PGY2 Emergency Medicine Pharmacy Residency Manual

2019 – 2020
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Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

Froedtert Hospital, the primary adult teaching affiliate for the Medical College of Wisconsin, is a 604-bed academic medical center that delivers advanced medical care. Froedtert Hospital is nationally recognized for exceptional physicians and nurses, research leadership, specialty expertise and state-of-the-art treatments and technology. It serves as an eastern Wisconsin referral center for advanced medical practice care in 37 specialties and is a major training facility with more than 1,000 medical, nursing and health technical students in training. In partnership with the Medical College of Wisconsin, it is also a respected research facility with more than 2,000 research studies, including clinical trials, conducted every year. Froedtert Hospital operates the region's only adult Level I Trauma Center.

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

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

Pharmacy Department

- **Mission:**
  - The Pharmacy Department at Froedtert & MCW provides:
    - High-quality, cost-effective, comprehensive, patient-centered care in an atmosphere of communication and shared respect
    - Life-long learning through the education of patients, students, residents, staff and other health care professionals
    - Research and discovery designed to enhance the quality and safety of medication use
- **Vision Statement:**
  - To improve the health of the community by achieving high-quality patient outcomes through appropriate use of medication therapy
Vizient Top 10 US Academic Medical Centers

Vizient (formerly the University HealthSystem Consortium) has recognized Froedtert & MCW Froedtert Hospital with a Bernard A. Birnbaum, MD, Quality Leadership Award multiple times, most recently in 2017. Froedtert & MCW Community Memorial Hospital most recently received this award in 2018. This award recognizes the top 10 performing academic or complex teaching medical centers in the nation. In 2017, Froedtert was ranked as the #3 academic medical center in the country based on data from the Vizient Quality and Accountability study! The award criteria reflect the national Institute of Medicine’s 6 domains of care: safety, timeliness, effectiveness, efficiency, equity, and patient centeredness. Froedtert & MCW was the only state health system to have all of its hospitals recognized.
Departmental Information

Clinical Pharmacist Scope of Services

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

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

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

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

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

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

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

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

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

Emergency Management
- Pharmacists support and participate in emergency management
  - ICU or Emergency Department pharmacists respond to all Code 4 emergencies
  - Pharmacists will respond to all rapid responses in their assigned area
Quality and Process Improvement
- Pharmacists are actively engaged in quality and process improvement:
  - Represent the Pharmacy Department on committees, task forces, workgroups and unit-based councils that make decisions concerning medication use or engage in improvement initiatives which support patient-focused care
  - Lead and support medication use related to achieving outcomes around quality measures (national patient safety goals, core measures, value-based purchasing)
  - Active and timely participation and support of multidisciplinary process improvement
  - Actively participate in business process committees throughout the hospital

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

Clinical Cancer Center Services
- Pharmacy staff provide direct comprehensive pharmaceutical care in the Cancer Center
- Pharmacy staff coordinate medication use in the oncology patient population
- Pharmacy staff perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
- Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
- Pharmacists assist in the education of patients receiving chemotherapy and adjuvant medications
- Pharmacy staff work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians
Pharmacy staff develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology.

Pharmacy staff prepare and label compounded hazardous products for the entire campus in accordance with practice standards.

Pharmacy staff participate in clinical research and Investigational Drug Services.

Pharmacy staff participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center.

**Outpatient Pharmacy Services**

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

**Ambulatory Pharmacy Services**

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

**Investigational Drug Services**

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

- The Center for Medication Utilization (CMU) team promotes the safe, effective and fiscally responsible use of medications across Froedtert & MCW. The team is involved in many critical medication management efforts, including:
  - Medication utilization management of the drug budget
  - Effective drug shortage management to ensure patients and providers have access to the medications needed for patient care
  - Medication formulary and policy development and ongoing management
  - Creation, oversight, and maintenance of medication guidelines, protocols and clinical pathways
  - Development and maintenance of drug information, and communication tools
  - Identification and implementation of medication cost saving initiatives

Pharmacy Informatics

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

Prior Authorization/Patient Assistance Services

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

Kristin Hanson, BSPharm, MS
Program Director for Residency Programs

Teri Mattek
Pharmacy Education Coordinator

PGY1 Residency Programs

Community Memorial Hospital PGY1

- Terry Audley, RPh
  - 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
- OPEN
  - Residency Program Coordinator

Health System Pharmacy Administration PGY1 and PGY2

- Philip Brummond, PharmD, MS, FASHP
  - Residency Program Director
### PGY2 Residency Programs

#### PGY2 Ambulatory Care
- **Amanda Ludwig, PharmD, BCACP**
  - Residency Program Director
- **OPEN**
  - Residency Program Coordinator

#### PGY2 Critical Care
- **Bill Peppard, PharmD, BCPS, FCCM**
  - Residency Program Director
- **OPEN**
  - Residency Program Coordinator

#### PGY2 Drug Information
- **Kristin Hanson, BPharm, MS**
  - Residency Program Director
- **Mary Frances Picone, PharmD, BCPS**
  - Residency Program Coordinator

#### PGY2 Emergency Medicine
- **Cathyyen Dang, PharmD, BCPS**
  - Residency Program Director
- **Jessica Cowell, PharmD, BCCCP**
  - Residency Program Coordinator

#### PGY2 Infectious Diseases
- **Alison Gibble, PharmD**
  - Residency Program Director

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

#### PGY2 Medication Safety
- **Kristin Hanson, BPharm, MS**
  - Residency Program Director

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

Licensure

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

Residency Program Completion Attendance Requirements and Extended Absences

- The pharmacy residency programs at Froedtert Hospital are each 52-week programs
- A minimum of 50 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion
- In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements
- Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate
- Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired
- Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert policies specific to the situation

Residency Program Completion Performance Requirements

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

Resident Disciplinary Action

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

PharmAcademic Evaluations

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

<table>
<thead>
<tr>
<th>Definition</th>
<th>Preceptor Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NI = Needs Improvement</strong></td>
<td>The preceptor is required to document criteria-based, specific comments within PharmAcademic, citing specific example(s) why NI was assigned, and providing direction on how the resident may improve their performance. When applicable, the preceptor should contact the RPD, RPC, and mentor early in the learning experience if resident performance concerns are noted. The resident’s progress should be communicated to the preceptor team in a timely fashion, using whatever mechanism that residency program uses for preceptor communication (i.e. Residency Advisory Committee, etc.). The preceptor should determine when to reevaluate the goal/objective that for which a “NI” was assigned, ideally in about 4 months, and may necessitate a change in resident schedule.</td>
</tr>
<tr>
<td><strong>SP = Satisfactory Progress</strong></td>
<td>The preceptor is required to document criteria-based, qualitative written comments that are specific and actionable, and acknowledge the resident’s skill progression within PharmAcademic.</td>
</tr>
<tr>
<td><strong>ACH = Achieved</strong></td>
<td>The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</td>
</tr>
<tr>
<td><strong>ACHR = Achieved for Residency</strong></td>
<td></td>
</tr>
</tbody>
</table>

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.
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.
Duty Hours

- When providing patient care, it is important to be fit for duty; this means being mindful of hours worked and ensuring that residents arrive to work able to complete required duties.
- ASHP (American Society of Health-System Pharmacists) duty hour guidelines:
  - Hours worked are limited to 80 hours per week, which includes regular staffing shifts, residency-related activities and bonus shifts the resident volunteers to work. This can be averaged over a 4 week period.
  - Residents must be provided 1 day in 7 free of all educational and clinical activities, averaged over a 4 week period. One day is defined as a continuous 24 hour period.
  - Residents should have at minimum 8 hours between scheduled duty periods.
- Duty hours include:
  - All scheduled clinical and academic activities related to the pharmacy residency program (includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs).
  - "Moon-lighting" outside of Froedtert is strongly discouraged among residents. If a resident chooses to work intermittently outside of Froedtert, they must report this to their residency program director and manager.
  - Bonus shifts at Froedtert; residents are only eligible to work these shifts if they are meeting or exceeding expectations as determined by residency program director.
- Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.
- Residents are expected to self-monitor their compliance with duty hours and complete the Duty Hours Tracking Tool on a weekly basis. The Duty Hours Tracking Tool will be submitted to their residency program director on a monthly basis. It is the resident's responsibility to notify their residency program director at any point where they are approaching 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Additional details can be found in the Froedtert & MCW Residency Training Programs Duty Hours Document.
- Duty hours tracking forms can be found at: I:\FMLH\PHARMACY\Residency Program\2019-2020\Duty Hours 2019-2020

