



PGY2 Emergency Medicine Pharmacy Residency Manual

2021 - 2022

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.

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About Froedtert Health

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

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

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

- **Mission:** We advance the health of the communities we serve through exceptional care enhanced by innovation and discovery
- **Vision Statement:** We will be the trusted leader by transforming health care and connecting communities to the best of academic medicine
- **Values:**

Value People	Work Together	Act Now	Own It	Break Through	Deliver Excellence
•We treat others with respect, knowing that their feelings, thoughts, and experiences are as important as our own.	•We collaborate across the enterprise to put forward our best.	•We take action to solve problems and move forward quickly.	•We take full accountability for our decisions, actions, and results.	•We change the future of care with creativity and innovation.	•We set the standard that others aspire to by always asking "What more can we do?"

Pharmacy Department

- **Mission:**
 - The Pharmacy Department at Froedtert & MCW provides:
 - High-quality, cost-effective, comprehensive, patient-centered care in an atmosphere of communication and shared respect
 - Life-long learning through the education of patients, students, residents, staff and other health care professionals

- Research and discovery designed to enhance the quality and safety of medication use
- Vision Statement:
 - To improve the health of the community by achieving high-quality patient outcomes through appropriate use of medication therapy

Vizient Quality and Accountability Rankings

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

Departmental Information

Clinical Pharmacist Scope of Services

Safe and Effective Medication Use

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

Evaluation of Patient Profile and Medication Orders

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

Pharmacist Medication Dosing Services

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

Medication Histories and Reconciliation

- Pharmacists are accountable for the following:
 - Obtain medication histories within 24 hours of patient admission
 - Complete admission medication reconciliation within 24 hours of patient admission
 - Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room
 - Review and verification of medications ordered greater than 27 days ago

Discharge Reconciliation and Coordination

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

Drug Information and Patient Education

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

Multidisciplinary Team Involvement

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

Communication Between Pharmacists

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

Precepting and Teaching

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

Formulary Management

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

Emergency Management

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

- Timely response to emergency or disaster management process
- Support rapid sequence intubation and conscious sedation

Quality and Process Improvement

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

Medication Distribution and Control

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

Clinical Cancer Center Services

- Pharmacy staff provide direct comprehensive pharmaceutical care in the Cancer Center
- Pharmacy staff coordinate medication use in the oncology patient population
- Pharmacy staff perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
- Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
- Pharmacists assist in the education of patients receiving chemotherapy and adjuvant medications
- Pharmacy staff work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians

- Pharmacy staff develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology
- Pharmacy staff prepare and label compounded hazardous products for the entire campus in accordance with practice standards
- Pharmacy staff participate in clinical research and Investigational Drug Services
- Pharmacy staff participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

Center for Medication Utilization

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

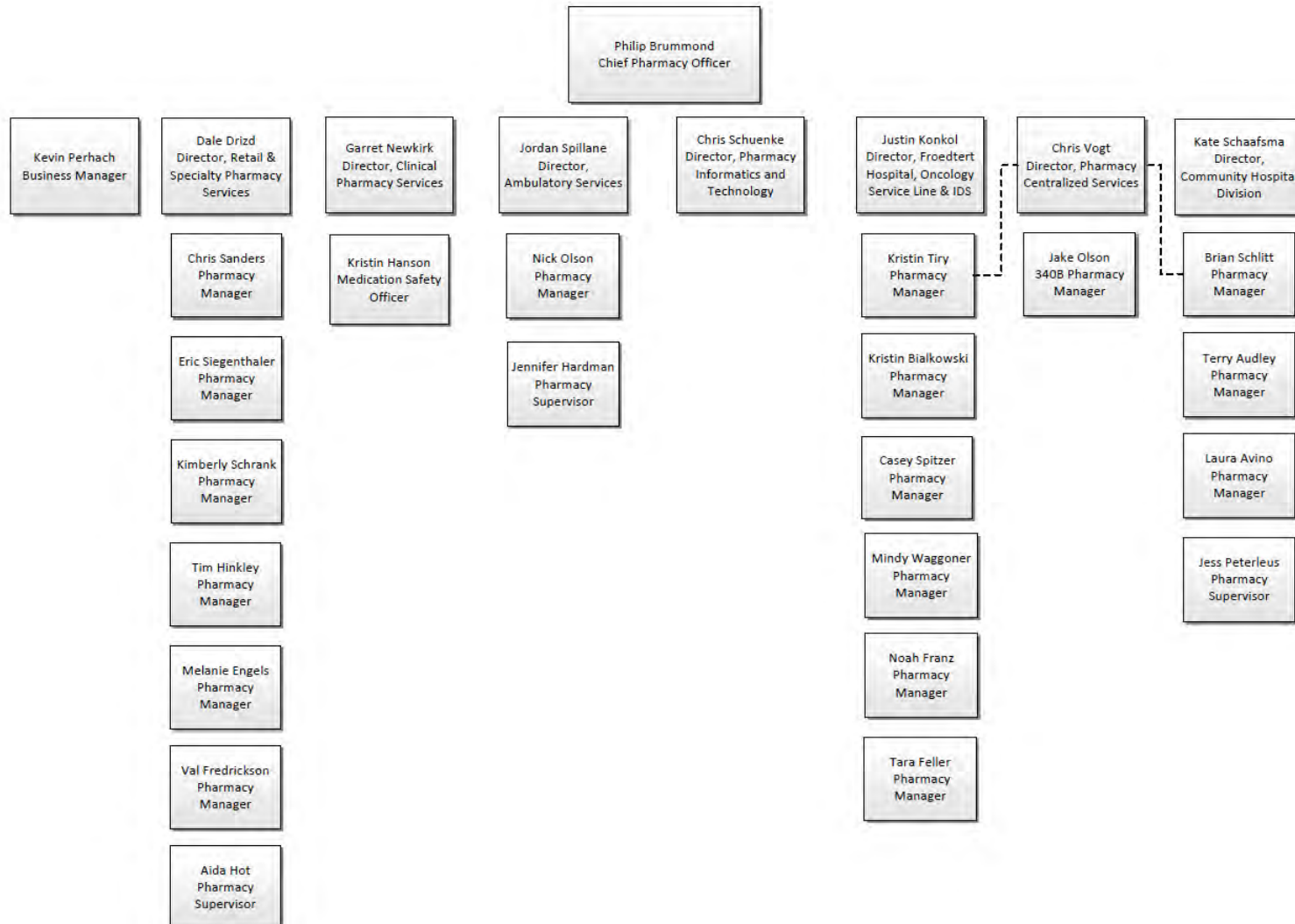
Pharmacy Informatics/Epic Willow Teams

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

Prior Authorization/Patient Assistance Services

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

Pharmacy Leadership Team



Residency Program Leadership

Kristin Hanson, BSPHarm, MS

Program Director for Residency Programs

Teri Mattek

Pharmacy Education Coordinator

PGY1 Residency Programs

Froedtert Menomonee Falls Hospital PGY1

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

Froedtert Hospital (Acute Care Focus) PGY1

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

Froedtert Hospital (Ambulatory Focus) PGY1

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

Froedtert Hospital PGY1 Community

- **Melanie Engels, PharmD, MBA**
 - Residency Program Director

Health System Pharmacy Administration and Leadership PGY1/PGY2

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

Medication Use Safety and Policy PGY1/PGY2

- **Kristin Hanson, BSPHarm, MS**
 - Residency Program Director
- **Mary Frances Picone, PharmD, BCPS**
 - Residency Program Coordinator

