident project abstracts, posters, and presentations on this website that may serve as examples

### MCW Biostatistics Support

- Residents will have the opportunity to seek statistics support for their projects through the MCW Biostatistics Department.
- The Pharmacy Research Committee will prioritize and approve resident projects for statistics support based on complexity of the statistics required, type of project, likelihood of publication and other factors.
- More information will follow regarding this process.

## Presentation and Poster Templates

- *Presentations*
  - Froedtert Health has a presentation template that should be used when creating presentations to be shared internally and externally.
  - Residents should use the template with the Froedtert & Medical College of Wisconsin logo.
  - Templates are located here: <http://intranet.froedtert.com/?id=17587&sid=5>
  - Pharmacy-specific templates will be shared via the I: Drive or email
- *Posters*
  - The Pharmacy Research Committee has developed templates to be used for student, resident, and staff-presented posters.
  - Poster templates are located here: <I:\FMLH\PHARMACY\Residency Program\2021-2022\Resident Posters\Templates and Instructions>



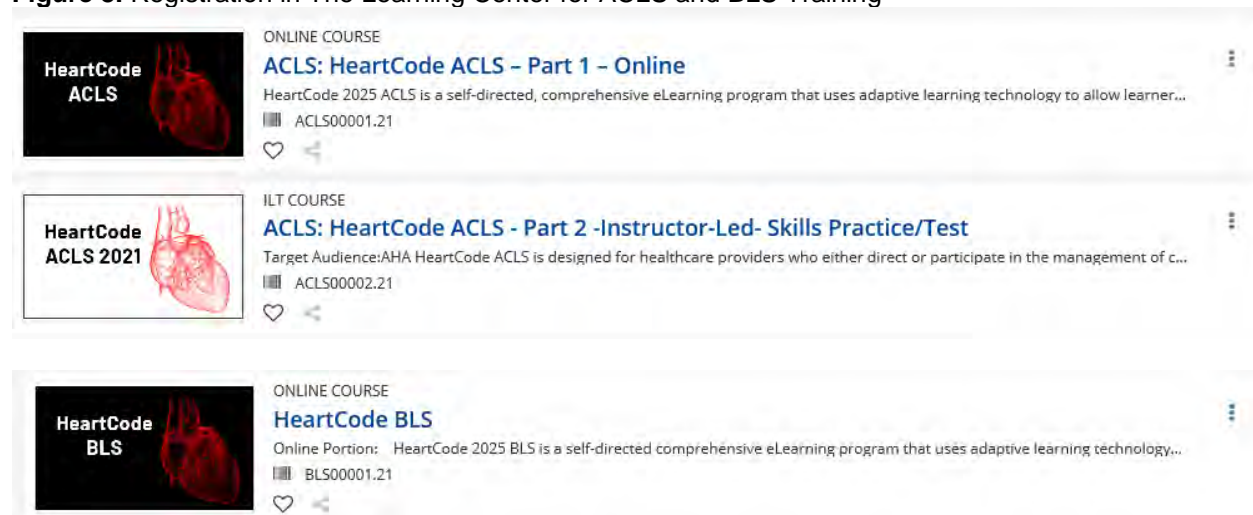
## Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

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

- Froedtert offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
  - PGY2 residents in Critical Care and Emergency Medicine, and PGY1 acute care PGY1 HSPA-L and PGY1 MUSP residents are required to maintain ACLS certification. Residents are expected to complete ACLS prior to starting ICU or ED rotations or staffing in these areas. ACLS is optional for other PGY2 residents
  - BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.
- Enrollment
  - Enrollment is done through [The Learning Center](#) by searching for ACLS or BLS. Prior to being able to access materials for the course, a manager must approve via the Learning Center
  - Residents may take one project day to complete the course. Residents are responsible for scheduling Part 2 of ACLS/BLS based on their rotation/staffing schedule

**Figure 8.** Registration in The Learning Center for ACLS and BLS 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.
  - On Saturdays, Sundays and major holidays, residents may park in patient parking structures (Parking area 1 on 92<sup>nd</sup> street and 3 on 87<sup>th</sup> street).
  - Off-Peak Times (Mon-Fri, 6PM-8AM), residents may park in parking area 1 or parking area 3. Must arrive AFTER 6PM and leave BEFORE 8AM.
- Residents are encouraged to use technology for participation in off-site meetings using WebEx in order to minimize travel time.
- Additional details about parking can be found in the [parking handbook](#).

## **Project Days**

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

## **Working Remotely**

- Some pharmacy department staff have transitioned to work-from-home (WFH) full-time or in a hybrid model. Generally, residents will be expected to work-from-home if completing a rotation in these areas.
- All informatics team members are permanent WFH, center for medication use and stewardship pharmacists are currently in a hybrid model.
- If a resident intends to work-from-home in a location outside of the local area (ie, their home in the Milwaukee area), their RPD and/or manager should be notified.

## **Additional General Information**

### **Vizient Committee Involvement**

- Residents can elect to join the Vizient Pharmacy Network Committees
- This elective experience will provide residents the ability to participate on projects and network with individuals at academic medical centers across the country
- The Froedtert team has been involved in the following committees:
  - 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

### **Research Certificate**

- Residents have the option of completing a formal Pharmacy Research Certificate over the course of residency training.
- Residents are encouraged to discuss participation in the Research Certificate with their program director.

### **Pharmacy Society of Wisconsin Membership**

- Pharmacy Society of Wisconsin is covered by Froedtert & the Medical College of Wisconsin for all pharmacy residents and staff.
- PGY1 residents who are in their first year of practice receive their first year of registration free regardless of employment and are encouraged to register with PSW and affiliate with Froedtert.
- PGY2 residents who are new to Froedtert will be added to Froedtert's member list within the first half of the residency year.

### **Wellness and Resilience Resources**

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

### **Excellence in Action**

- This platform can be used to submit recognitions for fellow residents, other pharmacists/ pharmacy staff members, or other healthcare professionals or staff who went above and beyond to help you, a patient, or others.
- Link: <http://intranet.froedtert.com/?id=24359&sid=5>

### **COVID19 Resources and Guidance**

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



## 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.

WWW.MCW.EDU/PHARMACY | MCW PHARMACY SCHOOL | 8701 WATERTOWN PLANK RD. | MILWAUKEE, WI 53226

PHARMTEACHCERT@MCW.EDU | 414.955.7476 | MCWSCHOOLOFPHARMACY | @MCWPHARMACY



## Pharmacy Research Certificate Overview

Residents have the option to complete a formal Pharmacy Research Certificate over the course of their residency training. The certificate is optional for most residents. However, individual residency programs have the opportunity to require additional components as part of certificate completion; they may also require the certificate as part of residency completion requirements. Discuss with your Residency Program Director what his or her expectations are for the Pharmacy Research Certificate.

The purpose of the Pharmacy Research Certificate program is to enhance the research development curriculum at Froedtert & the Medical College of Wisconsin (MCW) and provide rigorous training for those interested in pursuing a career with continued scholarly pursuits.

### **Goals and Objectives:**

1. Increase pharmacist understanding of and ability to interpret biostatistics in medical literature.
2. Increase comfort and awareness of the various research processes and resources available at Froedtert & MCW.
  - a. Improve understanding of how to develop a research question.
  - b. Improve understanding of departmental research processes.
  - c. Decrease barriers to research.
  - d. Familiarize staff and increase the number of research mentors.
  - e. Increase engagement of staff in research.
3. Improve quality of research project submissions.
4. Improve quality of research posters and presentations.
5. Increase resident and staff publication rates and attitudes towards publishing.