Bonus Shifts

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

Resident Attendance Expectations

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

Paid Time Off

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

Figure 1. Documenting PTO in Kronos
Holidays

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

Professional Leave/Business Days

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

Unscheduled Absences

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

Professional Meeting Attendance and Funding

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

PGY1 Residents

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

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

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

Laptops and Pagers

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

Figure 2. How to Password Protect Patient Data

Remote Access

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

Personal Device Access

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

**Figure 3: Requesting Personal Device Sync**

- The device must have a password or bioID
- Once set up, IT will have the right and ability to erase company information on the device if needed
- Once access request has been processed, the Outlook App can be used to access email and calendar

  | Instructions on how to use the app are available on the IT website |

**Email Expectations**

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

**Dress Code**

- The Froedtert Dress Code - Personal Appearance Policy is posted on the Scout page at link below: http://fhpolicy.s1.fchhome.com/Content/ViewContent.aspx?contentId=6d41ff7b7-ddee-48e1-8c50-61db4a4d521&ContentTypeId=ccb019f2-dd72-4de5-8175-dd9629f47da0
- In general, residents are expected to wear business casual attire when on rotation and staffing on decentral units, ambulatory clinics, outpatient pharmacies or in office environments
- Scrubs are acceptable in the ED, OR or pharmacy operations areas (central, day hospital, etc.)
- More formal attire will be required for special events. For example, suits are required for presentations outside the organization (i.e. Midyear posters, Great Lakes Presentations)
- White coats are encouraged when on a clinical rotation or when staffing decentrally
White Coats

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

Scrub Request Forms

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

Business Cards

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

Wisconsin Prescription Drug Monitoring Program (ePDMP)

- Residents should register with the Wisconsin Prescription Drug Monitoring Program as it will be a needed resource to carry out staffing duties as a pharmacist
- Note that you will need to be licensed in order to register
- Prescribers are responsible for checking ePDMP prior to prescribing any controlled substances at discharge or for use in the ambulatory setting
  - Apply for access
    - Go to: https://pdmp.wi.gov/
    - 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 and HSPA residents are required to maintain ACLS certification. Residents are expected to
complete ACLS prior to starting ICU or ED rotations or staffing in these areas. ACLS is optional for other PGY2 residents. BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.

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

### Figure 4. Registration in The Learning Center for ACLS Training

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

### Parking

- Residents must adhere to their assigned parking locations (i.e. use of off-site parking lots and riding shuttle).
- Residents are encouraged to use technology for participation in off-site meetings using lync/skype in order to minimize travel time.
- Any one-time requests for on-site parking (i.e. for a day or a portion of a day) must be made in advance and be approved by our Director of Pharmacy and VP.

### Project Days/Working Remotely

- Residents may be allocated project days at the discretion of their residency program director. These days are to be used for program-related projects and research activities. The number of days and when they can be taken will vary based on the residency program.
- In general, residents are expected to be on-site for project days. If the resident wishes to work remotely, permission must be obtained from RPD and manager.
Additional General Information

Vizient Committee Involvement

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

Academia Opportunities

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

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

**PROGRAM BENEFITS**

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

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

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

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

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

Residents

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

TEACHING CERTIFICATE REQUIREMENTS

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

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

Available live/online modules include:

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

PROGRAM COSTS

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

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

Policy:

The pharmacy residency programs at Froedtert Hospital are each 52-week programs. A minimum of 50 weeks and 2250 hours is required to complete the program and be awarded the residency certificate of completion. Furthermore, residents are required to complete all activities outlined on the Activity Checklist at a level of acceptable quality. Finally, good progress must be demonstrated on all program goals as indicated by a level of “Achieved for the Residency” on at least 70% of required goals and “Satisfactory Progress” on all remaining required goals.

In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements. Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate. Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired.

Procedure:

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

Preparation: Kristin Hanson, MS, RPh

Authorization: __________________________________________________________________________

Director of Pharmacy Date
Policy:

At any point during the residency program, if it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal process for improvement will be initiated by the Residency Program Director (RPD). As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.
Overview
All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the ASHP Pharmacy Specific Duty Hours and Accreditation Standards. http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx

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

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

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

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

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

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

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

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

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

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

There are 2 primary staffing models in the department:

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

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

Resident Staffing Requirements

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

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

**Inpatient PGY2 Weekend Staffing**

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

**High Demand Weekends**

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

- Internal PGY2s will be available to work two July weekends (at beginning of residency year)
- Labor Day Weekend
- The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
- The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
- Spring Break/Easter weekends (March 21 and 22, March 28 and 29, April 4th and 5th, April 11th and 12th, April 18th and 19th)
- Memorial Day Weekend
- Last weekend in June and 1st weekend in July (end of year for external PGY2s)
Inpatient Staffing Model

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

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

**AM Pharmacists**

<table>
<thead>
<tr>
<th>Department</th>
<th>Staffing</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Med3 (4NE): Teams 1, 6, 7</td>
<td>8 hrs (0800)</td>
</tr>
<tr>
<td></td>
<td>Med2 (5SW): Teams 2, 14, 10, onc. overflow, off-service patients</td>
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</tr>
<tr>
<td></td>
<td>Med3 (9NT): Teams 3, 9, 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Med4 (5SE): Teams 5, 8, 11</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td>Onc1: 7/8 CFAC (64 beds total)</td>
<td>10 hrs (0700)</td>
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<tr>
<td></td>
<td>Onc2: 7/8 CFAC (64 beds total)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Onc3: 7/8 CFAC (64 beds total)</td>
<td></td>
</tr>
<tr>
<td>Surgery &amp; Neurology</td>
<td>Surg1: 2NT (32 beds)</td>
<td>8 hrs (0700)</td>
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<tr>
<td></td>
<td>Surg2: 3SW (19 beds), 6IL (11 beds)</td>
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<tr>
<td></td>
<td>Surg3: 4PV, ERU (20/8 beds)</td>
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<tr>
<td></td>
<td>Surg4: 5NW, 5NE (30/28 beds)</td>
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<td></td>
<td>Surg5: 7NT (24 beds)</td>
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<td></td>
<td>Surg6: BNT (24 beds)</td>
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<td></td>
<td>Surg7: 5SW, 5NE (19/28 beds)</td>
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<tr>
<td>Critical Care</td>
<td>ICU1: SICU (21 beds)</td>
<td>10 hrs (0700)</td>
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<td></td>
<td>ICU2: NICU (20 beds)</td>
<td></td>
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<tr>
<td></td>
<td>ICU3: MICU (26 beds)</td>
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<td></td>
<td>ICU Faculty</td>
<td>4 hrs (0700)</td>
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<tr>
<td>Cardiology</td>
<td>Cards1: CVCU (20 beds)</td>
<td>10 hrs (0700)</td>
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<tr>
<td></td>
<td>Cards2: 3NW (30 beds)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cards Faculty: CVCU, 3NW</td>
<td>4 hrs (0700)</td>
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<tr>
<td>Transplant</td>
<td>Tx1: TICU (20 beds)</td>
<td>10 hrs (0700)</td>
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<tr>
<td></td>
<td>Tx2: 4NW (26 beds)</td>
<td></td>
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<tr>
<td>Central</td>
<td>C1: Central, Obs, BC (start 06:30)</td>
<td>10 hrs</td>
</tr>
<tr>
<td></td>
<td>C2: Central, Obs, BC (start 08:00)</td>
<td>8 hrs</td>
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<tr>
<td></td>
<td>OR: OR (start 06:30)</td>
<td>8 hrs</td>
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</tbody>
</table>