PGY2 Residency Programs

PGY2 Ambulatory Care

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

PGY2 Critical Care

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

PGY2 Emergency Medicine

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

PGY2 Infectious Diseases

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

PGY2 Informatics

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

PGY2 Oncology

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

Residency Program Policies and HR Information

[Resident Licensure](#)

[Residency Programs – Completion and Extended Absences](#)

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

[Residency Programs – Duty Hours](#)

Resident Licensure

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

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

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

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

Residency Programs – Completion and Extended Absences (DRAFT)

Last Review: December, 2020

Next Review: December, 2023

Description: residency, completion

Policy number: AD25.000

Origination date: September 2013

Purpose: To describe the requirements for residency completion and extended absences.

Policy:

- A. Froedtert & the Medical College of Wisconsin PGY1 and PGY2 pharmacy residency programs are designed as 52-week programs. Combined PGY1/PGY2 pharmacy residency programs are designed as 104 week programs. The non-traditional residency program allows the resident to meet the 52 weeks of residency and associated residency requirements over an extended period of time.
- B. A minimum of 49 weeks is required to complete a PGY1 or PGY2 program and be awarded the residency certificate of completion. For combined programs, a minimum of 49 weeks must be completed for each year.
- C. Residents are required to complete all activities as outlined for their specific program at a level of acceptable quality (i.e. manuscript, poster, presentations, etc).
- D. Residents must "Achieve for Residency" all goals in competency area R1, Patient Care. Good progress toward meeting 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.
- E. In the event of an 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.
- F. 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:

- A. The Residency Program Director, with input from other preceptors and program leadership, and/or the Residency Advisory Committee (depending on the program) will determine whether residency program activities are completed at a satisfactory level of quality and whether the program goals and objectives have been achieved for residency.

- B. The resident's direct manager and/or Residency Program Director will be responsible for ensuring that approval and handling of absences, paid time off (scheduled and unscheduled), and extended or intermittent leaves of absence is done in accordance with Froedtert policies specific to the situation.

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

FROEDTERT PHARMACY POLICY

**Residency Program – Resident Performance
Improvement Planning and Corrective Action**
Entities Impacted: FMFH () FMLH (X) FMCWCP ()
FWBH ()

Effective Date: 8/10/2005
Revised Date: 3/2/2020
Policy Number: NA

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

DEFINITIONS : **Residency Program Director (RPD)** – The pharmacist on record with the American Society of Health System Pharmacists (ASHP) who is responsible for the leadership of a pharmacy residency program. This pharmacist may or may not be a formal leader at Froedtert Health..

Leader – The pharmacy resident's direct supervisor at Froedtert Health.

Mentor – A pharmacist assigned by the residency program director to assist with resident development during the residency year. The mentor is a Froedtert Health staff member who is typically not in a leadership role.

Advisor – A pharmacist assigned by the residency program director to assist with resident development and career planning during the residency year. The advisor is a Froedtert Health staff member who is typically in a leadership role.

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

POLICY:

- A. In order to earn a residency certificate at Froedtert & the Medical College of Wisconsin, residents must meet criteria outlined in policy AD25.000, Residency Program Completion and Extended Absences.
- B. If at any point during the residency program, it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal plan for improvement will be initiated by the Residency Program Director (RPD) and the resident's leader. The resident's mentor and/or advisor may be included depending on the circumstances.

- C. Coaching will be used to correct deficiencies or behaviors initially unless:
1. The resident is having difficulty performing tasks required to independently staff in a pharmacist role.
 2. The behavior or action would result in corrective action or dismissal for a staff member per Froedtert policies and procedures.
 - i. As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.
 - ii. Non-compliance with these policies will be handled by the resident's leader and the department's Human Resource liaison.
 3. A pattern of behavior has been established and has not improved with coaching.

PROCEDURES: Coaching

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

Formal Performance Improvement Plan

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

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: Pharmacy Policy Committee

ATTACHMENTS/APPENDICES:

Resident Coaching Documentation Template
Performance Improvement Plan Template

Residency Programs – Duty Hours (DRAFT)

Last Review: December, 2020

Next Review: December, 2023

Description: Residency, resident, duty hour

Policy number: TBD

Origination date: December 2020

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

Definitions:

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

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

Duty hours do not include:

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

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

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

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

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

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

Policy:

- A. All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the American Society of Health System Pharmacists (ASHP) Pharmacy Specific Duty Hours and Accreditation Standards. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacy-specific-duty-hours.ashx>
- Residents will review the ASHP Duty Hours document upon initiation of the residency training program.
 - During orientation, the RPD will review requirements related to duty hours with residents. Furthermore, the RPD will highlight and emphasize resident accountability and responsibility as it relates to patient safety and the importance of being “fit for duty.”
- B. Maximum duty hours of work per week and duty-free times:
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting/bonus shifts.
 - Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- C. Moonlighting/Bonus Shifts
- Any moonlighting/bonus shifts worked at Froedtert Health or externally are included within duty hours.
 - Once trained and licensed, residents may pick up bonus shifts at Froedtert Health as long as:
 - i. The resident obtains permission from RPD prior to picking up their first shift.
 - ii. The shifts do not interfere with residency program requirements.
 - iii. The resident is meeting or exceeding residency program requirements.
 - iv. The shift will not cause the resident to exceed duty hours rules.
 - If a pharmacist believes the resident is showing signs of fatigue (excessive yawning, sedation, etc), the resident should be relieved of their duty. The pharmacist will notify the program director and the resident will be prohibited from moonlighting/bonus shifts for at least 4 weeks.
 - Moonlighting/bonus shifts will be prohibited if it appears to be interfering with the resident’s judgement or ability to achieve educational goals.
 - External moonlighting is discouraged, however, if a resident chooses to moonlight, hours must be disclosed with duty hours. If it is identified that moonlighting is interfering with fitness for duty, residents will be required to end moonlighting responsibilities.
- D. Duty Hours Tracking
- Residents are expected to self-monitor their compliance with duty hours on a weekly basis. They will track compliance using the Duty Hours Tracking document or PharmAcademic custom evaluation at the discretion of the RPD.
 - RPDs will review duty hours for each resident on a monthly basis. It is the resident’s responsibility to notify their program director at any point there they are

approaching a duty hours limit or if they are feeling excessive fatigue or exhaustion.