### **Program Leadership:**

#### **Joel T. Feih, PharmD, BCCCP**

*Clinical Pharmacist, Froedtert Hospital*  
*PGY2 Critical Care Pharmacy Residency Program*  
*Director*  
Froedtert & the Medical College of Wisconsin  
9200 West Wisconsin Avenue  
Milwaukee, Wisconsin 53226  
[joel.feih@froedtert.com](mailto:joel.feih@froedtert.com)  
**\*primary contact**

#### **Kristin Busse, PharmD, BCPS**

*Assistant Professor of Regulatory Sciences*  
Medical College of Wisconsin, School of Pharmacy  
*Regulated Research Oversight Program Director*  
Medical College of Wisconsin, Office of Research  
Medical College of Wisconsin  
8701 W Watertown Plank Rd  
Milwaukee, WI 53226  
[kbusse@mcw.edu](mailto:kbusse@mcw.edu)

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

*Pain Stewardship Coordinator*  
Froedtert & the Medical College of Wisconsin  
9200 West Wisconsin Avenue  
Milwaukee, Wisconsin 53226  
[william.peppard@froedtert.com](mailto:william.peppard@froedtert.com)

**Components for Completion of the Certificate:**

- Attendance at 100% of live Research Development Series sessions, including selected Academic Afternoon sessions (*described below*)
- Active participation in Research Development Series sessions, whether joining live or virtual
- Preparation of a manuscript suitable for publication in a peer-reviewed journal
- Poster or oral presentation at a national-, regional-, or state-level meeting
- Program evaluation and feedback

Residency Program Director approval is required prior to granting the certificate. The certificate is optional for most residents. However, individual residency programs have the opportunity to require additional components as part of certificate completion; they may also require the certificate as part of residency completion requirements. Discuss with your Residency Program Director what his or her expectations are for the Pharmacy Research Certificate.

**Research Development Series (RDS):**

Most sessions of the RDS are 1 hour long and will occur during a typical Academic Afternoon schedule; to achieve 100% attendance, participants will have to make up any missed sessions. It is strongly recommended that residents avoid missing live sessions; if unavoidable, a make-up plan must be developed by discussing with program leadership prior to the anticipated absence (eg, staffing, PTO). Unexpected or emergent absences will be accommodated on a case-by-case basis. Sessions will be recorded and provided via Webex Teams; additional activities or assignments may be required as part of a make-up plan.

Each session has associated objectives and recommended project activities. The participant is expected to complete the recommended project activities prior to the corresponding discussion session and then use the information from each session to modify and optimize that component of their residency project.

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

Residents are encouraged to reach out to program leadership for the certificate with questions or for further discussion. An overview presentation will be provided during New Resident Orientation. If planning to participate, a commitment to the program will be required by early July.

## Inpatient Staffing Information

There are 2 primary staffing models in the department:

### 7/70 staff

- These pharmacists work Monday through Sunday (7 days) and work 10 hours each day. During this stretch, they work on their primary team as either straight AM shifts or PM shifts. They will then have the following 7 days off
  - What this means for residents is that you may have a different preceptor during each week of rotation. For example, during a 4-week rotation you may have the same preceptor on weeks 1 and 3 and a different preceptor on weeks 2 and 4
  - “A week” and “B week” are designated 7 day stretches at Froedtert to reflect the 7/70 model
  - Other departments, such as nursing, also follow this model
  - Staff are only paid for the hours they work (eg. 70). Some staff who work 7/70 would like to work a full 80 hours each pay period, so they will work an “8<sup>th</sup> 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 4<sup>th</sup>).
  - Pharmacists in medicine, surgery, neurology, central (C8 position), and the pre-admission testing clinic work this type of schedule.

## Resident Staffing Requirements

### Weekday Staffing

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

### Weekend Staffing

- Weekend staffing will occur on different weeks from weekday staffing blocks, during rotation weeks.
- These weekend staffing shifts may include working in central pharmacy, staffing a patient care team, providing med history/reconciliation help, etc. Weekend staffing shifts will also be 10 hours.
- PGY1 residents will work 12 weekends (Saturday and Sunday) throughout the year
- PGY2 residents will work 10 weekends (Saturday and Sunday) throughout the year unless additional staffing weekends are required by the PGY2 program (see PGY2 program-specific information for more details).

- PGY2 residents will be assigned weekends upon schedule publication. Residents must select weekends off around their staffing weeks if a 7-day staffing stretch is not preferred. Residents typically may make schedule requests on 2 of 4 weekends per schedule period.

Additional staffing for **PGY1** residents will include:

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

Holiday Staffing

- Each resident must work two 10 hour holiday shifts
- PGY1 residents will work one of the following groups of holidays:
  - New Year's Day and Thanksgiving Day
  - Christmas Day and Memorial Day
  - 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.
  - PGY2 Admin and MUSP residents will typically work July 4<sup>th</sup> between their 1<sup>st</sup> and 2<sup>nd</sup> year.
- If an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements (this does not apply to the 7/70 weeks worked by the PGY1 residents over the winter holidays).

Inpatient PGY2 Weekend Staffing

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

High Demand Weekends

The following weekends are considered high demand weekends due to a large number of staff members requesting off. Availability requests for PGY2 residents during these weekends are not guaranteed and approval for the weekend off will not be known until schedule publication (approx. 6-8 weeks in advance). Manager approval must be obtained for extenuating circumstances.

- Internal PGY2s will be available to work two July weekends (at beginning of residency year)
- Labor Day Weekend
- The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
- The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
- Spring Break/Easter weekends (March 26 and 27, April 2 and 3, April 9 and 10, April 17 and 18, April 23 and 24).
- Memorial Day Weekend
- Last weekend in June and 1<sup>st</sup> 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’