**PM Pharmacists**

<table>
<thead>
<tr>
<th>Department</th>
<th>Staffing</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>pMed1 (8 hrs)</td>
<td>4SE, 4NE (53 beds) (tag off to pMed2 at 2000)</td>
</tr>
<tr>
<td></td>
<td>pMed2 (10 hr Resident Team)</td>
<td>BNT, 5SE (57 beds) Add 4SE + 4NE at 2000 (110 beds)</td>
</tr>
<tr>
<td></td>
<td>pMed3 (8 hrs)</td>
<td>4SW, 7CFAC, BCFAC (86 beds) Pick up 3SW at 1500 &amp; 6IL at 1600 (tag 4SW, 3SW, 6IL to pSurg3 2000)</td>
</tr>
<tr>
<td>Oncology</td>
<td>pOnc1 (10 hrs)</td>
<td>7 CFAC, 8 CFAC (64 beds) (Support from pMed1)</td>
</tr>
<tr>
<td>Surgery &amp; Neurology</td>
<td>pSurg1 (8 hrs)</td>
<td>2NT, 4PV, ERU (60 beds) (tag off to pSurg2 at 2000)</td>
</tr>
<tr>
<td></td>
<td>pSurg2 (10 hr Resident Team)</td>
<td>BNT, 8NT (48 beds) Add 2NT, 4PV, ERU at 2000 (108 beds)</td>
</tr>
<tr>
<td></td>
<td>pSurg3 (10 hr Resident Team)</td>
<td>5NW, 5SW, 5NE (77 beds) Add 35W, 4SW, 6IL at 2000 (118 beds)</td>
</tr>
<tr>
<td>Critical Care</td>
<td>pICU1 (10 hrs)</td>
<td>SICU, NICU (41 beds)</td>
</tr>
<tr>
<td></td>
<td>pICU2 (10 hrs)</td>
<td>MICU (26 beds) Pick up CIC 1600-2100</td>
</tr>
<tr>
<td>Cardiology</td>
<td>pCards1 (10 hrs)</td>
<td>5NW, CVCU (50 beds)</td>
</tr>
<tr>
<td>Transplant</td>
<td>pTx1 (10 hrs)</td>
<td>4NW, TICU (46 beds)</td>
</tr>
<tr>
<td>Central</td>
<td>pC1 (10 hrs: start 1000)</td>
<td>Central, Obs, BC OR &amp; Infusion after 15:00</td>
</tr>
<tr>
<td></td>
<td>pC2 (8 hrs: start 1330)</td>
<td>Central, Obs, BC OR &amp; Infusion after 15:00</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>pED (10 hr)</td>
<td>ED</td>
</tr>
</tbody>
</table>

**Intern Support**

<table>
<thead>
<tr>
<th>Department</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>Med Intern Check in: 4NE/ 4SE (Units to Cover: 4NE, 4SE, 5NE, 7CFAC, BCFAC)</td>
</tr>
<tr>
<td>Surgery &amp; Neurology</td>
<td>Surgery Intern Check in: 2NT/ 3SW (Units to Cover: 2NT, 3SW, 4PV, 6IL, 7NT, 8NT, 10NT)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Cardiology Intern Check in: 3NW Units to Cover: 3NW, 43NW, 4NW, 3NW, 5SW</td>
</tr>
<tr>
<td>ED</td>
<td>ED Intern Check in: ED Primary Unit: Emergency Department Secondary Unit: Emergency Department as needed based on patient queue</td>
</tr>
</tbody>
</table>

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Inpatient Staffing Model (continued)

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

<table>
<thead>
<tr>
<th>Service Line</th>
<th>AM Pharmacists</th>
<th>PM Pharmacists</th>
</tr>
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<tbody>
<tr>
<td>Medicine</td>
<td>wMed1 4NE (34 beds total)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wMed2 4SW (31 beds total)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wMed3 5NT (32 beds)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wMed5 4SE (35 beds total)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td>Surgery/Neuro</td>
<td>wsurg1 2NT (32 beds total)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wsurg2 3SW, 5SE (19/11 beds)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wsurg3 4PV, ERU (20/8 beds), 7NT (beds 1-12)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wsurg4 5NW, 5NE (30/28 beds)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>wsurg5 7NT (beds 13-24), 8NT (24 beds)</td>
<td>8 hrs (0700)</td>
</tr>
<tr>
<td>Critical Care</td>
<td>ICU1 SICU (21 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>ICU2 NCU (20 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>ICU3 MICU (26 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Cards1 CVICU (20 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>Cards2 3NW (30 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td>Transplant</td>
<td>Tx1 TCU (20 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>Tx2 4NW (26 beds)</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td>Oncology</td>
<td>Onc1 7 CFAC, 8CFAC, Cancer Center</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>Onc2 7 CFAC, 8CFAC, Cancer Center</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td></td>
<td>Onc3 7 CFAC, 8CFAC, Cancer Center</td>
<td>10 hrs (0700)</td>
</tr>
<tr>
<td>Central</td>
<td>C1 Birth Center, OR, Obs, Infusion Clinic</td>
<td>10 hrs (0630)</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>ED</td>
<td>10 hrs (0700)</td>
</tr>
</tbody>
</table>

4 hr overlap

6 hr overlap

Move to central at 1700

Move to central at 1530

wpA 400-1030: central, CIC, PACU, 5SE orders 1030-1830: Primary - 5SE, CIC At 1530 – open all queues

wpICU1 SICU, MICU, NICU, TICU, CVICU (107 beds) At 1700 – open all ICU queues

pC1 BC, OR, Obs, Infusion Clinic 10 hrs (1000) Central

pED ED 10 hrs (1330) Emergency Department

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Inpatient Staffing Model (continued)

**Froedtert Hospital Inpatient Intern Staffing Plan** *(December 2018)*

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

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

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

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

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

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

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

---

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

**Intern Surgery**
- Check in: *pSurg1* (2NT, 4PV, ERU until 8PM)
- Additional units:
  - *pICU2* (CIC)
  - *pMed1* (35W until 8PM)
  - *pSurg1* (35W after 8PM)
  - *pSurg2* (7NT, 8NT) (4PV, ERU, 2NT after 8PM)

**Intern Cardiology**
- Check in: *pCards1* (3NW, CVICU)
- Additional units:
  - *PTx1* (4NW)
  - *pMed1* (45W until 8PM)
  - *pSurg1* (5NW, 5SW) (45W after 8PM)
# Inpatient Pharmacy Team Details