- If a resident is exceeding duty hours limits, the RPDs will work with the resident to identify a strategy to comply with the standard while meeting program requirements.

Author: Anne Zechlinski, PharmD

Approval:

Residency Steering Committee

Pharmacy Policy and Procedure Committee

Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

Formal Evaluation

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

NI = Needs Improvement

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

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

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

SP = Satisfactory Progress

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

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

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

ACH = Achieved

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

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

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

ACHR = Achieved for Residency

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

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

Who can mark as ACHR?

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

Last revised 06.06.18

PharmAcademic Evaluations

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

Duty Hours Tracking Documents

- Residents are expected to self-monitor their compliance with duty hours per the Duty Hours Policy.
- Duty hours tracking forms can be found at: <I:\FMLH\PHARMACY\Residency Program\2021-2022\Duty Hours 2021-2022>
- ASHP Duty Hours Guidance: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Bonus Shifts

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

Resident Attendance Expectations

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

Paid Time Off

- Residents are allotted 19 vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval.
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident's responsibility to identify coverage and communicate the switch.
- It is the responsibility of the resident to notify their RPD and rotation preceptor of days off.
- Requests for ≤ 2 days off must be made at the beginning of the rotation in which they fall.
- Requests for > 2 consecutive days off should be made as soon as possible or at least one month in advance to allow for any necessary rotation schedule adjustments.
- In the case of an absence on rotation, making up the rotation day on a weekend as opposed to using PTO will be assessed on a case-by-case basis at the discretion of the rotation preceptor(s).
- Resident is responsible for updating Kronos to reflect days off prior to sign-off by manager.
- When possible, ambulatory residents should follow the Outpatient Pharmacy Department PTO Picking Procedure, found here: <https://goo.gl/Uzsl85>.
- Residents are allowed bereavement pay per Froedtert's policy. Time away for bereavement counts towards the 19 days away/year.

Figure 1. Documenting PTO in Kronos

The figure consists of two screenshots of the Kronos software interface, showing a resident's schedule and how to document PTO.

Top Screenshot: The interface shows a list of dates from Fri 6/10 to Thu 6/22. The 'In' and 'Out' time fields are highlighted for a specific day. A callout bubble says "Remove scheduled times".

Bottom Screenshot: The interface shows the same list of dates. The 'Pay Code' and 'Amount' fields are highlighted for a specific day. A callout bubble says "Add the pay code 'PTO' and the number of hours, click 'Save'".

Holidays

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

Unscheduled Absences

- For inpatient/oncology staffing shifts/rotation:
 - Contact central pharmacy at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (414-805-2690) regardless if you are staffing. The

manager on-call will cover your scheduled shift if staffing. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day

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

Professional Leave/Business Days

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

Professional Meeting Attendance and Funding

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

PGY1 Residents

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

PGY2 Residents

- Attendance at the ASHP Midyear meeting is optional for PGY2 residents (unless required by the specific PGY2 program).
 - PGY2 residents who elect to attend ASHP Midyear, are expected to attend the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting and present a poster at the Vizient meeting.
 - PGY2 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through end of day on Monday.

- The \$1800 travel stipend may be used to cover ASHP Midyear as well as other professional meetings, conferences (e.g. ACCP, SCCM, HOPA, UGM, XGM, etc.) and residency conferences.

Expense Reports/Reimbursement

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

Figure 2: Company Codes and Accounting Units for Travel Reimbursement

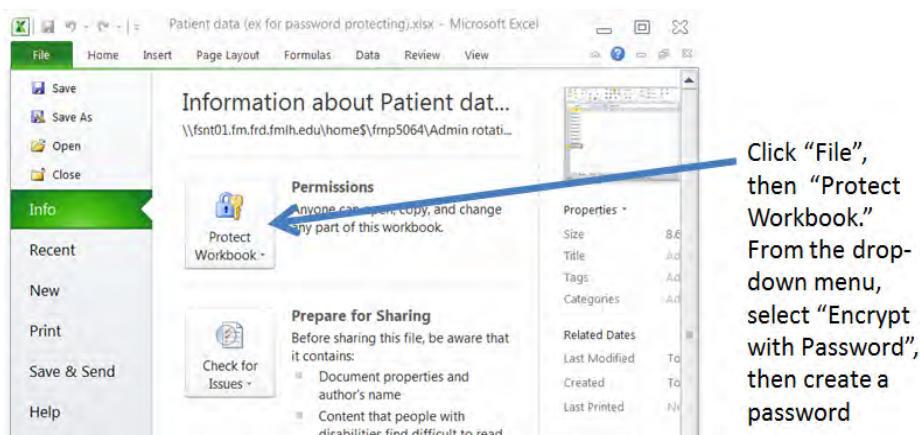
	Company	Accounting Unit
PGY1 FMF	2010	40310
PGY1 (Acute Care)	3000	40310
PGY1 (Am Care)	3000	40310
PGY1 (Admin)	3000	40310
PGY1 (MUSP)	3000	40310
PGY2 Admin	3000	75000
PGY2 Am Care	3000	75010
PGY2 Crit Care	3000	75000
PGY2 EM	3000	75000
PGY2 ID	3000	75000
PGY2 Informatics	1000	75001
PGY2 MUSP	1000	75001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

Resources for Residents

Laptops and Pagers

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

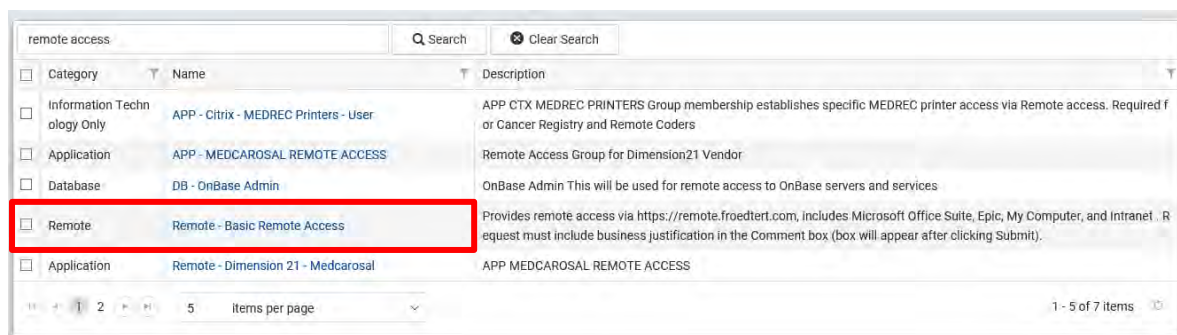
Figure 3. How to Password Protect Patient Data