WEEKDAY STAFFING MODEL				
AM Pharmacists		Overlap	PM Pharmacists	Overnight Pharmacists
Medicine (0800-1630)	Med1 (4NE): 4NE non-medicine patients, MT 1, 6, 7	5 hour overlap (1130 start)	pMed1* (10hr): 4SE, 4NE	**Move to Central @ 2000
	Med2 (4SE): 4SE non-medicine patients, MT 2, 8, 17			
	Med3 (9NT): 9NT non-medicine patients, MT 3, 9, 14		pMed2* (10hr): 8NT, 9NT	
	Med4 (8NT): 8NT non-medicine patients, MT 4, 10, 11			
Surgery/Neuro (0700-1530)	Med5 (5SE): 5SE non-medicine patients, MT 5, 12, 15	4 hour overlap (1130 start)	pMed3 (8hr): 4SW, 5SE	**Move to Central @ 2000
	Med6 (4SW): 4SW non-medicine patients, MT 16, 20, transplant med			
	Surg1: 2NT (32 beds)		pSurg1 (8hr): 2NT, 5SW, 5NE beds 1-7	
	Surg2: 10CFAC (32 beds)		pSurg2 (8hr): 10CFAC, 11CFAC beds 1-16, 5NE beds 8-14	
Cardiology	Surg3: 4PV, ERU (20/8 beds)	6 hour overlap	pSurg3* (10hr): 5NW, 3W beds 1-15, 5NE beds 15-21; Add 5SW, 5NE @ 2000. Stay logged into 3W Vocera and keep name on treatment team	N3 (10hr; 2145 start) and N4 (10hr; 2145 start) share coverage of CVICU, ED, MICU, NICU, SICU, TICU, 7NT
	Surg4: 5NW (30 beds)		pSurg4* (10hr): 12CFAC, 11CFAC beds 17-31, 5NE 22-28; Add remaining 1/2 of 11CFAC, 10CFAC, and 2NT @ 2000	
	Surg5: 11CFAC (32 beds)			
	Surg6: 12CFAC (32 beds)			
Transplant	Surg7: 5SW, 5NE (19/28 beds)	5 hour overlap	pCards1 (10hr; 1145 start): CVICU, 3W (beds 16-50)	N (10hr; 2100 start) and N22 (10hr; 2200 start) Share hospital coverage
	Cards1 (10hr): CVICU (20 beds)			
	Cards2 (10hr): 3W (share 50 beds)			
	Cards3 (8hr): 3W (share 50 beds)			
Oncology (Share 94 beds)	Cards Faculty (4hr) - MT 14	6 hour overlap	pTx1 (10hr; 1230 start): 4NW, TICU	
	Tx1 (10hr): TICU (20 beds)			
	Tx2 (10hr): 4NW (26 beds)			
	Onc1 (10hr) (BMT): 7/8/9 CFAC			
Critical Care (0700-1730)	Onc2 (10hr) (Heme): 7/8/9 CFAC	5-6 hour overlap	pOnc1 (10hr; 1130 start): 7/8/9 CFAC	
	Onc3 (10hr) (Solid): 7/8/9 CFAC			
	Onc4 (8hr 0800 start) (Heme/BMT): 7/8/9 CFAC			
	Onc5 (10hr) (Swing): 7/8/9 CFAC			
Emergency Department (0700-1730)	ICU1: SICU (21 beds)	4 hour overlap	piCU1 (10hr; 1130 start): SICU, NICU	
	ICU2: NICU (20 beds)		piCU2 (10hr; 1230 start): MICU, 7NT, 4PV, ERU	
	ICU3: MICU (26 beds), 7NT			
	MICU Faculty (4hr)			
Central	ED: Emergency Department	5-7 hour overlap	pED (10hr; 1330 start): Emergency Department	**Pick up Infusion Clinic and OR @ 1500
	C1 (10hr; 0630 start): Central, Birth Center, MT13 (Obs)			
	C2 (8hr; 0800 start): Central, Birth Center, MT13 (Obs)		pC1 (10hr; 1030 start): Central, Birth Center, MT13 (Obs)	
	OR (8hr; 0630 start)		pC2 (8hr; 1330 start): Central, Birth Center, MT13 (Obs)	

\* = resident shift



## Inpatient Staffing Model (Weekends)

WEEKEND STAFFING MODEL				
	AM Pharmacists	Overlap	PM Pharmacists	Overnight Pharmacists
Medicine (0700-1530)	wMed1: 4NE, 5SE (beds 14-19) (36 beds)	4 hour		
	wMed2: 4SE, 5SE (beds 9-13)			
	wMed3: 9NT			
	wMed4: 8NT, 5SE (beds 20-27)			
	wMed6: 4SW, 5SE (beds 1-8)			
Surgery/Neuro (0700-1530)	wSurg1: 2NT, 10CFAC beds 23-27 (37 beds)	4 hour	wpMed (10hr; 1130 start) wpSurg (10hr; 1130 start; start on 10CFAC + log into Vocera) **Move to Central @1530 all med/surg queues @1530; Reach out to cardiology pharmacist @1530 to see if assistance is needed transplant/onc/cards queues @1730	Open Add
	wSurg2: 4PV, ERU, 10CFAC beds 7-17 (31 beds)			
	wSurg4: 5NW, 5SW beds 1-10 (40 beds)			
	wSurg5: 11CFAC, 10CFAC beds 18-22 (37 beds)			
	wSurg6: 12CFAC, 10CFAC beds 28-32 (40 beds)			
Cardiology	Cards1 (10hr): CVICU, 5NE beds 1-10, @ 1530 assist 3W (30 beds)	6 hour		
	Cards2 (10hr): 3W 25 beds, 5SW beds 11-15 (30 beds)			
	wCards3 (8hr): 3W 25 beds, 5SW beds 16-20 (30 beds)			
Transplant (0700-1730)	Tx1 (10hr): TICU, split 10CFAC beds 1-6 with Tx2			
	Tx2 (10hr): 4NW, split 10CFAC beds 1-6 with Tx1			
Oncology	Onc1 (10hr) (BMT): 7/8/9 CFAC			
	Onc2 (10hr) (Heme): 7/8/9 CFAC			
	Onc3 (10hr) (Solid): 7/8/9 CFAC			
	Onc4 (5hr) (Heme/BMT): 7/8/9 CFAC			
Critical Care (0700-1730)	ICU1 (10hr): SICU, 5NE beds 11-19 (30 beds)	6 hour	wpICU (10hr; 1130 start): CVICU, MICU, NICU, SICU, TICU, 7NT	N3 (10hr; 2145 start) and N4 (10hr; 2145 start) share coverage of CVICU, ED, MICU, NICU, SICU, TICU, 7NT
	ICU2 (10hr): NICU, 5NE beds 20-28 (30 beds)			
	ICU3 (10hr): MICU, 7NT			
ED (0700-1730)	ED: Emergency Department	4 hour	pED (10hr; 1330 start): ED + open queue for inpt units @ 1530	
Central (0630-1700)	C1: Birth Center, OR, MT13 (Obs)	6 hour	pC1 (10hr; 1030 start): Birth Center, OR, MT13 (Obs)	N (10hr; 2100 start) and N22 (10hr; 2200 start) Share hospital coverage

## Inpatient and Oncology Team Details

Team	Units	"A" Week	"B" Week
Medicine			
Med1	4NE (MT 1,6,7)	Joanne Antonopoulos	Matt Zimmerman
Med2	4SE (MT 2, 8, 17)	Jory Ward*	Ali Katula
Med3	9NT (MT 3, 9, 14)	Alison Glienke	Abby Twigg
Med4	8NT (MT 4, 10, 11)	Caitlyn Trapp	Laura Case
Med5	5SE (MT 5, 12, 15)	Adam Hood	Jess Luzi
Med6	4SW (MT 16, 20, TM)	Laurie Dworak	Matt Birschbach
Surgery & Neurology			
Surg1	2NT (32 beds)	Leah Holschbach	Sara Hubbard*
Surg2	10CFAC (32 beds)	Amber Wollenziehn	Aaron Lentz
Surg3	4PV, ERU (20/8 beds)	Rotating	Rotating
Surg4	5NW (30 beds)	Sarah Crober	Kim Knoernschild
Surg5	11CFAC (32 beds)	Jules Felsecker	Ann Birkenstock/Sarah Solano
Surg6	12CFAC (32 beds)	Debbie Kessen	Brittany Tefft
Surg7	5SW, 5NE (19/28 beds)	Rotating	Brian Domack
Rotating team members: Julie Haase, Olivia Millis, Kasey Schmidt, Kaytie Weierstahl, Brittney Duewell, Brian Pella, Libby Sutton			
Critical Care/ED			
ICU1	SICU (21 beds)	Sara Farrell	Dave Herrmann
pICU1	SICU, NICU (41 beds)	Elizabeth Scanlon	Lindsey Dailey
ICU2	NICU (20 beds)	Danielle Mabrey*	Kim Haldeman
pICU2	MICU (26 beds)	Kaitlin Cooper Johnson	Patti Rouman
ICU3	MICU (26 beds)	Carla Karczewski	Mike Katz
ED	Emergency Department	Jessica Cowell, Ryan Feldman	Cathyyen Dang, Matt Stanton, Chetna Patel
N3/N4	3rd shift ICU	Katie Ewert, Alyssa Meixelsperger	Kelly Richardson, Chris Viesselmann
ICU Faculty	MICU	Sarah Peppard	
Cardiology			
Cards1	CVICU (20 beds)	Joel Feih	Greg Stilin
Cards2	3W (50 beds)	Ashley Stromich	Melissa Tan
Cards3	3W (50 beds)	Amanda Pilo	Amanda Pilo
pCards1	3W (beds 1-35), CVICU (20 beds)	Bethanne Held-Godgluck	Janelle Juul*
Cards Fac	CVICU, 3W (heart failure team)	Joe Rinka	
Transplant			
Tx1	TICU (20 beds)	Rotated	Rotated
Tx2	4NW (27 beds)	Rotated	Rotated
pTx1	4NW, TICU (46 beds)	Rotated	Rotated
Transplant Team Members: Carolyn Hauptert, Roo Bhatt*, Lindsey Verbunker, Stephanie Tchen			