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med1</td>
<td>4NE (26 beds)</td>
<td>Joanne Antonopoulos</td>
<td>Matt Zimmerman</td>
</tr>
<tr>
<td>Med3</td>
<td>4SW (22 beds)</td>
<td>Cole Lightfoot</td>
<td>Laurie Dworak</td>
</tr>
<tr>
<td>Med4</td>
<td>5SE (25 beds)</td>
<td>Caitlyn King</td>
<td>Laura Case</td>
</tr>
<tr>
<td>Med5</td>
<td>9NT (32 beds)</td>
<td>Ashley Stromich</td>
<td>Alison Glienke</td>
</tr>
<tr>
<td><strong>Surgery &amp; Neurology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surg1</td>
<td>2NT (32 beds)</td>
<td>Leah Holschbach</td>
<td>Sara Hubbard*</td>
</tr>
<tr>
<td>Surg2</td>
<td>3SW (20 beds)</td>
<td>OPEN</td>
<td>Aaron Lentz</td>
</tr>
<tr>
<td>Surg3</td>
<td>4PV, ERU (20/8 beds)</td>
<td>OPEN</td>
<td>OPEN</td>
</tr>
<tr>
<td>Surg4</td>
<td>5NW, 5NE (30/28 beds)</td>
<td>Sarah Crober</td>
<td>Kim Knoernschild</td>
</tr>
<tr>
<td>Surg5</td>
<td>5SW, 5NE (19/28 beds)</td>
<td>OPEN</td>
<td>Brian Domack</td>
</tr>
<tr>
<td>Surg6</td>
<td>7NT (24 beds)</td>
<td>OPEN</td>
<td>Sarah Solano/Ann Birkenstock</td>
</tr>
<tr>
<td>Surg7</td>
<td>8NT (24 beds)</td>
<td>Debbie Kessen</td>
<td>Brittany Tefft</td>
</tr>
<tr>
<td><strong>Critical Care/ED</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU1</td>
<td>SICU (21 beds)</td>
<td>Bill Peppard</td>
<td>Dave Herrmann</td>
</tr>
<tr>
<td>pICU1</td>
<td>SICU, NICU (41 beds)</td>
<td>Kristin Bialkowski*</td>
<td>Danielle Mabrey</td>
</tr>
<tr>
<td>ICU2</td>
<td>NICU (20 beds)</td>
<td>Kim Hoang</td>
<td>Kim Haldeman</td>
</tr>
<tr>
<td>pICU2</td>
<td>MICU (26 beds)</td>
<td>OPEN</td>
<td>Patti Rouman</td>
</tr>
<tr>
<td>ICU3</td>
<td>MICU (26 beds)</td>
<td>Carla Karczewski</td>
<td>Mike Katz</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
<td>Jessica Cowell, Ryan Feldman</td>
<td>Cathyyen Dang, Matt Stanton</td>
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<tr>
<td>N3/N4</td>
<td>3rd shift ICU</td>
<td>Katie Ewert, Alyssa Meixelsperger</td>
<td>Sara Farrell, Chris Visselmann</td>
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<tr>
<td>ICU Faculty</td>
<td>MICU</td>
<td></td>
<td>Sarah Peppard/Ann Parks</td>
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<tr>
<td><strong>Cardiology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cards1</td>
<td>CVICU (20 beds)</td>
<td>Joel Feih</td>
<td>Greg Stilin</td>
</tr>
<tr>
<td>pCards1</td>
<td>3NW, CVICU (50 beds)</td>
<td>Bethanne Held-Godgluck</td>
<td>Janelle Juul</td>
</tr>
<tr>
<td>Cards2</td>
<td>3NW (30 beds)</td>
<td>Amanda Pilo</td>
<td>Melissa Tan</td>
</tr>
<tr>
<td>Cards Fac</td>
<td>CVICU, 3NW (heart failure)</td>
<td></td>
<td>Joe Rinka</td>
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<tr>
<td><strong>Transplant</strong></td>
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<td></td>
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</tr>
<tr>
<td>Tx1</td>
<td>TICU (20 beds)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
<tr>
<td>Tx2</td>
<td>4NW (27 beds)</td>
<td>Rotated</td>
<td>Rotated</td>
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<tr>
<td>pTx1</td>
<td>4NW, TICU (46 beds)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
</tbody>
</table>

*Transplant Team Members: Carolyn Haupert, Jules Felsecker, Roo Bhatt, Lindsey Verbunker, Meghan Glynn*
Inpatient Pharmacy Team Details (Continued)

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td><strong>Central Pharmacy</strong></td>
<td></td>
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<tr>
<td>C1</td>
<td>Central, Obs, BC (0630)</td>
<td>Jim Cruikshank</td>
<td>Mike Morris</td>
</tr>
<tr>
<td>C2</td>
<td>Central, Obs, BC (0800)</td>
<td>Phil Olley*</td>
<td></td>
</tr>
<tr>
<td>pC1</td>
<td>Central, Obs, BC, OR after 1500 (1000)</td>
<td>Ben Knapp</td>
<td>Aina Lasky</td>
</tr>
<tr>
<td>N</td>
<td>3rd shift central</td>
<td>Mark Owens</td>
<td>Lynn Buss</td>
</tr>
<tr>
<td>N2</td>
<td>3rd shift central</td>
<td>Danielle Corrin</td>
<td>Lisa Weinzatl</td>
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<tr>
<td><strong>Specialty Areas</strong></td>
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<tr>
<td>OR</td>
<td>Perioperative Service</td>
<td></td>
<td>David Eberle*</td>
</tr>
<tr>
<td>PAT</td>
<td>Pre-Admission Testing</td>
<td></td>
<td>Liz Thimm</td>
</tr>
<tr>
<td>INF</td>
<td>Infusion Clinic</td>
<td></td>
<td>Nikki Masse</td>
</tr>
<tr>
<td>Diab</td>
<td>DAART (Glucose surveillance)</td>
<td></td>
<td>Linda Guddie</td>
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<td><strong>Inpatient Oncology</strong></td>
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<tr>
<td>Onc1</td>
<td>7/8 CFAC (64 beds total)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
<tr>
<td>Onc2</td>
<td>7/8 CFAC (64 beds total)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
<tr>
<td>Onc3</td>
<td>7/8 CFAC (64 beds total)</td>
<td>Rotated</td>
<td>Rotated</td>
</tr>
<tr>
<td><strong>Oncology Team Members:</strong> Lisa Olson, Emilie Aschenbrenner*, Nan Tong, Cole McCoy, Aaron Lorge, Lisa Samanas, Michael Schmidt</td>
<td></td>
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<tr>
<td><strong>Day Hospital</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CCS</td>
<td>Day Hospital</td>
<td></td>
<td>Christy Regan</td>
</tr>
<tr>
<td>CCSp</td>
<td>Day Hospital</td>
<td></td>
<td>Pie Cha</td>
</tr>
<tr>
<td>CC1</td>
<td>Day Hospital</td>
<td></td>
<td>Brooke Fraser, Julie Difonzo, Stacy Laird*, Michelle Schroeder, Marie Gull</td>
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<tr>
<td>CC2</td>
<td>Day Hospital</td>
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<tr>
<td>CC3</td>
<td>Day Hospital</td>
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<td><strong>Ambulatory Oncology Clinics</strong></td>
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<td>CC4</td>
<td>Grace Clinic - 1</td>
<td></td>
<td>Felicia Zook/Angie Canadeo/Erin McGurty</td>
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<tr>
<td>CC5</td>
<td>Grace Clinic - 2</td>
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<td>CC6</td>
<td>Courage Clinic</td>
<td></td>
<td>Kristina Teso</td>
</tr>
<tr>
<td>CC7</td>
<td>Life Clinic</td>
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<td>Laura Schmidt</td>
</tr>
<tr>
<td>CC8</td>
<td>Faith Clinic</td>
<td></td>
<td>Carrie Oxencis</td>
</tr>
<tr>
<td>CC9</td>
<td>Breast Clinic</td>
<td></td>
<td>Elizabeth Weil</td>
</tr>
<tr>
<td>CC10</td>
<td>Hope Clinic (M, T, W, R)</td>
<td></td>
<td>Steph Free</td>
</tr>
</tbody>
</table>

*Denotes Pharmacist Coordinator*
Residency Program Director
Cathyyen Dang, PharmD, BCPS
Emergency Medicine Pharmacist
Froedtert Hospital
Phone: 414-805-0481
cathyyen.dang@froedtert.com

Residency Program Coordinator
Jessica Feih, PharmD, BCCCP
Emergency Medicine Pharmacist
Froedtert Hospital
Phone: 414-805-0481
jessica.feih@froedtert.com

Purpose Statement
PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Upon completion of this residency program, the individual will be able to demonstrate leadership skills and practice as an emergency medicine pharmacist, play a role on an interdisciplinary emergency medicine team, and engage in adjunct faculty responsibilities. The individual can be expected to continue their pursuit of expertise in emergency medicine practice.

Features
The PGY2 Emergency Medicine pharmacy residency at Froedtert Hospital is designed to advance the resident’s skills in emergency medicine, toxicology, and critical care. Core curricula are focused on creating a well-rounded clinical practitioner who possesses the unique skill sets needed for emergency medicine practice. Toxicology is an important component of the program; the resident will work closely with toxicologists during their longitudinal experience.

Experiences include clinical practice in a variety of environments, research, committee work, ACLS certification, and staffing. Rotations and activities are tailored to meet the needs and interests of each resident. Opportunities exist to work with and serve as a preceptor for pharmacy students and PGY1 residents, and participate in didactic pharmacy education. Residents also have the opportunity to participate in a teaching certificate program. The program is ASHP accredited.

Dates
PGY2 Emergency Medicine Residency Learning Experience Structure

Orientation
Residents who completed their PGY1 at Froedtert Hospital are considered “internal PGY2s.” Residents who completed their PGY1 training elsewhere are considered “external PGY2s.” All residents are required to complete orientation. Residents will review the PGY2 curriculum with the Residency Program Director (RPD), 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.