Remote Access

- Residents must log in to the Automated Provisioning System (APS) in order to request remote access. [Intranet link to APS](#)
 - Use Froedtert Network Credentials to log in, and select “Request for Myself” under “My Access”
 - Type in “remote access” using search bar to find line item below (see screenshot). Select Remote – Basic Remote Access. Once approved, this will give access to the remote access site: <https://remote.froedtert.com>. [When using laptop from an off-campus location, all Froedtert applications will be accessed through this portal.](#)

Figure 4. How to Request Remote Access via APS

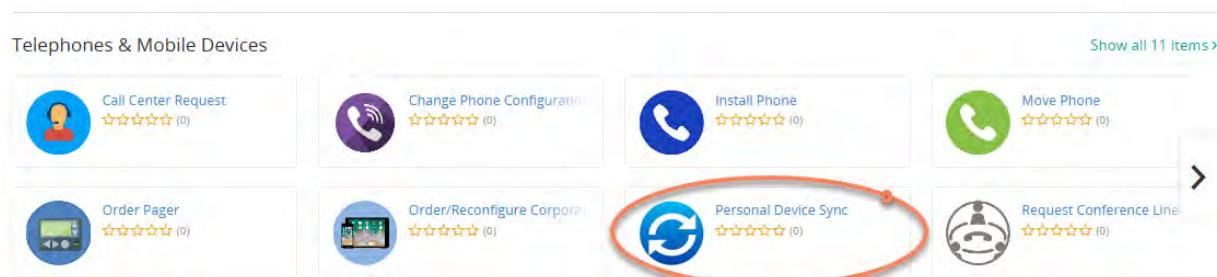


- Citrix must be downloaded on any computers used to access the Froedtert system remotely. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.
- The VIP App must be downloaded and used as a method for dual authentication. The app should be downloaded from Froedtert 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://remote.froedtert.com>
- Once logged in, the following applications should be available:
 - Epic
 - Microsoft Outlook, Excel, Word, PowerPoint, OneNote
 - Froedtert Intranet
 - Froedtert Network (H: Drive and I: Drive)

Personal Device Access

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

Figure 5: Requesting Personal Device Sync



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

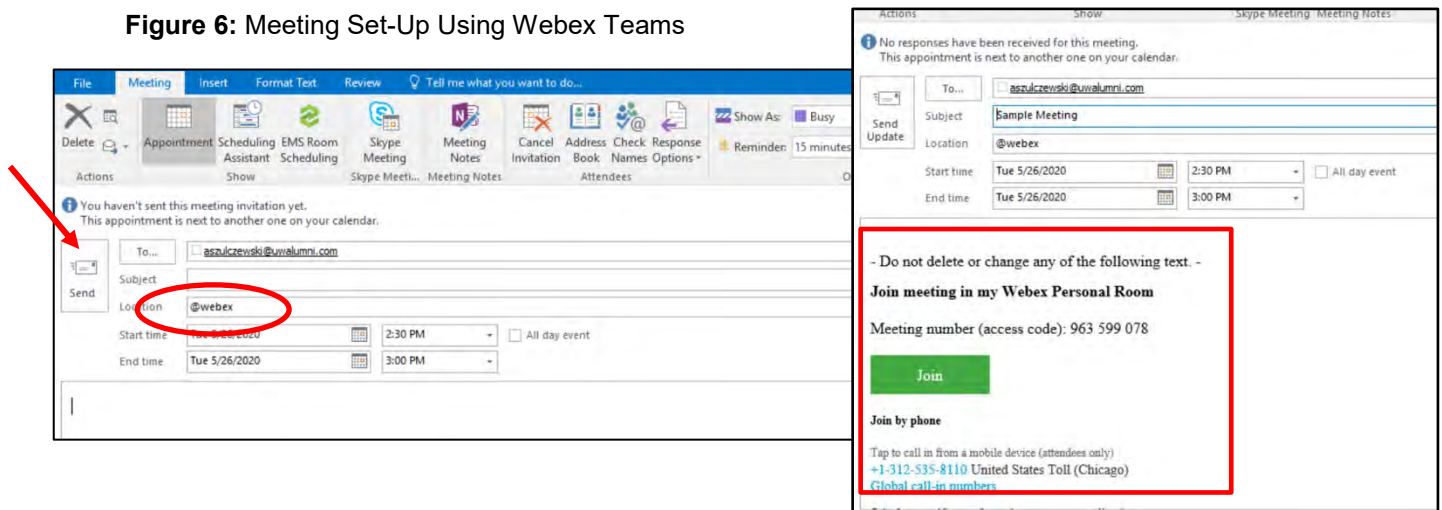
Workplace

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

WebEx Teams

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

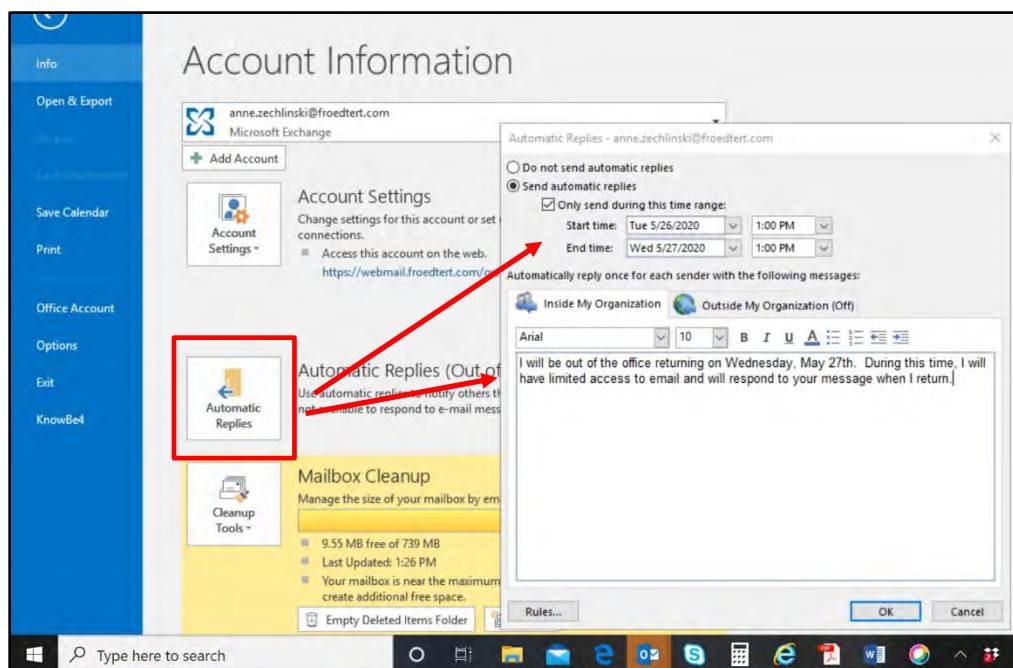
Figure 6: Meeting Set-Up Using Webex Teams