Team	Units	"A" Week	"B" Week
Central Pharmacy			
C1	Central, Obs, BC (0630)	Ben Knapp	Mike Morris
C2	Central, Obs, BC (0800)	Phil Olley*	
pC1	Central, Obs, BC, OR after 1500 (1000)	Phu Cao	Aina Lasky
N	3rd shift central	Mark Owens	Lynn Buss
N2	3rd shift central	Danielle Corrin	Lisa Weinzatl
Specialty Areas			
OR	Perioperative Service	David Eberle*	
PAT	Pre-Admission Testing	Liz Thimm	
INF	Infusion Clinic	Nikki Masse	
Diab	DAART (Glucose surveillance)	Linda Guddie	
Froedtert Inpatient Oncology			
Onc1, Onc2, Onc3, Onc4, Onc5 (AM)	7/8/9 CFAC (96 beds total)	Rotated	Rotated
Onc6 (PM)	7/8/9 CFAC (96 beds total)	Rotated	Rotated
Oncology Team Members: Lisa Olson, Emilie Aschenbrenner*, Nan Tong, Cole McCoy, Aaron Lorge, Lisa Samanas, Michael Schmidt, Cole Lightfoot, Nicole Pearl			
Froedtert Day Hospital			
DH630	Day Hospital	Christy Regan	
DH6	Day Hospital	Brooke Fraser, Julie Difonzo, Stacy Laird*, Michelle Schroeder, Marie Parish, Erin Turk	
DH7	Day Hospital		
DH8	Day Hospital		
Froedtert Ambulatory Oncology Clinics			
	Grace Clinic - 1	Felicia Zook, Angie Canadeo, Erin McGurty, Melissa Staats, Lori Maurer	
	Grace Clinic - 2		
	Moorland – 3 (M, F)		
	Courage Clinic	Erin McGurty	
	Life Clinic	Briana Amundson	
	Faith Clinic	Carrie Oxencis	
	Breast Clinic	Elizabeth Weil	
	Hope Clinic	Stephanie Spitzer	
	Ambulatory Rotation (2)	Nichole Ruffcorn, Brad Mayer	
Drexel and Moorland Cancer Center Pharmacists			
	Drexel	Tom Nowak, Zain Syed	
	Moorland	Lori Maurer, Melissa Staats	
Investigational Drugs (IDS) Pharmacists			
		Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger	

\*Denotes Pharmacist Coordinator

## PGY2 Critical Care Pharmacy Residency Program

### Residency Program Director

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

### Residency Program Coordinator

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

### Critical Care Residency Purpose 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 instill core principles of medical research and writing, further preparing individuals to contribute to the literature supporting evidence-based medicine.

### Critical Care Program Overview

---

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

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

Outcome: Residents successfully completing the critical care residency program will be well-prepared 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 capability to grow professionally through self-assessment, as well as facilitate the education and growth of others through direct preceptorship, education, and peer-assessment. They will have the skills to make complex decisions in volatile critical care situations, and to communicate these plans to healthcare providers and patients to optimize patient care. Lastly, they will be equipped 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 navigate a wide range of diseases and disorders that occur in the critically ill. Special emphasis is placed on the complexities of multiple organ system failure and the difficulties imposed on care when patients require life-sustaining equipment. The resident must have "Achieved for Residency" designated on at least 70% of program-required goals and "Satisfactory Progress" or "Achieved" on all remaining goals.

### ***Required Goals and Educational Objectives***

#### **R1 Patient Care**

R1.1 In collaboration with the health care team, provide comprehensive medication management to critically ill patients following a consistent patient care process.

R1.1.1 Interact effectively with health care teams to manage critically ill patients' medication therapy.

R1.1.2 Interact effectively with critically ill patients, family members, and caregivers.

R1.1.3 Collect information on which to base safe and effective medication therapy for critically ill patients.

R1.1.4 Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.

R1.1.5 Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients.

R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions.

R1.1.7 For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.

R1.1.8 Demonstrate responsibility to critically ill patients for patient outcomes.

R1.2 Ensure continuity of care during transitions of critically ill patients between care settings.

R1.2.1 Manage transitions of care effectively for critically ill patients.

R1.3 Manage and facilitate delivery of medications to support safe and effective drug therapy for critically ill patients.

R1.3.1 Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.

R1.3.2 Manage aspects of the medication-use process related to formulary management for critically ill patients.

R1.3.3 Facilitate aspects of the medication-use process for critically ill patients.

## R2 Advancing Practice and Improving Patient Care

R2.1 Demonstrate ability to manage formulary and medication-use processes for critically ill patients, as applicable to the organization.

R2.1.1 Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements.

R2.1.2 Participate in a medication-use evaluation related to care for critically ill patients.

R2.1.3 Participate in the review of medication event reporting and monitoring related to care for critically ill patients.

R2.1.4 Identify opportunities for improvement of the medication-use system related to care for critical care patients.

R2.2 Demonstrate ability to conduct a quality improvement or research project.

R2.2.1 Identify and/or demonstrate understanding of a specific project topic to improve care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.

R2.2.2 Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.

R2.2.3 Collect and evaluate data for a practice quality improvement or research project for the care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.

R2.2.4 Implement a quality improvement or research project to improve care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.

R2.2.5 Assess changes or need to make changes to improve care for critical care patients or a topic for advancing the pharmacy profession or critical care pharmacy.

R2.2.6 Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for critically ill patients or for a topic related to advancing the pharmacy profession or critical care pharmacy at a local, regional, or national conference.  
(The presentation can be virtual.)

## R3 Leadership and Management

R3.1 Demonstrate leadership skills for successful self-development in the provision of care for critically ill patients.

R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients.

R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.

R3.2 Demonstrate management skills in the provision of care for critically ill patients.

R3.2.1 Contribute to critical care pharmacy departmental management.

R3.2.2 Manage one's own critical care practice effectively.

## R4 Teaching, Education, and Dissemination of Knowledge

R4.1 Provide effective medication and practice-related education to critically ill patients, caregivers, health care professionals, students, and the public (individuals and groups).

R4.1.1 Design effective educational activities related to critical care pharmacy

R4.1.2 Use effective presentation and teaching skills to deliver education related to critical care pharmacy.

R4.1.3 Use effective written communication to disseminate knowledge related to critical care pharmacy.

R4.1.4 Appropriately assess effectiveness of education related to critical care pharmacy.

R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care.

R4.2.1 When engaged in teaching related to critical care, select a preceptor role that meets learners' educational needs.

R4.2.2 Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care.

### ***Elective Goals and Educational Objectives***

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

## **Critical Care Program Structure**

---

### ***Dates***

The residency program year for 2021-2022 is scheduled to begin Friday, July 2, 2021 and conclude on Friday, July 1, 2022. Refer to match letter for other official information.