Training
Internal PGY2s are expected to help the external PGY2 acclimate, if applicable. The resident will forego formal “training”, as they will have already completed this as a PGY1. Instead, these residents will initially spend 1-2 weeks staffing in acute care clinical practice during the summer months to help with vacation coverage prior to initiating clinical rotations.

For external PGY2s, 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. Training will be completed in alternating 1 to 2 week blocks between the emergency department and other clinical areas. Prior to initiation of rotations and acute care clinical practice, the RPD will verify with trainers and the resident that they are adequately prepared.

Learning Experiences
A customized rotation schedule is developed based on the residents’ 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 Emergency Medicine Pre-residency Assessment Tool - Experiences and Interests. The RPD will review these evaluations with the mentor, make comments, and cosign. The mentor will complete the customized training plan and solicit feedback from the resident via PharmAcademic. During the first few days of the program the resident will meet with the mentor and RPD to further discuss the aforementioned information to establish a resident-specific schedule that will facilitate meeting the resident’s goals. The resident-schedule will be discussed regularly throughout the year and on the quarterly customized plans to allow for flexibility in the program to accommodate the resident’s interest development and career path. One to two rotation blocks later in the year may remain TBD to allow for flexibility once a career path has been identified. The learning experience schedule is located on the Residency SharePoint site (same document as acute care clinical practice).

Sequence of Learning Experiences
The emergency medicine resident will begin their core rotations after the completion of orientation and training. The Emergency Medicine I rotation may be concurrently completed during the orientation and training period in one to two week blocks. The rotation sequence will be tailored to best meet the resident’s goals and the programs staffing requirements. At least one emergency medicine rotation and one toxicology rotation must be completed prior to taking elective rotations. This is done in an effort to allow the resident to begin the longitudinal experience in toxicology. In addition, this will build a solid foundation of emergency medicine early in the year and help the resident establish professional relationships with emergency medicine pharmacists, providers, and toxicologists to facilitate research projects early on.

Required Core Clinical Rotations
The PGY2 EM resident will rotate through each of the required learning experiences at least once during the year. Rotation blocks range from 2 to 4 weeks; however, this may be adjusted based on the experience and goals of the resident. In that case, goals and objectives for that specific learning experience may be further customized. Additional information on each rotation may be found in PharmAcademic.
<table>
<thead>
<tr>
<th>Learning Experience – Required Introductory</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Training (for non-Froedtert PGY1s)</td>
<td>5 weeks</td>
</tr>
<tr>
<td>EM Residency Orientation(^1) (overlaps with hospital training)</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning Experience – Required Core</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine I(^1)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Emergency Medicine II</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Emergency Medicine III</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Community Emergency Medicine/ICU</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Night shift Emergency Medicine and ICU</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Toxicology/Poison Center(^1)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Medical Intensive Care Unit</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Surgical or Cardiovascular or Neurosurgical Intensive Care Unit (selected by PGY2 EM)</td>
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<table>
<thead>
<tr>
<th>Learning Experience – Required Longitudinal</th>
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<tbody>
<tr>
<td>Clinical Staffing</td>
<td>7 weeks + 16 weekends</td>
</tr>
<tr>
<td>Toxicology</td>
<td>½ day per week</td>
</tr>
<tr>
<td>Emergency Medical Services/Flight for Life (EMS/FFL), Standards &amp; Practice Committee</td>
<td>½ Year</td>
</tr>
<tr>
<td>Emergency Medicine Administration &amp; Leadership</td>
<td>NA</td>
</tr>
<tr>
<td>Longitudinal Research</td>
<td>NA</td>
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<td>Medication Safety</td>
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<table>
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<th>Learning Experience - Elective</th>
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<tr>
<td>Surgical Intensive Care Unit</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Cardiovascular Intensive Care Unit</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Neurosurgical Intensive Care Unit</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Inpatient Hematology</td>
<td>3 weeks</td>
</tr>
<tr>
<td>HIV Outpatient Clinic</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Informatics and Clinical Decision Support</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Academia – The Medical College of Wisconsin School of Pharmacy or Concordia University Wisconsin School of Pharmacy</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

\(^1\) Designates rotations that must be completed prior to any elective rotations
Program Outcomes and Goals
The PGY2 Emergency Medicine (EM) Residency is designed to transition PGY1 residency-trained graduates from generalist practice to specialized practice that meets the needs of emergency medicine patients. PGY2 EM residency graduates are equipped to be fully integrated members of the interdisciplinary EM team and are able to make complex medication recommendations in this fast-paced environment. Training focuses on developing the resident’s capability to deal with a wide range of diseases and disorders that occur in the emergency department. Special emphasis is placed on medical emergencies, toxicology, and initial management of critically ill patients. 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 Competency Areas, Goals, and Objectives

Competency Area R1: Patient Care
Goal R1.1: Provide comprehensive medication management to patients following a consistent patient care process.
Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients’ medication therapy.
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.
Objective R1.1.3: (Analyzing) Collect and analyze information to base safe and effective medication therapy.
Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for patients by taking appropriate follow-up actions.
Objective R1.1.7: (Applying) Communicate and document direct patient care activities appropriately in the medical record, or where appropriate.
Objective R1.1.8: (Applying) Demonstrate responsibility for patient outcomes.
Goal R1.2: Ensure continuity of care during transitions between care settings.
Objective R1.2.1: (Applying) Manage transitions of care effectively.
Goal R1.3: Manage and facilitate delivery of medications.
Objective R1.3.1: (Applying) Facilitate delivery of medications following best practices and local organization policies and procedures.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.
Objective R1.3.3: (Applying) Facilitate aspects of the medication-use process.

Competency Area R2: Advancing Practice and Improving Patient Care
Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.
Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol.
Objective R2.1.2: (Analyzing) Identify opportunities for improvement of the medication-use system.
Goal R2.2: Demonstrate ability to conduct a quality improvement or research project to improve patient care or for advancing the pharmacy profession.
Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of specific project topic.
Objective R2.2.2: (Creating) Develop a plan or protocol for the project.
Objective R2.2.3: (Evaluating) Collect and evaluate data for the project.
Objective R2.2.4: (Applying): Implement an improvement project or conduct research activities.
Objective R2.2.5: (Evaluating) Assess changes or need to make changes related to the project.
Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication at a local, regional, or national conference.

Competency Area R3: Leadership and Management
Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of patient care.
Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of patient care.
Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of patient care.
Goal R3.2: Demonstrate management skills in the provision of patient care.
Objective R3.2.1: (Applying) Contribute to departmental management.
Objective R3.2.2: When presented with a drug shortage, identify appropriate alternative medications.
Objective R3.2.3: Participate in the organization’s system for reporting medication errors and adverse drug events (ADEs).
Objective R3.2.4: (Applying) Manage one’s own emergency medicine practice effectively.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge
Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public.
Objective R4.1.1: (Applying) Design effective educational activities.
Objective R4.1.2: (Applying) Use effective presentation and teaching skills.
Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.
Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.
Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners’ educational needs.
Objective R4.2.2: (Applying) Effectively employ preceptor roles (instructing, modeling, coaching, or facilitating).

Competency Area: R5: Management of Medical Emergencies
Goal R5: Participate in and exercise leadership in the management of medical emergencies.
Objective R5.1.1: (Applying) Demonstrate the essential role of the emergency pharmacist in the management of medical emergencies.
Objective R5.1.2: (Applying) Exercise leadership as a team member in the management of medical emergencies.
Objective R5.1.3: (Complex Overt Response) When allowed by the organization, exercise skill in the administration of emergency medications.

Competency Area R6: Management of Toxicology Patients
Goal R6.1: Describe the role of the poison center or medical toxicologist in the care of the toxicology patient.
Objective R6.1.1: (Understanding) Explain the collaboration between the medical toxicologist, poison center and emergency department.
Objective R6.2: Demonstrate the ability to provide appropriate evidenced-based recommendations for the patient in need of toxicologic intervention.
Objective R6.2.1: (Evaluating) Assess patients in need of toxicologic intervention.
Objective R6.2.2: (Applying) Participate in the management of a patient in need of toxicologic intervention.
Objective R6.2.3: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of a patient in need of toxicologic intervention.