Email Expectations

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

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



Dress Code

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

White Coats

- Residents will need to fill out the Pharmacy Department Lab Coat/Logo Order form
 - This can be found on Sharepoint: https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/_layouts/15/WopiFrame.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

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

Business Cards

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

Presentation and Poster Templates

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

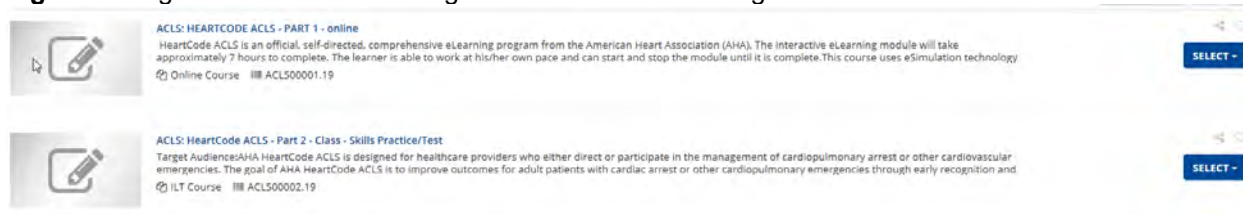
Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

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

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

Figure 8. Registration in The Learning Center for ACLS Training



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

Parking

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

Project Days

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

Working Remotely

- Some of our pharmacy department staff have transitioned to work-from-home (WFH) full-time or in a hybrid model. Generally, residents will be expected to work-from-home if completing a rotation in these areas.
- All informatics team members are permanent WFH, center for medication use and stewardship pharmacists are currently in a hybrid model.

Additional General Information

Vizient Committee Involvement

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

Academia Opportunities

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

Research Certificate

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

MCW Biostatistics Support

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

Pharmacy Society of Wisconsin Membership

- One year of membership with the Pharmacy Society of Wisconsin is covered by Froedtert & the Medical College of Wisconsin for all pharmacy residents and staff.
- PGY1 residents receive free membership from PSW and should register and affiliate with Froedtert.
- PGY2 residents will be added to Froedtert's membership list in the fall.

Wellness and Resilience Resources

- In addition to residency programming to address wellness, resilience and prevention of burnout, Froedtert Health offers a variety of wellness resources that are available to all employees.
- Many of these are listed on the Wellness Works intranet page:
<http://intranet.froedtert.com/wellnessworks>

- The Employee Assistance Program (EAP) also offers a variety of services that are included as part of the benefits package. <http://intranet.froedtert.com/EAP>

COVID19 Resources and Guidance

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

Medical College of Wisconsin Teaching Certificate Program



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

PROGRAM BENEFITS

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

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

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

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





TEACHING CERTIFICATE PROGRAM STRUCTURE

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

Residents

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



TEACHING CERTIFICATE REQUIREMENTS

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

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

Available live/online modules include:

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

PROGRAM COSTS

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

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

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

Pharmacy Research Certificate Overview

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

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

Goals and Objectives:

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

Program Leadership:

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Components for Completion of the Certificate:

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

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

Research Development Series (RDS):

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

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

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

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

Inpatient Staffing Information

There are 2 primary staffing models in the department:

7/70 staff

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

Inpatient Staffing Model

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

WEEKDAY STAFFING MODEL				
AM Pharmacists		Overlap	PM Pharmacists	Overnight Pharmacists
Medicine (0800-1630)	Med1 (4NE): 4NE non-medicine patients, MT 1, 6, 7	5 hour overlap (1130 start)	pMed1* (10hr): 4SE, 4NE	**Move to Central @ 2000
	Med2 (4SE): 4SE non-medicine patients, MT 2, 8, 17			
	Med3 (9NT): 9NT non-medicine patients, MT 3, 9, 14			
	Med4 (8NT): 8NT non-medicine patients, MT 4, 10, 11		pMed2* (10hr): 8NT, 9NT	
	Med5 (5SE): 5SE non-medicine patients, MT 5, 12, 15			
	Med6 (4SW): 4SW non-medicine patients, MT 16, 20, transplant med		pMed3 (8hr): 4SW, 5SE	
Surgery/Neuro (0700-1530)	Surg1: 2NT (32 beds)	4 hour overlap (1130 start)	pSurg1 (8hr): 2NT, 5SW, 5NE (79 beds)	**Move to Central @ 2000
	Surg2: 10CFAC (32 beds)		pSurg2 (8hr): 10CFAC, 11CFAC (beds 1-16) (48 beds)	
	Surg3: 4PV, ERU (20/8 beds)		pSurg3* (10hr): 5NW, 3W (beds 1-15) (45 beds); Add 5SW, 5NE @ 2000. Stay logged into 3W Vocera and keep name on treatment team	
	Surg4: 5NW (30 beds)		pSurg4* (10hr): 12CFAC, 11CFAC (beds 17-32) (48 beds)' Add remaining 1/2 of 11CFAC and 10CFAC @ 2000	
	Surg5: 11CFAC (32 beds)			
	Surg6: 12CFAC (32 beds)			
	Surg7: 5SW, 5NE (19/28 beds)			
Cardiology	Cards1 (10hr): CVICU (20 beds)	6 hour overlap	pCards1 (10hr; 1145 start): CVICU, 3W (beds 16-50) (55 beds)	
	Cards2 (10hr): 3W (share 50 beds)			
	Cards3 (8hr): 3W (share 50 beds)			
	Cards Faculty (4hr) - MT 14			
Transplant	Tx1 (10hr): TICU (20 beds)	5 hour overlap	pTx1 (10hr; 1230 start): 4NW, TICU (46 beds)	
	Tx2 (10hr): 4NW (26 beds)			
Oncology (Share 94 beds)	Onc1 (10hr) (BMT): 7/8/9 CFAC	6 hour overlap	pOnc1 (10hr; 1130 start): 7/8/9 CFAC (94 beds)	
	Onc2 (10hr) (Heme): 7/8/9 CFAC			
	Onc3 (10hr) (Solid): 7/8/9 CFAC			
	Onc4 (8hr 0800 start) (Heme/BMT): 7/8/9 CFAC			
	Onc5 (10hr) (Swing): 7/8/9 CFAC			
Critical Care (0700-1730)	ICU1: SICU (21 beds)	5-6 hour overlap	pICU1 (10hr; 1130 start): SICU, NICU (41 beds)	start) and N4 (10hr; 2145 start) share coverage of CVICU, ED, MICU, NICU, SICU, TICU
	ICU2: NICU (20 beds)			
	ICU3: MICU (26 beds)		pICU2 (10hr; 1230 start): MICU, 4PV, ERU (54 beds)	
	MICU Faculty (4hr)			
Emergency Department (0700-1730)	ED: Emergency Department	4 hour overlap	pED (10hr; 1330 start): Emergency Department	
Central	C1 (10hr; 0630 start): Central, Birth Center, MT13 (Obs)	5-7 hour overlap	pC1 (10hr; 1030 start): Central, Birth Center, MT13 (Obs) pC2 (8hr; 1330 start): Central, Birth Center, MT13 (Obs)	**Pick up Infusion Clinic and OR @ 1500
	C2 (8hr; 0800 start): Central, Birth Center, MT13 (Obs)			
	OR (8hr; 0630 start)			
* = resident shift				