### ***Orientation / Training***

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

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

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

### ***Schedule of Learning Experiences***

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



discuss the aforementioned information to establish a resident-specific schedule that will facilitate meeting the resident's goals.

### ***Required Core Clinical Rotations***

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

### ***Clinical Staffing***

The below information is based on current model, and is subject to modification for the coming resident calendar year. Acute care clinical practice weeks are set by the scheduler and RPD to be spaced out throughout the year to compliment core learning experiences when possible. The goal is to maximize time spent in the ICU, though this will vary from year to year based on resident experience and vacation coverage needed. This will include at least 1 week of N3/N4 coverage. The clinical staffing schedule is located on the Residency SharePoint site.

- Approximately 7 weeks as a decentral pharmacist (Monday–Friday, 10-hour shifts)
- Approximately 10 weekends as a central and/or decentral pharmacist (Sat & Sun, 10-hour shifts)
- Two holidays assigned to the resident by the scheduler & RPD based on needs

### Critical Care Residency Learning Experience Structure

Learning Experience – Required Introductory	Duration	Location
<b>Orientation:</b> Required for all residents, designed to orient them to the critical care setting and residency expectations.	~1 week	FH
<b>Training:</b> Required for all residents who did not complete their PGY1 at Froedtert Hospital.	5 weeks	FH
Learning Experience – Required Core	Duration	Location
<b>Critical Care Medicine (MICU):</b> A 32-bed closed ICU caring for patients with hemodynamic and/or respiratory instability who are admitted to one of 2 services. During the second experience, which takes place in the latter part of the year, the resident will focus on increasing patient workload and emphasize teaching / precepting skills while on rotation.	8 weeks (2 rotations of 4 weeks)	FH
<b>Cardiovascular Critical Care (CVICU):</b> A 20-bed open ICU caring for post-operative cardiac surgery patients (CABG, valve replacement/repair, aneurysm repair, heart/lung transplant, etc.) and cardiology patients (acute coronary syndromes, acute/advanced heart failure, arrhythmias, hemodynamic instability, etc.).	4 weeks	FH
<b>Trauma / Surgical Critical Care (SICU):</b> A 21-bed open ICU caring for level-I trauma patients and all acutely-ill post-operative patients for all surgical services (excluding cardiothoracic surgery). No burn patients.	4 weeks	FH
<b>Neurology / Neurosurgery Critical Care (NICU):</b> 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.	4 weeks	FH
<b>Emergency Medicine (EM):</b> A 45-bed level I trauma center with over 56,000 annual visits. Additionally there is an adjacent 14-bed observation unit.	4 weeks	FH
<b>Nutrition Support:</b> The resident will round with the MICU, CVICU, TICU, and SICU dietitians over the course of two weeks and will be responsible for prescribing nutrition therapy (both enteral & parenteral) as part of the critical care team.	2 weeks	FH
Learning Experience – Required Longitudinal	Duration	Location
<b>Clinical Staffing:</b> Seven weeks and ten weekends as an independent decentral pharmacist	Longitudinal	FH
<b>Journal Club:</b> Each resident presents two formal JCs per year to the critical care pharmacy staff and facilitates discussion as the topic relates to contemporary practice.	Longitudinal	FH
<b>Medication Utilization Evaluation:</b> Each resident will complete one policy –related activity (guideline revision, monograph, drug class review) plus collaborate on a MUE together	Longitudinal	FH
<b>Safety:</b> Each resident will present two M&M / clinical conundrum presentations at the critical care series and will review one major medication error in depth	Longitudinal	FH
<b>Practice Management:</b> The resident will participate in the MERC (Medical Emergency and Resuscitation Committee) and Critical Care RN Orientation.	Longitudinal	FH
<b>Professional Speaking:</b> The resident will receive directed feedback on speaking style and technique through a variety of presentation types.	Longitudinal	FH
<b>Research Project:</b> Curriculum will be provided to develop research skills and support the execution of a research project focused on improving patient care.	Longitudinal	FH

FH: Froedtert Hospital; CHW: Children's Hospital of Wisconsin; CMH: Community Memorial Hospital; CUW: Concordia University Wisconsin

*Critical Care Residency Learning Experience Structure (continued)*

<b>Learning Experience – Elective</b>	<b>Duration</b>	<b>Location</b>
<b>Academia:</b> 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.	<b>Longitudinal</b>	<b>CUW or MCW</b>
<b>Toxicology:</b> Located at the regional poison center, includes managing patient cases, writing consults, and discussing toxicologic emergencies.	<b>1 month</b>	<b>CHW</b>
<b>Transplant Intensive Care Unit (TICU):</b> A 20-bed ICU focused on care of abdominal transplant patients. Heart and lung transplants are cared for in the CVICU and are taught during that learning experience.	<b>4 weeks</b>	<b>FH</b>
<b>Infectious Diseases – Consult or Stewardship:</b> While on consult service, the resident will round with one of the three ID teams and complete all ID-related ASHP-required critical care topic discussions. While on stewardship, the resident will gain exposure to the immune-competent and immune-compromised service, and the Antimicrobial Stewardship Team.	<b>2 to 4 weeks</b>	<b>FH (FMFH optional)</b>
<b>Advanced Heart Failure / Heart Transplant:</b> Mix of ward and ICU patients with a clinical emphasis on advanced heart failure, devices, and heart transplantation.	<b>2 weeks</b>	<b>FH</b>
<b>Community Critical Care (FMFH ICU):</b> A 20-bed medical/surgical ICU and a community emergency medicine experience at our partner 237-bed community hospital.	<b>2 weeks</b>	<b>FMFH</b>
<b>Oncology:</b> This will be a rotation in collaboration between inpatient Oncology preceptors and MICU preceptors. The resident will be mostly on the inpatient Oncology floor, but will manage a variety of patients based on clinical interest and patient presentations.	<b>4 weeks</b>	<b>FH</b>
<b>Perioperative /Anesthesia (OR):</b> Focus on acute care, workflow logistics, and policy.	<b>2 weeks</b>	<b>FH</b>
<b>3<sup>rd</sup> shift ICU:</b> Two pharmacists provide clinical services for all 107 ICU beds and the ED, and respond to medical emergencies.	<b>1 week</b>	<b>FH</b>
<b>Repeat Core Rotation:</b> Any core rotation may be repeated based on career interest and job prospects in the latter part of the year, with an emphasis on primary literature exploration and teaching	<b>4 weeks</b>	<b>FH</b>

CUW: Concordia University Wisconsin School of Pharmacy; MCW: Medical College of Wisconsin School of Pharmacy; CHW Children's Hospital of Wisconsin; FH: Froedtert Hospital; FMFH: Froedtert Menomonee Falls Hospital

## Preceptors

Required—Introductory	Preceptor	Training
<b>Orientation</b>	Joel Feih, PharmD, BCCCP	PharmD, University of Wisconsin, Madison, WI '12
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '13
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '14
<b>Training (External residents only)</b>	Anne Zechlinski, PharmD, BCPS	PharmD, University of Wisconsin, Madison, WI '07
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '08
		PGY2 Administration, Froedtert Hospital, Milwaukee, WI '09
Required—Core Practice	Preceptor	Training
<b>Critical Care Medicine (MICU)</b>	Mike Katz, PharmD	PharmD, University of Wisconsin, Madison, WI '07
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '09
<b>Cardiac / Cardiovascular (CVICU)</b>	Joel Feih, PharmD, BCCCP	PharmD, University of Wisconsin, Madison, WI '12
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '13
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '14
<b>Trauma / Surgical Critical Care</b>	David Herrmann, PharmD, BCCCP	BS Pharmacy, University of Wisconsin, Madison, WI '87
		PharmD, University of Wisconsin, Madison, WI '90
		PGY1 Practice, New England Medical Center, Boston, MA '91
<b>Neurology / Neurosurgical Critical Care (NICU)</b>	Kim Haldeman, PharmD, BCCCP	PharmD, Butler University, Indianapolis, IN '10
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '11
<b>Emergency Medicine (EM)</b>	Jessica Feih, PharmD, BCCCP	BS Biology, Northern Illinois University, Dekalb, IL '09
		PharmD, University of Illinois at Chicago, Chicago, IL, '13
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '14
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '15
<b>Nutrition Support</b>	Michelle Kozeniecki, MS, RD, CD, CNSC	BS Dietetics/Nutritional Science, University of Wisconsin, Madison, WI '08
		Dietetic Internship, University of Iowa Hospitals & Clinics, Iowa City, IA '09
		MS Dietetics/Nutritional Science, Mount Mary College, Milwaukee, WI '12