Objective R6.2.4: (Creating) Prioritize and specify appropriate pharmacologic and supportive measures for the management of a patient in need of toxicologic intervention.

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.

PGY2 Emergency Medicine Residency Additional Expectations and Requirements for Successful Completion

Clinical Staffing Requirements
The below information is based on current model, and is subject to modification for the coming resident calendar year. Staffing weeks are set by the scheduler and RPD to be spaced out throughout the year. The goal is to maximize time spent in the ED, though this will vary from year to year based on resident experience and vacation coverage needed. The staffing schedule is located on the Residency SharePoint site.

- Approximately 7 weeks as a decentral/EM pharmacist (Monday–Friday, 10-hour shifts) or the equivalent of 35 10-hour shifts. Residents may be asked to staff non-consecutive days as needed throughout the year. Residents may be asked to staff shifts for EM team members as needed to provide ED coverage.
- Approximately 16 weekends as an EM pharmacist (Sat & Sun, 8-hour shifts)
- Two holidays assigned to the resident by the scheduler & RPD based on needs
- Resident may staff for RPD to facilitate RPD professional development as needed

Committee Responsibility
- Emergency Medical Services/Flight for Life (EMS/FFL), Standards & Practice Committee (½ year)
- Critical Care Emergency Medicine Resident Collaborative (CERC) PSW
- Poison Center QA Committee (optional)
- Vizient pharmacy committee (optional)

Professional Organization Membership
- American Academy of Emergency Medicine (recommended)
- American College of Emergency Physicians (recommended)
- American Society of Health-System Pharmacists (optional)
- Pharmacy Society of Wisconsin (optional)
- American College of Clinical Pharmacy (optional)
Professional Conferences

- ASHP Midyear Meeting & Vizient Annual Meeting (December) Required
- North American Congress of Clinical Toxicology (NACCT) (recommended)
- American College of Emergency Physicians (October/November)
- American Academy of Emergency Medicine (March)
- Society for Academic Emergency Medicine (May) Required
- Milwaukee Residency Conferences (monthly throughout the year)
- PSW Annual Meeting and/or Educational Conference (August, April) Required
- Wisconsin Emergency Medicine Research Forum (March) Required

Formal Presentations

- Emergency Medicine Grand Rounds
- Flight For Life Grand Rounds
- Regional or National EM conference poster presentation
- Vizient Resident Poster at Annual Meeting
- Continuing education (CE) for pharmacists (at least 1)
- One journal club (critical care/EM group)
- PSW Educational Conference podium presentation
- Wisconsin Emergency Medicine Research Forum Poster

Year-long Resident Research Project and Manuscript

At the beginning of the academic year, the resident be responsible for planning and completing a project that was initiated during the previous year. The project is required to be written in a manuscript form consistent with author guidelines put forth for consideration for publication into AJEM or Annals of Emergency Medicine or another reputable peer reviewed journal. The final manuscript must be submitted to the team by the mid-year point with the goal of submission within the second half of the year. Over the course of the residency year, each resident will also be responsible for planning, initiating, and executing an original project. Projects are selected based on the interests of the resident, but must be within the realm of emergency medicine pharmacy. A project advisor will be assigned to provide guidance to the resident throughout the year, however the resident is ultimately responsible for each element of the project. The resident and project advisor will collaborate to add additional members to the research team. Numerous resources for residency project work are on the Pharmacy SharePoint site. The resident is expected to email project updates to EM team members once weekly. The resident will complete all of the items listed in the Residency Project Checklist throughout the year including:

- Scoping project – template available on the Residency SharePoint site
- Protocol submission – template available on the Residency SharePoint site
- Vizient Abstract Submission – see Vizient website
- Vizient Poster Submission during the ASHP Annual Clinical Meeting
- Abstract submission to the SAEM conference is required.

Toxicology Research Project

The resident will be responsible for the design and execution of a toxicology research project. Residents will be responsible for completing a literature review and deciding on a topic. Projects will be discussed and approved by the RPD and clinical toxicologist. A project advisor (clinical toxicologist) will be assigned to provide guidance to the resident throughout the year, however the resident is ultimately responsible for each element of the project. The resident and project advisor will collaborate to add additional members to the research team. The project must be completed by the end of the residency year. A manuscript may or may not be prepared in a written format acceptable for publication, depending on the results. Abstract submission to the NACCT conference is required.

Toxicology/Project Time Thursdays

The resident will be required to spend every Thursday at the Wisconsin Poison Center (WPC) [Exceptions: staffing weeks and night shift rotation weeks]. The morning will be utilized as project time for both the longitudinal toxicology and emergency medicine research projects, but may be utilized for patient
care depending on WPC patient care needs. Meetings and topic discussions should be scheduled during this time as to avoid any interruptions to rotations during the rest of the week. On Thursday afternoons, the resident will be responsible for leading toxicology rounds for learners on rotations. The resident will also be required to develop one lecture on a toxicology subject that will be determined by WPC need to present monthly to learners on rotation. The residents will be required to participate in the Concordia College of Pharmacy Opioid Abuse panel in May.

Administration Project
Residents will be required to take on at least one administration or policy related project to complete for their residency. This will be determined by the resident RPD, RPC, and clinical manager.

Medication Safety Longitudinal Requirement
The resident will be required to review medication safety events that are submitted to the emergency department. Residents will receive orientation to the medication safety reporting system within the first few months of residency and be required to document and submit reports as necessary. All serious medication errors will be promptly reviewed and addressed.

Residency Recruitment
The resident will be required to assist with all aspects of recruitment for the following residency class. This will include review of applicants prior to PPS, scheduling during PPS, score aggregation, presentation of scores, set up for onsite interviews not limited to: scheduling rooms and interviewers, organizing lunches/dinners, combining interview scores and presenting aggregated scores during the final rank meeting. Residents are required to professionally represent the PGY2 EM residency at all times during this process. Additional resources can be found on the W drive.

Learning Experience Projects
A minimum of 1 deliverable project is required per required learning experience. Projects for the first EM rotation will be to develop and present a lecture to EM attendings/residents at EM Grand Rounds. Projects for ICU rotations will consist of either CE Grand Rounds or Critical Care Journal Club (see below for further description). 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 emergency medicine 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.

Grand Rounds (CE required) and Journal Club
One Critical Care Pharmacy Grand Rounds presentations is required, roughly 1 hour in length. Critical Care Journal Club (CCJC) is scheduled regularly throughout the year at Thursday Conference. Each resident is required to present one CCJC. Residents are encouraged to participate in PGY1 JC but are not required to present.

EM Conference/PSW Abstract/WI EM Research Forum
The resident is expected to present an abstract at an EM conference (SAEM) consisting of final data from a completed project (PGY1 research project, PGY2 mini project or inherited project from previous resident, etc) with encore presentations locally at the Pharmacy Society of Wisconsin (PSW) Residency Research Symposium and Wisconsin EM Research Forum.

Vizient/ASHP Midyear Abstract
If the resident attends Vizient and ASHP Midyear, they are expected to present an abstract of their choosing at Vizient, and that same abstract at the Emergency Medicine Networking Session at ASHP Midyear. Attendance at Great Lakes Pharmacy Residency Conference is not required.

Lecture/Lab
One, 1-hour lecture to pharmacy students, complete with assigned readings, objectives, patient cases, and quiz questions, will be presented at either Concordia or Medical College of Wisconsin School of
The resident may facilitate a journal club discussion in group format. The resident is expected to select a date to present that falls during a learning experience. If the date falls during staffing, it becomes the resident’s responsibility to find coverage for that shift. The resident may be asked to facilitate two labs at MCW SOP during the year.

**Supplemental Activities**

Other required supplemental activities that the resident will complete during the year will include Basic Disaster Life Support (BDLS) Certification, Fundamentals in Critical Care Support (FCCS), Advanced Cardiovascular Life Support (ACLS) [if not otherwise certified] training and Pediatric Advanced Life Support (PALS). Optional certifications include: Neonatal Resuscitation Program (NRP).