Inpatient Staffing Model (Weekends)

		WEEKEND STAFFING MODEL			
AM Pharmacists		Overlap	PM Pharmacists	Overnight Pharmacists	
Medicine (0700-1530)	wMed1: 4NE, 5SE (beds 14-19) (36 beds)	4 hour	wpMed (10hr; 1130 start) wpSurg (10hr; 1130 start) **Move to Central @1530 Open all med/surg queues @1530 Add transplant/onc/cards queues @1730		
	wMed2: 4SE, 5SE (beds 9-13)				
	wMed3: 9NT				
	wMed4: 8NT, 5SE (beds 20-27)				
	wMed6: 4SW, 5SE (beds 1-8)				
Surgery/Neuro (0700-1530)	wSurg1: 2NT, 10CFAC beds 1-8 (40 beds)				
	wSurg2: 4PV, ERU, 10CFAC beds 25-32 (28 beds)				
	wSurg4: 5NW, 5SW beds 1-10 (40 beds)				
	wSurg5: 11CFAC, 10CFAC beds 9-16 (40 beds)				
	wSurg6: 12CFAC, 10CFAC beds 17-24 (40 beds)				
Cardiology	Cards1 (10hr): CVICU, 5NE beds 1-10,@ 1530 assist 3W (6 hour			
	Cards2 (10hr): 3W 25 beds, 5SW beds 11-15 (30 beds)				
	wCards3 (8hr): 3W 25 beds, 5SW beds 16-20 (30 beds)				
Transplant (0700-1730)	Tx1 (10hr): TICU (20 beds)				
	Tx2 (10hr): 4NW (26 beds)				
Oncology	Onc1 (10hr) (BMT): 7/8/9 CFAC				
	Onc2 (10hr) (Heme): 7/8/9 CFAC				
	Onc3 (10hr) (Solid): 7/8/9 CFAC				
	Onc4 (5hr) (Heme/BMT): 7/8/9 CFAC				
Critical Care (0700-1730)	ICU1 (10hr): SICU, 5NE beds 11-19 (30 beds)	6 hour	wpICU (10hr; 1130 start): CVICU, MICU, NICU, SICU, TICU	N3 (10hr; 2145 start) and N4 (10hr; 2145 start) share coverage of CVICU, ED, MICU, NICU, SICU, TICU	
	ICU2 (10hr): NICU, 5NE beds 20-28 (30 beds)				
	ICU3 (10hr): MICU (26 beds)				
ED (0700-1730)	ED: Emergency Department	4 hour	pED (10hr; 1330 start): ED + open queue for inpt units @ 1530		
Central (0630-1700)	C1: Birth Center, OR, Infusion Clinic, MT13 (Obs)	6 hour	pC1 (10hr; 1030 start): Birth Center, OR, Infusion clinic, MT13 (Obs)	N (10hr; 2100 start) and N22 (10hr; 2200 start) Share hospital coverage	

PGY2 EMERGENCY MEDICINE PHARMACY RESIDENCY PROGRAM

Residency Program Director

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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

The residency program year begins July 2, 2021 and finishes on July 1, 2022.

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 PGY2

- Help the external PGY2 acclimate, if applicable.
- Will forego formal “training”, as they will have already completed this as a PGY1
- Instead, 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.

External PGY2

- 5 weeks of the program are dedicated to hospital and departmental orientation and training focused on policies and guidelines, training in all pertinent computer systems, and will introduce the resident to both non-clinical and clinical resources and services.
- 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's 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 program's staffing requirements. At least one emergency medicine rotation and the 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.

Learning Experience – Required Introductory	Duration
Hospital Training (for non-Froedtert PGY1s)	5 weeks
EM Residency Orientation ¹ (overlaps with hospital training and EMI rotation)	8 weeks
Learning Experience – Required Core	
Emergency Medicine I ¹	4 weeks
Emergency Medicine II	4 weeks
Emergency Medicine III	4 weeks
Community Emergency Medicine/ICU	4 weeks
Night shift Emergency Medicine and ICU	2 weeks
Toxicology/Poison Center ¹	4 weeks
Medical Intensive Care Unit	4 weeks
Surgical or Cardiovascular or Neurosurgical Intensive Care Unit (selected by PGY2)	4 weeks
Learning Experience – Required Longitudinal	
Clinical Staffing	7 weeks + 16 weekends
Toxicology	½ day every Thursday
Emergency Medical Services/Flight for Life (EMS/FFL), Standards & Practice Committee	6 months
Emergency Medicine Administration & Leadership	1 year
Longitudinal Research	1 year
Medication Safety / Error Review	1 year
Learning Experience - Elective	
Surgical Intensive Care Unit	4 weeks
Cardiovascular Intensive Care Unit	4 weeks
Neurosurgical Intensive Care Unit	4 weeks
Inpatient Hematology	3 weeks
HIV Outpatient Clinic	2 weeks
Infectious Diseases	4 weeks
Informatics and Clinical Decision Support	4 weeks
Academia – The Medical College of Wisconsin School of Pharmacy or Concordia University Wisconsin School of Pharmacy	4 weeks
Pain Stewardship	2-4 weeks
VA Medical Center Emergency Department	2-4 weeks