**Preceptors (continued)**

<b>Required—Longitudinal</b>	<b>Preceptor</b>	<b>Training</b>
<b>Clinical Staffing</b>	Joel Feih, PharmD, BCCCP	PharmD, University of Wisconsin, Madison, WI '12
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '13
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '14
<b>Journal Club</b>	Janelle Juul, PharmD, BCCCP	PharmD, Concordia University of Wisconsin, Mequon, WI '14
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '15
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '16
<b>Medication Utilization Evaluation (MUE) &amp; Policy</b>	Adam Biggs, PharmD, BCCCP	PharmD, Drake University, Des Moines, IA '07
		PGY1 Practice, University of Arizona, Tucson, AZ '08
		PGY2 Critical Care, University of Arizona, Tucson, AZ '09
	Dani Mabrey, PharmD, BCCCP	PharmD, University of Wisconsin, Madison, WI '15
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '16
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '17
<b>Practice Management</b>	David Herrmann, PharmD, BCCCP	BS Pharmacy, University of Wisconsin, Madison, WI '87
		PharmD, University of Wisconsin, Madison, WI '90
		PGY1 Practice, New England Medical Center, Boston, MA '91
<b>Professional Speaking</b>	Kaitlin Cooper Johnson, PharmD, BCCCP	PharmD, Concordia University Wisconsin, Mequon, WI '16
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '17
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '18
<b>Medication Safety</b>	Kristin Bialkowski, PharmD, BCCCP	PharmD, Drake University, Des Moines IA '03
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '04
	Dani Mabrey, PharmD, BCCCP	BS Biochemistry, University of Wisconsin, Madison, WI '11
		PharmD, University of Wisconsin, Madison, WI '15
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '16
		PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '17

Preceptors (continued)

Elective Experiences	Preceptor	Training
Academia	Sarah Peppard, PharmD, BCPS, BCCCP	PharmD, University of Wisconsin, Madison, WI '06
		PGY1 Practice, Northwestern Memorial Hospital, Chicago, IL '07
Toxicology	Matt Stanton, PharmD, BCPS, DABAT	PharmD, Midwestern University, Glendale, AZ '09
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '10
	Ryan Feldman, PharmD, BCPS, DABAT	PharmD, University of Wisconsin, Madison, WI '14
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '15
Transplant Critical Care (TICU)	Jules Felsecker, PharmD, MBA, BCCCP, BCPS	PGY2 Emergency Medicine, Froedtert Hospital, Milwaukee, WI '16
		PharmD, , Drake University, Des Moines, IA '09
ID—Stewardship or Consult	Allison Gible, PharmD, BCIP	PGY1 Practice, University of Nebraska Medical Center, Omaha, NE '10
		PharmD, Drake University, Des Moines, IA '14
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '15
Advanced Heart Failure	Joe Rinka, PharmD, BCPS	PGY2 Infectious Diseases, Froedtert Hospital, Milwaukee, WI '16
		PharmD, University of Wisconsin, Madison, WI '06
		PGY1 Practice, Meriter Hospital, Madison, WI '07
Community Critical Care (FMFH ICU)	Ryan Szaniawski, PharmD, BCCCP	PGY2 Cardiology, Boston Medical Center, Boston, MA '08
		PharmD, Midwestern University, Downers Grove, IL '12
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '13
	Brian Schlitt, PharmD, BCPS	PGY2 Critical Care, Froedtert Hospital, Milwaukee, WI '14
Oncology	Aaron Lorge, PharmD, BCOP	PharmD, University of Wisconsin, Madison, WI '06
		PharmD, University of Wisconsin, Madison, WI '13
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '14
Perioperative / Anesthesia (OR)	David Eberle, PharmD	PGY2 Oncology, Froedtert Hospital, Milwaukee, WI '15
		PharmD, University of Wisconsin, Madison, WI '05
3 <sup>rd</sup> Shift ICU	Chris Viesselmann, PharmD, BCCCP	PGY1 Practice, Froedtert Hospital, Milwaukee, WI '06
		PharmD, University of Wisconsin, Madison, WI '14
		PGY1 Practice, University of Wisconsin Hospital & Clinics, Madison, WI '15
	Katie Ewert, PharmD	PGY2 Critical Care, University of Wisconsin Hospital & Clinics, Madison, WI '16
		PharmD, University of Wisconsin, Madison, WI '15
		PGY1 Practice, Froedtert Hospital, Milwaukee, WI '16
		PGY2 Emergency Medicine, Froedtert Hospital, Milwaukee, WI '17

## **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 and areas for improvement, career goals, and interests. Changes to the schedule, research project planning, documentation in PharmAcademic, and future opportunities are examples of changes commonly made to a resident’s experience. Once discussed with the RPD/RPC, the mentor will upload to PharmAcademic which will automatically share the plan with other preceptors. The plan is then enacted to meet the goals and objectives by establishing priorities for the upcoming quarter, and making modifications as needed.*

### **Learning Experience Orientation**

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

### **Summative Resident Evaluations**

Verbal assessment and feedback of resident progress should be completed on a weekly basis (at a minimum, some learning experiences offer this feedback daily) and should be communicated to the opposite-week preceptor via verbal and/or written communication – the mechanism for communication is left to the discretion of each learning experience. The final evaluation should be discussed verbally on the last day of the learning experience, and the written version should be completed and documented in PharmAcademic within two weeks of learning experience completion. In addition to the resident and preceptor, the mentor, RPD or RPC should also be present for the evaluation discussion. As aforementioned, the resident will send an email to the next rotation, incorporating in feedback from the current rotation and discuss progress. The preceptors will also be responsible for sending an email addressing key components of resident performance, so the inheriting rotation has a starting point. Some of those areas are order verification, communication with providers, clinical skills, precepting, etc.

### **Other Learning Experience Evaluations**



The RPD will assign evaluations which will include preceptor's evaluation of resident, resident self-evaluation (as needed), resident evaluation for the learning experience, and a resident evaluation of the preceptor(s). The resident is expected to provide feedback specifying valuable aspects of the rotation, as well as identifying areas for improvement. These evaluations will then be discussed between the preceptor, resident, and RPD/RPC. Preceptors and residents are encouraged to provide additional comments when appropriate. Information found in written evaluations should have already been first discussed verbally. Similar to summative resident evaluations, evaluations should be discussed verbally on the last day of the learning experience, and the written version should be completed and documented in PharmAcademic within two weeks of learning experience completion.