**Basic Disaster Life Support (BDLS) Certification**

- 7.5 hour competency-based, awareness-level course that introduces concepts and principles to prepare health professionals for the management of injuries and illnesses caused by disasters and public health emergencies. It is designed to engage participants through interactive scenarios and group discussion and provides a consistent and scalable approach to workforce protection and casualty management, as well as mass casualty triage and fatality management.
- Course registration occurs on the National Disaster Life Support Foundation (NDLSF) website. Create an account at [http://register.ndlsf.org/login/index.php](http://register.ndlsf.org/login/index.php). To register for the course, you will need to verify the date, time, and enrollment key (contact the Emergency Department Administrative Coordinator for more information). Prior to the class, take the required pre-test up until 11:59 PM the day before the course. Failure to complete the pre-test will prevent you from taking the final exam, thus making you ineligible for BDLS certification. Read through the BDLS textbook (hardcopy or downloadable versions are available). Take the required post-test within 14 days of the start of the course. Must achieve 80% or higher to receive certification.

**Fundamentals in Critical Care Skills (FCCS) Certification**

- This is a 2-day, live, instructor-led course to prepare non-intensivists to manage critically ill patients for the first 24 hours until transfer or appropriate critical care consultation can be arranged. The course and its companion text assist the non-intensivist in dealing with the sudden deterioration of critically ill patients and prepare house staff and nurses for ICU coverage. Registration for this course will occur in the beginning of the residency year; see Emergency Department Administrative Coordinator for details.
- Components of the course include:
  - 16 didactic lectures, 9 case-based skill stations, Pre- and post- tests, Companion textbook
  - Certificate of successful course completion
  - Requirements for successful course completion: attend all didactic sessions, successfully complete all skill stations, and achieve a score of > 70% or higher on the post-test

**Neonatal Resuscitation Program (NRP)**

- An educational program in neonatal resuscitation that was developed and is maintained by the American Academy of Pediatrics; focuses on the basic resuscitation for newly born infants. The course is designed for healthcare providers who perform resuscitation in the delivery room or newborn nursery. Students will independently complete an online examination, and then attend an in-person skills session. Registration for the online course occurs through The Learning Center on the Froedtert Hospital intranet homepage. The course is offered several times throughout the course of the residency year.

**Pediatric Advanced Life Support (PALS)**

- A classroom-based, instructor-led course that uses a series of videos and simulated pediatric emergencies to reinforce the important concepts of a systematic approach to pediatric assessment, basic life support, PALS treatment algorithms, effective resuscitation, and team dynamics. The goal of the PALS Course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.
- Will be completed in May with current EM first and third year residents.

**Precepting Experiences**

*APPE students and PGY1 residents (staff pharmacists will be the primary preceptors)*
The resident will be responsible for contacting the student and/or PGY1 resident with an introduction email prior to the start of their ED rotation (scheduling details, proper attire, ED logistics/workflow, resources, etc.). Students will be primarily from the University of Wisconsin-Madison School of Pharmacy, Concordia University of Wisconsin School of Pharmacy, or the Medical College of Wisconsin School of Pharmacy (6-week rotations).

We follow a layered learning model within the ED pharmacy team. PGY2 residents are responsible for coordinating and facilitating topic discussions, patient presentations, and hands-on teaching with the PGY1 residents and/or students. The PGY2 resident is expected to sign-off on all student medication histories once they are appropriately completed; this includes both students on rotation in the ED, as well as pharmacy interns working in the ED and observations unit. While the resident will not be completing a formal written evaluation for the student and/or PGY1 resident, they are expected to provide verbal feedback to the learner each Friday. In addition to precepting the PGY1 resident, the PGY2 resident will be expected to coach the PGY1 resident and help them develop their skills as a preceptor.

Mentorship Experiences

Residency Director
- The resident and RPD will meet at least monthly to review residency documentation tools and progress. Any revisions to the residency year schedule will be discussed and decided upon at the monthly meeting and the development plan will be updated to reflect any changes.

Residency Coordinator
- The resident and the coordinator will meet up on an as needed base to review residency documentation tools and progress.

Residency Mentor
- Residency mentors are pharmacists assigned to each resident. Their primary purpose is to provide residents guidance throughout the year with an emphasis on overall professional development and education. Residents and mentors are expected to meet approximately monthly to discuss resident progress and adjust goals and objectives as needed. The residency mentor and resident should complete quarterly customized plans together.

Residency Advisor(s)
- Residency advisors are pharmacists assigned to each resident for every project they are completing.
- Residency advisors are responsible for assisting with project coordination and design, attending regular project meetings, and providing feedback verbally and via PharmAcademic on the resident’s progress.

Residency Advisory Committee
- The residency advisory committee is comprised of the core PGY2 EM preceptor group (including the director, mentor and advisor(s)).
- Every quarter, the group will meet to discuss each of the resident’s development plan including progress, strengths/weaknesses, professional goals, areas for improvement, and progress on all projects.
- Any non-EM preceptors who precepted the resident in the preceding quarter will be invited to join.
- The residency mentor will be responsible for updating the resident on what was discussed during quarterly meetings.

Toxicologist Mentor
- The toxicologist mentor will provide opportunities and guidance to lay the foundation for the resident to become a candidate for the American Board of Applied Toxicology (ABAT) examination if the resident is interested. The resident must recognize that years of preparation and experience are typical before applicants are accepted as candidates to sit for the exam. The toxicology mentor will aim to guide the resident to fulfill as many criteria as possible during the residency year.
ASHP EM Topics List
Per ASHP: “Didactic discussions, reading assignments, case presentations, written assignments, and direct patient care experience will allow the emergency medicine pharmacy resident to understand and appreciate the implications of medication therapy on the following areas of emphasis:” *Denotes required patient experience. **Denotes a required topic. The resident will be responsible for documenting and keeping track of topics discussed throughout the year.

Residents will receive intense topic discussions on basic emergency medicine staples during orientation/training lead by the emergency medicine preceptors. Residents will be responsible for scheduling and leading remaining required topics throughout the year. Residents are required to document which topics are covered via spreadsheet on W drive.
1) Cardiovascular
   a) Acute Aortic Dissection*
   b) Acute Coronary Syndromes**
   c) Acute Decompensated Heart Failure/Congestive Heart Failure Exacerbations*
   d) Arrhythmias*
   e) Hypertensive Emergencies**
   f) Pericardial Tamponade
   g) Pericarditis
   h) Pulmonary Hypertension

2) Dermatology
   a) Burns (thermal, chemical, electrical)**
   b) Drug Reactions**
   c) Erythema Multiforms
   d) Gout exacerbation
   e) Rash
   f) Stevens Johnson Syndrome/Toxic Epidermal Necrosis**
   g) Topical and local anesthesia**

3) Endocrine/Metabolic
   a) Adrenal Crises/Insufficiency**
   b) Glycemic Control*
   c) Hyperglycemic crisis*
   d) Myxedema coma**
   e) SIADH
   f) Thyroid Storm**

4) Emergency Preparedness
   a) Advanced HAZMAT life support
   b) Bioterrorism
   c) Decontamination**
   d) Disaster preparedness/National incident management system**
   e) Medical Surge Capacity and Capability**
   f) Nerve Agents
   g) Radiation Exposure

5) Environmental
   a) Altitude Illness 11) Pain and Sedation
   b) Carbon Monoxide Exposure
   c) Decontamination**
   d) Drowning/Near Drowning
   e) Hyperthermia**
   f) Hypothermia**
   g) Radiation Exposure

6) Gastrointestinal and Hepatic
   a) Acute liver failure/cirrhosis** 12) Pulmonary
   b) Acute Upper and Lower Gastrointestinal bleeding*
   c) Constipation/diarrhea**
   d) Esophageal foreign body
   e) Nausea/Vomiting*
   f) Pancreatitis
   g) Peptic Ulcer Disease**

7) Hematology
   a) Benign heme disorders**
   b) Coagulopathies**
   c) Hypercalcemia of malignancy
   d) Reversal of anticoagulants*
   e) Thromboembolic Disease* 
   f) Tumor lysis syndrome