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 a 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.
Goal 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 patients 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)
- Poison Center QA Committee (optional)
- Vizient pharmacy committee (optional)

Professional Organization Membership

- American Academy of Emergency Medicine (optional)
- American College of Emergency Physicians (optional)
- 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) **Required**
- American College of Emergency Physicians (October/November)
- American Academy of Emergency Medicine (March)
- Society for Academic Emergency Medicine (May)
- 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 / Flight For Life Grand Rounds
- Regional or National EM conference poster presentation
- Vizient Resident Poster at Annual Meeting
- Critical Care Continuing Education (CE)
- Critical Care Journal Club
- PSW Educational Conference podium presentation
- Wisconsin Emergency Medicine Research Forum Poster
- Froedtert Research Symposium

Year-long Resident Research Project and Manuscript

At the beginning of the academic year, the resident will 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.** , but must be within the realm of emergency medicine pharmacy. Each team member will be present at least one research project idea to the group. Projects will then be ranked by each team member and the top 2-4 will be then discussed prior to the final two projects being selected. 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 every other week** 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 Wisconsin Emergency Medicine Research Forum, the Wisconsin Pharmacy Residency Conference (WPRC), and the Froedtert Research Symposium 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.**

Writing Project

The resident is responsible for writing a literature review (on 5-15 articles) or a case report during the year. If a literature review is selected, the resident is responsible for developing a list of potential topics and completing a literature search to determine whether there is a need for a publication in the chosen topic. The RPD and EM preceptors will assist in writing a portion of the manuscript. The resident may choose to have 1-2 additional authors who may be other emergency medicine residents, emergency medicine pharmacists, or a physician. Co-writers will be approved by the RPD. The resident is responsible for dividing the work amongst co-writers and setting due dates. The resident will be responsible for collating the sections and developing a cohesive final product. **The resident will be required to submit the completed manuscript to an appropriate peer-reviewed journal.**

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 or as directed by the toxicology mentor/preceptor. Each resident will also be required to develop biweekly topic discussions on a toxicology subject from the list of required topics for ABAT certification. These topics will then be presented to the co-resident as well as any learners on rotation at WPC on Thursdays. The residents will be required to participate in the Concordia College of Pharmacy Opioid Abuse panel in May.

Administrative/Leadership Project

Residents will be required to take on at least one administrative 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 or virtual 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. In place of ICU rotation projects, residents will complete Critical Care CE and 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 Wednesday Conference. The resident will be required to lead one critical care journal club during the year.

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

Pharmacy. 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.

Precepting Experiences

APPE students and PGY1 residents (staff pharmacists will be the primary preceptors)

- The resident will be responsible for contacting the students and/or PGY1 residents 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.

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	<ul style="list-style-type: none"> • 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. 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. Certification lasts for 3 years. • Will be completing in early summer with current EM first years.
Fundamentals in Critical Care Skills (FCCS) Certification	<ul style="list-style-type: none"> • This is a one 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: <ul style="list-style-type: none"> ○ 16 didactic lectures, 9 case-based skill stations, pre-/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
Pediatric Advanced Life Support (PALS)	<ul style="list-style-type: none"> • 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. • Simultaneously get recertified for BLS. Certification for both lasts 2 years. • Will be completed in the Spring with current EM first and third year residents.
Neonatal Resuscitation Program (NRP)	<ul style="list-style-type: none"> • 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.