### ***Rounding with Manager and RPD***

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

### ***Competencies, Goals & Objectives Required to Earn a Residency Certificate***

As an ASHP-accredited residency program, Froedtert Hospital incorporates all competencies, goals & objectives required by ASHP. Satisfactory progress must be demonstrated on all program goals as indicated by a level of "Achieved for the Residency" on at least 70% of required goals and "Satisfactory Progress" on all remaining required goals. At the end of the resident year, a committee comprised of the Residency Program Director, the Residency Program Coordinator, and the Resident Mentor will review each goal and objective assigned to the resident. Using all available information to date (including but not limited to PharmAcademic evaluations, resident development plan, etc.) the committee, via simple majority vote, will determine the status of each goal and objective.

### ***Critical Care Projects/Presentations***

---

#### ***Year-long Resident Research Project***

The year-long research project is required to be written in a manuscript form consistent with author guidelines put forth for consideration for publication into *AJHP* or another reputable peer reviewed journal. Examples of past resident projects include:

- *Evaluation of ACT and anti-Xa to monitor heparin during temporary mechanical circulatory support*
- *Evaluation of pharmacist interventions in the ICU*

#### ***Minor Project for SCCM***

The minor project is required to be submitted for presentation at SCCM Annual Congress, with abstract deadline August 2. The project will consist of final data from a completed project (PGY1 research project, PGY2 minor project or inherited project from previous resident, etc.) The presentation entails a 5 minute podium presentation describing the study and waiver of conference entrance fee. If the resident uses a project from PGY1, a minor-project is still expected to be completed for an additional writing experience.

### ***Learning Experience Projects***

A minimum of 1 deliverable project is required per required learning experience. The type of project for each learning experience will be assigned at the beginning of the year by the RPD/RPC – refer to Wednesday Conference schedule on the I-drive. Projects for the core ICU rotations will consist of either CE Grand Rounds, Journal Club, safety discussion (see below for further description), and the Emergency Medicine project will be to develop and present a lecture to EM physician residents at their Grand Rounds. Electives will be based on the individual resident and rotation. The topic for each project will be agreed upon by the learning experience preceptor and resident with the goal of being contemporary and clinically relevant to critical care pharmacists. Depending upon the assignment, the format may be formal PowerPoint presentations, informal presentation, publication, drug information question, case report, in-service, etc, and may be directed toward variety of audiences (pharmacists, physicians, nurses, respiratory therapists, administration, students, etc). Specifics pertaining to the format and audience will be left to the discretion of the primary preceptor and RPD/RPC.

### ***Grand Rounds (CE required)***

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

### ***Journal Club***

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

### ***WPRC Abstract***

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

### ***Vizient/ASHP Midyear Abstract***

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

### ***Critical Care Pharmacy Practice Didactic Lecture***

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

### ***Advanced Teaching Certificate***

Both Concordia University of Wisconsin School of Pharmacy and Medical College of Wisconsin School of Pharmacy offer Advanced Teaching Certificate for our critical care residents (prerequisite is having completed a teaching certificate as a PGY1 pharmacy practice resident). Both programs include key aspects such as formal curriculum focused on teaching skill development, creating a teaching

philosophy, creating a portfolio, delivering didactic lectures, and facilitating laboratory experiences, etc. Additional details are available from the RPD or each School of Pharmacy, respectively.

### ***Supplemental Activities***

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

### **Professional Organization Membership/Conferences**

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

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

### **Critical Care Mentorship Experiences**

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

PGY2 Critical Care Residency Timeline		
February 2021	May 2021	June 2021
<ul style="list-style-type: none"> <li>• Call for projects from staff</li> <li>• Remind any potential project advisors to complete CITI training</li> </ul>	<ul style="list-style-type: none"> <li>• Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training</li> <li>• Minor projects are disseminated and chosen by residents</li> <li>• Minor project IRB and PRC by either advisor or resident pending internal vs. external</li> </ul>	<ul style="list-style-type: none"> <li>• Major projects are disseminated to residents</li> <li>• Project advisors are chosen</li> <li>• Start data collection for minor project</li> </ul>
	<b>Resident action steps</b> <ul style="list-style-type: none"> <li>• 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</li> <li>• Submit interest in minor project</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li>• Review available projects and prepare questions to ask project leads once on-site</li> </ul>
July 2021	August 2021	September 2021
<ul style="list-style-type: none"> <li>• 7/7 all resident orientation, 7/9 MCW symposium, 7/24 MCW orientation</li> <li>• Minor project data collection and/or analysis completed by 7/25</li> <li>• BDLS and FCCS</li> <li>• Minor project abstract preparation due to team 7/29</li> <li>• External residents submit project rankings (top 3)</li> <li>• Major project and research team established</li> </ul>	<ul style="list-style-type: none"> <li>• Work with advisor and project team to scope project and develop protocol</li> <li>• Teaching certificate responsibilities start</li> <li>• Longitudinal CMU activities start for resident 1</li> <li>• Longitudinal safety activities start for resident 2</li> <li>• Get schedule for RN orientation lectures</li> </ul>	<ul style="list-style-type: none"> <li>• Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback</li> <li>• PRC feedback and response</li> <li>• Develop presentation for CC elective</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Follow up with project leads to get any questions answered prior to submitting project rank list</li> <li><input type="checkbox"/> Submit rank list by deadline</li> <li><input type="checkbox"/> Build research team with help of project advisor</li> <li><input type="checkbox"/> Finish data collection and analyze</li> <li><input type="checkbox"/> Write abstract and disseminate to project team</li> <li><input type="checkbox"/> Submit abstract to SCCM by Aug 3 at 1200</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop research question</li> <li><input type="checkbox"/> Conduct literature search</li> <li><input type="checkbox"/> Decide on hypothesis and main outcomes of interest</li> <li><input type="checkbox"/> Design study</li> <li><input type="checkbox"/> Invite team members to scoping discussion</li> <li><input type="checkbox"/> Plan project and begin creating protocol</li> <li><input type="checkbox"/> Determine data sources</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Distribute protocol draft to research team two weeks prior to scheduled PRC presentation date</li> <li><input type="checkbox"/> Send protocol draft to Mary Frances Picone one week prior to PRC presentation date</li> <li><input type="checkbox"/> Respond to e-mail containing feedback within one week</li> <li><input type="checkbox"/> Distribute finalized protocol to team</li> <li><input type="checkbox"/> Design data collection sheet</li> <li><input type="checkbox"/> Submit to IRB ASAP following approval</li> </ul>
October 2021	November 2021	December 2021
<ul style="list-style-type: none"> <li>• Begin data collection after receiving protocol approval</li> <li>• Draft Vizient poster abstract</li> <li>• Submit Vizient poster abstract</li> <li>• Receive notification re: SCCM acceptance</li> <li>• CC Elective presentations Thurs Oct 1 and 8 1510-1600</li> </ul>	<ul style="list-style-type: none"> <li>• Begin working on Vizient Poster</li> <li>• Submit Vizient Poster after reviewed by research team</li> <li>• On site teaching certificate responsibilities end</li> </ul>	<ul style="list-style-type: none"> <li>• Midyear Meeting</li> <li>• Research Month</li> <li>• Develop SCCM slides and disseminate to research team</li> <li>• Collaborative MUE due</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to project team 2 weeks prior to deadline</li> <li><input type="checkbox"/> Submit finalized abstract by deadline</li> <li><input type="checkbox"/> Meet with advisor to discuss data collection process</li> <li><input type="checkbox"/> Test data collection with advisor</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to project team 2 weeks prior to proof deadline</li> <li><input type="checkbox"/> Submit for proof printing by deadline</li> <li><input type="checkbox"/> Submit for final printing by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Present poster</li> <li><input type="checkbox"/> MUE</li> <li><input type="checkbox"/> Guideline / monograph review with CMU</li> <li><input type="checkbox"/> Data collection major project</li> <li><input type="checkbox"/> Write up minor project for publication</li> <li><input type="checkbox"/> SCCM draft of SCCM slides should be at least 2 weeks prior to submission date</li> </ul>