8) Infectious Diseases
   a) Bites (animal, human)*
   b) Bone/joint infections
   c) Conjunctivitis*
   d) Dental infections**
   e) Epiglottitis**
   f) Endocarditis**
   g) Food and waterborne illness
   h) Hepatitis
   i) Influenza*
   j) Intra-abdominal Infections**
   k) Meningitis**
   l) Occupational/non-occupational antiretroviral post exposure prophylaxis**
   m) Parasites/worms
   n) Pneumonia*
   o) Sepsis*
   p) Sexually Transmitted Diseases*
   q) Sinusitis/otitis media**
   r) Streptococcal pharyngitis*
   s) Toxic shock syndromes
   t) Tuberculosis
   u) Urinary Tract Infections*
   v) Vaccinations*
   w) Wilderness medicine

17) Trauma
   a) Antibiotic prophylaxis*
   b) Coagulopathy of trauma**
   c) Open fractures**
   d) Massive transfusion
   e) Spinal Cord Injury**
   f) Thoracostomy/thoracotomy
   g) Traumatic brain injury**
   h) Trauma resuscitation**
Evaluation & Documentation
All Froedtert Hospital pharmacy residency programs use the ASHP PharmAcademic for evaluation of resident performance. The preceptors, RPD, and RPC determine the required objectives to be evaluated during a given learning experience. Additionally, the resident and RPD collaborate to create three longitudinal goals for the year and are documented in the Customized Residency Training Plan by the RPD.

Evaluations for Learning Experiences
Preceptors should review the customized training plan prior to start of rotation. Initial orientation should take place no later than the first day of the learning experience and should include, at a minimum, a review of the syllabus and learning objectives (available on PharmAcademic), resident expectations, orientation to the practice area and multidisciplinary service, and any additional materials necessary for successful completion of the rotation.

Verbal assessment and feedback should be completed on a weekly basis (at a minimum) and should be communicated to the opposite-week preceptor via verbal and/or written communication. The RPD and RPC are responsible for facilitating this process which may vary slightly from learning experience to 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 7 days of learning experience completion. The RPC will assign evaluations which will include preceptor’s evaluation of resident, resident self-evaluation (as needed), an evaluation for the rotation, and an 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, RPC, and RPD. Preceptors and residents are encouraged to provide additional comments when appropriate. Information found in written evaluations should have already been first discussed verbally.

Customized Training Plan
The resident completes a quarterly self-assessment focusing on progress with meeting resident-established goals, performance, and career planning. The resident 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. 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, 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.

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.

Residency
- ASHP Entering Interest Form
- Entering and Exiting Objective-Based Self-Evaluation
- The resident is responsible for regular upkeep of the below tracking tools (located in the I:\FMLH:Pharmacy:PGY2 EM Residency folder of the W: drive)
- Duty Hours Tracking Tool
- Topic Checklist: Topic checklist should be updated at the end of each rotation. The resident should record when a learning experience (ie. Topic discussion, inservice, lecture/presentation) was completed on that disease state.
- Residency Project Progress Chart
- Residency Presentation Progress Chart
• Customized Development Plans as above

Specific rotations
• Contact primary preceptors for each rotation 10-14 days prior to the start of each rotation with an introductory e-mail (see pre-rotation communication expectations below)
• If you are unsure who to contact for a given rotation please see learning description on Pharmacademic
• Important: in order to pass the residency, good progress must be demonstrated on all program goals as indicated by a level of “Achieved for the Residency” on at least 70% of required goals and “Satisfactory Progress” on all remaining required goals.
• Residents are responsible for monitoring their progress on residency objectives and must keep preceptors informed about objectives that should be focused on for each rotation

PTO Requests:
• All PTO requests must be submitted 6 weeks prior to the RPD and manager for approval.
• Any PTO request submitted less than 6 weeks to the date must have approval from the EM preceptor team, the resident’s rotation preceptors for that date, manager and advisors.
• If PTO occurs during an EM rotation, the resident is expected to notify all EM team members via the Outlook Calendar

Selections
There are a few things that the two EM residents must work out amongst themselves: the selection in the yearlong project, learner correspondence, holidays, and S&P (FFL) commitment time frame. It is advised that the residents flip a coin and the coin flip winner selects first choice for Option A or Option B. The other resident will then have first choice for the unselected Option.

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project choice</td>
<td>Holiday Choice:</td>
</tr>
<tr>
<td>Learner correspondence: Email students or email residents starting rotation</td>
<td>Thanksgiving PM + Memorial Day PM</td>
</tr>
<tr>
<td></td>
<td>Christmas PM + Labor Day PM</td>
</tr>
<tr>
<td></td>
<td>S&amp;P Time frame:</td>
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<tr>
<td></td>
<td>1st half of year or 2nd half of year</td>
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</table>

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

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

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

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

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

Example - Pre-Rotation Email

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

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

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

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

Strengths:
- Thorough profile review
- Precepting students

Areas for Improvement:
- Efficiency
- Confidence
- Looking up information before going to preceptor for answer
<table>
<thead>
<tr>
<th>Year</th>
<th>Graduate Name</th>
<th>Pharmacy Title</th>
<th>Institution</th>
<th>City, State</th>
<th>Project Title</th>
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<tbody>
<tr>
<td>2015-2016</td>
<td>Ryan Feldman, PharmD, BCPS, ABAT</td>
<td>Emergency Medicine Pharmacist</td>
<td>Froedtert &amp; The Medical College of Wisconsin</td>
<td>Milwaukee, WI</td>
<td>Prospective evaluation of patient and provider perspective of procedural sedations, agents used and cumulative dosing in a tertiary care emergency department.</td>
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<td>2016-2017</td>
<td>Kaitlin Ewert, PharmD</td>
<td>Emergency Medicine/Critical Care Pharmacist</td>
<td>Froedtert &amp; The Medical College of Wisconsin</td>
<td>Milwaukee, WI</td>
<td>Evaluation of initial rate control strategies for the management of atrial fibrillation in a tertiary emergency department</td>
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<td>2017-2018</td>
<td>Amber Olson, PharmD</td>
<td>Emergency Medicine Pharmacist</td>
<td>Tampa General Hospital</td>
<td>Tampa Bay, FL</td>
<td>Workflow of a Pharmacist-Initiated Culture Review Process in the Emergency Department Reduces Time to Antibiotic Treatment Optimization</td>
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<td>2018-2019</td>
<td>Lauren LaBeff, PharmD</td>
<td>Residency year incomplete</td>
<td>Safety of Apixaban in Severe Renal Impairment</td>
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<td></td>
<td>Ashley Weiss, PharmD</td>
<td>Emergency Medicine Clinical Pharmacist</td>
<td>UHealth Memorial Hospital</td>
<td>Colorado Springs, CO</td>
<td>Safety of Apixaban in Severe Renal Impairment</td>
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<td></td>
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<td>Comparison of Advanced Cardiac Life Support Recommended Vasopressor Infusion Strategies During Return of Spontaneous Circulation in Out of Hospital Cardiac Arrest</td>
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<td>2019-2020</td>
<td>Corey Cicci, PharmD</td>
<td>Residency in Progress</td>
<td>Froedtert &amp; The Medical College of Wisconsin</td>
<td>Milwaukee, WI</td>
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<td></td>
<td>Kelly Richardson, PharmD</td>
<td>Residency in Progress</td>
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## APPENDIX

### PGY2 Emergency Medicine Checklist

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<th>Requirement</th>
<th>Date Completed</th>
<th>Initials</th>
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<tr>
<td>Longitudinal Research Project Manuscript</td>
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<td>Toxicology Research Project NACCT Submission</td>
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<td>Emergency Medicine Grand Rounds</td>
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<td>Flight for Life Grand Rounds</td>
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<td>Critical Care Journal Club</td>
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<td>Vizient Poster Presentation</td>
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<tr>
<td>Including EM poster session</td>
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<td>PSW Podium Presentation</td>
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<td>SAEM Poster Presentation</td>
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<td>Wisconsin Emergency Medicine Research Forum Poster Presentation</td>
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<td>Concordia College of Pharmacy Opioid Abuse Panel</td>
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