January 2022	February 2022	March 2022
<ul style="list-style-type: none"> <li>• Develop and submit WPRC abstract</li> <li>• SCCM 1/31-2/3</li> <li>• Review PGY2 candidate applications</li> <li>• Longitudinal safety starts resident 1</li> <li>• Longitudinal CMU starts resident 2</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching certificate abstract submission</li> <li>• PGY2 CC interviews</li> <li>• Work on submission for minor project to acceptable journal</li> <li>• Start creating EM Grand Rounds Presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Develop WPRC slide deck</li> <li>• Complete practice modules</li> <li>• Submit WPRC slides</li> <li>• Complete data collection on major project by 3/31</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to team 2 weeks prior to submission deadline</li> <li><input type="checkbox"/> Send to RPD, at least 3 business days prior to submission deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit abstract by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit slide set to RPD prior to deadline</li> <li><input type="checkbox"/> Complete Great Lakes practice presentations</li> </ul>
April 2022	May 2022	June 2022
<ul style="list-style-type: none"> <li>• WPRC presentation April 1</li> <li>• Send results to statisticians first week in April</li> <li>• Discuss results with statisticians</li> </ul>	<ul style="list-style-type: none"> <li>• Develop project manuscript and presentation of research</li> <li>• Initial draft of manuscript due</li> </ul>	<ul style="list-style-type: none"> <li>• Manuscript final submission deadline</li> <li>• Project wrap-up in IRB</li> <li>• Submit manuscript to journal for publication</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Present at WPRC</li> <li><input type="checkbox"/> Evaluate statistical analysis and submit feedback to statisticians</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to project team prior to deadline</li> <li><input type="checkbox"/> Send to mentor/advisor by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit manuscript to RPD by deadline</li> <li><input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor</li> </ul>

<b>Froedtert Hospital Critical Care Resident Alumni</b>				
<b>Resident</b>	<b>Pharmacy Training</b>	<b>Residency Training</b>	<b>First Position</b>	<b>Current Position</b>
Erica Allen	PharmD, Purdue University '20	PGY1 OhioHealth Riverside Methodist Hospital, '21 PGY2 Critical Care, FH '22	Current resident	TBD
Caroline Kruszecki	PharmD, University of Rhode Island '20	PGY1 Advocate Christ, '21 PGY2 Critical Care, FH '22	Current Resident	TBD
Trent Martin PharmD	PharmD, University of North Carolina '19	PGY1 Practice, FH, '20 PGY2 Critical Care, FH '21	Current resident	TBD
Jessica Arabi, PharmD	PharmD, University of Michigan '19	PGY1 Practice, FH, '20 PGY2 Critical Care, FH '21	University of Rhode Island PM ICU Pharmacist	University of Rhode Island PM ICU Pharmacist
Elizabeth Scanlon, PharmD, BCCCP	PharmD, University of Rhode Island '18	PGY1 Practice, North Shore, '19 PGY2 Critical Care, FH '20	Froedtert Hospital SICU/NICU Pharmacist Milwaukee, WI	Froedtert Hospital SICU/NICU Pharmacist Milwaukee, WI
Brittney DUEWELL, PharmD, BCCCP	PharmD, Concordia University Wisconsin '18	PGY1 Practice, FH, '19 PGY2 Critical Care, FH '20	Froedtert Hospital Float ICU Pharmacist Milwaukee, WI	Froedtert Hospital Float ICU Pharmacist Milwaukee, WI
Chelsea Mitchell, PharmD	BS Biology, University of Denver '13 PharmD, University of Colorado '17	PGY1 Practice, Methodist University Hospital, '18 PGY2 Critical Care, FH '19	Methodist University Hospital CVICU Pharmacist Memphis, TN	Methodist University Hospital CVICU Pharmacist Memphis, TN
Terry Pang, PharmD	BA Economics, UCLA '07 PharmD, Touro University '17	PGY1 Practice, Alameda Health – Highland Hospital, '18 PGY2 Critical Care, FH '19	Sutter Medical Center Emergency Medicine Pharmacist Sacramento, CA	Sutter Medical Center Emergency Medicine Pharmacist Sacramento, CA
Kirsten Wallskog, PharmD, BCCCP	PharmD, Purdue University '16	PGY1 Practice, Beaumont Hospital—Royal Oak '17 PGY2 Critical Care, FH '18	Portland VA EM Pharmacist Portland, OR	Portland VA EM Pharmacist Portland, OR
Peter Zepke, PharmD, BCCCP	PharmD, University of Wisconsin '16	PGY1 Practice, FH '17 PGY2 Critical Care, FH '18	University of Wisconsin Hospital & Clinics ED / Pediatric ICU Pharmacist Madison, WI	University of Wisconsin Hospital & Clinics ED / Pediatric ICU Pharmacist Madison, WI
Kaitlin Cooper-Johnson, PharmD, BCCCP	BA Communication, University of Wisconsin—Milwaukee '10 PharmD, Concordia University Wisconsin '16	PGY1 Practice, FH '17 PGY2 Critical Care, FH '18	Froedtert Hospital Float ICU Pharmacist Milwaukee, WI	Froedtert Hospital MICU ICU Pharmacist PGY2CC RPC Milwaukee, WI
Dani Mabrey, PharmD, BCCCP	BS Biochemistry, University of Wisconsin '11 PharmD, University of Wisconsin '15	PGY1 Practice, FH '16 PGY2 Critical Care, FH '17	Froedtert Hospital SICU/NICU Pharmacist Milwaukee, WI	Froedtert Hospital NICU Pharmacist Critical Care Coordinator Milwaukee, WI



Spencer Laehn, PharmD, BCCCP	PharmD, University of Wisconsin '15	PGY1 Practice, FH '16 PGY2 Critical Care, FH '17	University of New Mexico Medical Center PM ICU Pharmacist Albuquerque, NM	Denver Health Emergency Medicine Pharmacist Denver, CO
Caitlin (Mullins) Dadhania, PharmD, BCCCP	BS Biology, Southern Methodist University '10 PharmD, Wingate University '14	PGY1 Practice, Tufts Medical Center '15 PGY2 Critical Care, FH '16	Tufts' Medical Center CVICU Pharmacist Boston, MA	Tufts' Medical Center CVICU Pharmacist Boston, MA
Janelle Juul, PharmD, BCCCP	BS Biochemistry, University of Wisconsin— Milwaukee '09 PharmD, Concordia University Wisconsin '14	PGY1 Practice, FH '15 PGY2 Critical Care, FH '16	Froedtert Hospital CVICU Pharmacist Milwaukee, WI	Froedtert Hospital CVICU Pharmacist Cardiology Coordinator Milwaukee, WI
Meghann (Luc) Bruden, PharmD, BCCCP	PharmD, University of Wisconsin '13	PGY1 Practice, FH '14 PGY2 Critical Care, FH '15	Froedtert Hospital Surgical/Trauma ICU Pharmacist Milwaukee, WI	Harborview Medical Center General ICU Pharmacist PGY1 RPC Seattle, WA
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
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 RPD Medical College of Wisconsin Assistant Professor of Anesthesiology 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 Senior Director, Medical Outcomes Specialist Midwest Region

Lisa (Craver) Armstrong, PharmD, BCPS	PharmD, Drake University '09	PGY1 Practice, University of Tennessee - Knoxville '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	Oregon Health & Science University Cardiology Supervisor Portland, OR