Mentorship Experiences

<i>Residency Director</i>	<ul style="list-style-type: none"> •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
<i>Residency Coordinator</i>	<ul style="list-style-type: none"> •The resident and the coordinator will meet up on an as needed base to review residency documentation tools and progress.
<i>Residency Mentor</i>	<ul style="list-style-type: none"> •Residency mentors are pharmacists assigned to each resident •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.
<i>Residency Advisor(s)</i>	<ul style="list-style-type: none"> •Residency advisors are pharmacists assigned to each resident for every project they are completing. •Responsible for assisting with project coordination & design, attending regular project meetings, and providing feedback verbally & via PharmAcademic on the resident's progress
<i>Residency Advisory Committee</i>	<ul style="list-style-type: none"> •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
<i>Toxicology Mentor</i>	<ul style="list-style-type: none"> •The toxicology 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." 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) Bites (animal, human)* | f) Renal replacement therapy** |
| a) Acute Aortic Dissection* | b) Bone /joint infections | g) Rhabdomyolysis** |
| b) Acute Coronary Syndromes** | c) Conjunctivitis** | 14) Resuscitation |
| c) Acute Decompensated Heart** | d) Dental infections** | a) Advanced Cardiac Life Support* |
| Failure/Congestive Heart Failure | e) Epiglottitis** | b) Anaphylaxis* |
| Exacerbations* | f) Endocarditis** | c) Hemodynamic |
| d) Arrhythmias* | g) Food and waterborne illness | monitoring/management* |
| e) Hypertensive Emergencies** | h) Hepatitis | d) Pediatric Advanced Life Support** |
| f) Pericardial Tamponade | i) Influenza* | e) Mechanical devices (e.g ECMO, |
| g) Pericarditis | j) Intra-abdominal Infections** | ECLS, ventricular assist device) |
| h) Pulmonary Hypertension | k) Meningitis** | f) Routes for Medication |
| 2) Dermatology | l) Occupational/non-occupational | Administration (IV, IO, Nasal)* |
| a) Burns (thermal, chemical, | antiretroviral post exposure | g) Shock States* |
| electrical)** | prophylaxis** | h) Surgical airways |
| b) Drug Reactions** | m) Parasites/worms | 15) Special Populations |
| c) Erythema Multiforms | n) Pneumonia* | a) Age-specific (pediatric and geriatric) |
| d) Gout exacerbation | o) Sepsis* | dosing considerations** |
| e) Rash | p) Sexually Transmitted Diseases* | b) Angioedema (ACE-Inhibitor- |
| f) Stevens Johnson Syndrome/Toxic | q) Sinusitis/otitis media** | induced and hereditary)** |
| Epidermal Necrolysis** | r) Streptococcal pharyngitis** | c) Common infections in children (e.g. |
| g) Topical and local anesthesia** | s) Toxic shock syndromes | croup, meningitis, otitis |
| 3) Endocrine/Metabolic | t) Tuberculosis | media/externa, pertussis, RSV, |
| a) Adrenal Crises/Insufficiency** | u) Urinary Tract Infections* | sepsis) |
| b) Glycemic Control* | v) Vaccinations* | d) Pediatric/neonatal febrile seizures** |
| c) Hyperglycemic crisis* | w) Wilderness medicine | 16) Toxicology |
| d) Myxedema coma** | 9) Neurology | a) Acetaminophen* |
| e) SIADH | a) Acute hemorrhagic stroke* | b) Approach to Toxicology Patient* |
| f) Thyroid Storm** | b) Acute ischemia stroke* | c) Antidepressants/Antipsychotics** |
| 4) Emergency Preparedness | c) Increased intracerebral pressure | d) Antiepileptics |
| a) Advanced HAZMAT life support | management** | e) Antihypertensives |
| b) Bioterrorism | d) Migraine and headaches** | f) Beta-blockers and calcium channel |
| c) Decontamination** | e) Myasthenia gravis** | blockers** |
| d) Disaster preparedness/National | f) Status epilepticus/seizures* | g) Caustic ingestions |
| incident management system** | g) Ventriculostomy | h) Cyanide |
| e) Medical Surge Capacity and | 10) Obstetrics | i) Digitalis |
| Capability** | a) Ectopic Pregnancy** | j) Gastric |
| f) Nerve Agents | b) Miscarriage/Spontaneous Abortion | decontamination/elimination* |
| g) Radiation Exposure | c) Preeclampsia and eclampsia** | k) Heavy metals |
| 5) Environmental | d) Resuscitation in pregnancy** | l) Iron |
| a) Altitude Illness | 11) Pain and Sedation | m) Neuroleptic malignant syndrome |
| b) Carbon Monoxide Exposure | a) Acute agitation* | n) Occupational exposures** |
| c) Decontamination** | b) Acute pain management* | o) Opioids* |
| d) Drowning/Near Drowning | c) Post-intubation sedation/analgesia* | p) Poisonous plants |
| e) Hyperthermia** | d) Procedural sedation* | q) Salicylates* |
| f) Hypothermia** | e) Psychosis and delirium** | r) Sedatives** |
| 6) Gastrointestinal and Hepatic | 12) Pulmonary | s) Toxic alcohols |
| a) Acute liver failure/cirrhosis** | a) Acute respiratory distress syndrome | t) Withdrawal syndromes* |
| b) Acute Upper and Lower | (ARDS) | 17) Trauma |
| Gastrointestinal bleeding* | b) Asthma exacerbations* | a) Antibiotic prophylaxis* |
| c) Constipation/diarrhea** | c) Chronic obstructive pulmonary | b) Coagulopathy of trauma** |
| d) Esophageal foreign body | disease exacerbation* | c) Open fractures** |
| e) Nausea/Vomiting* | d) Mechanical ventilation** | d) Massive transfusion |
| f) Pancreatitis | e) Noninvasive airway management** | e) Spinal Cord Injury** |
| g) Peptic Ulcer Disease** | f) Pneumothorax | f) Thoracostomy/thoracotomy |
| 7) Hematology | g) Rapid sequence intubation (RSI)* | g) Traumatic brain injury** |
| a) Benign heme disorders** | 13) Renal and Genitourinary | h) Trauma resuscitation** |
| b) Coagulopathies** | a) Acid base disorders* | |
| c) Hypercalcemia of malignancy | b) Acute kidney injury/End-stage renal | |
| d) Reversal of anticoagulants* | disease* | |
| e) Thromboembolic Disease* | c) Fluids and electrolytes* | |
| f) Tumor lysis syndrome | d) Priapism** | |
| 8) Infectious Diseases | e) Renal colic/urolithiasis** | |

*Denotes required patient experience.
 **Denotes a required topic.

Evaluation & Documentation

All Froedtert Hospital pharmacy residency programs use the ASHP PharmAcademic for evaluation of resident performance. Preceptors, RPD, and RPC determine required objectives to be evaluated during each learning experience. Additionally, the resident and RPD collaborate to create three longitudinal goals for the year and the RPD will document them in the Customized Residency Training Plan.

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.

Developmental 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 these 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.

Evaluations and Progress Documentation

- 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 (i.e. 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.

Option A	Option B
Project choice	Holiday Choice: Thanksgiving PM + Memorial Day PM Christmas AM + Labor Day PM
Learner correspondence: Email students or email residents starting rotation	S&P Time frame: 1 st half of year or 2 nd half of year

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

PGY2 Emergency Medicine Residency Graduates

Residency Year	Resident	Pharmacy School & Residency Training	First Position	Current Position	Projects
2021-2022	Haley Fox, PharmD	PharmD, University of Illinois at Chicago '20 PGY1, University of Iowa Hospitals and Clinics '21	TBD	PGY2 Emergency Medicine Resident Froedtert & the Medical College of Wisconsin Milwaukee, WI	Oral cephalosporins versus first-line agent use for acute pyelonephritis Characterizing Iron Level Trends in Oral Iron Toxicity
	Lauren Wells, PharmD	PharmD, University of Colorado Skaggs School of Pharmacy '20 PGY1, University of Colorado Hospital – Aurora '21	TBD	PGY2 Emergency Medicine Resident Froedtert & the Medical College of Wisconsin Milwaukee, WI	Investigation of Patient Outcomes with Use of Dopamine versus Norepinephrine for Shock by Emergency Medical Services
2020-2021	Mary O'Keefe, PharmD	PharmD, University of Mississippi '19 PGY1, Froedtert & the Medical College of Wisconsin '20	Emergency Medicine Clinical Pharmacist Salem Health Salem, OR	Emergency Medicine Clinical Pharmacist Salem Health Salem, OR	Optimization of benzodiazepine use for status epilepticus in the emergency department Development of a "Pharmacist to Administer Medication" Policy in the Emergency Department Rebound Salicylate Toxicity Following Discontinuation of Sodium Bicarbonate Infusion
	Abigail Sharpe, PharmD	PharmD, University of Wisconsin – Madison '19 PGY1, Froedtert & the Medical College of Wisconsin '20	Emergency Medicine Clinical Pharmacist Salem Health Salem, OR	Emergency Medicine Clinical Pharmacist Salem Health Salem, OR	Vasopressor Initial Dosing Impact on Survival and re-Arrest Likelihood (VIN DISAL) Evaluation of the Feasibility of Increasing ED Discharge Prescription Capture Impact of the TikTok™ Benadryl Challenge on Frequency and Severity of Adolescent Diphenhydramine Ingestions

Residency Year	Resident	Pharmacy School & Residency Training	First Position	Current Position	Projects
2019-2020	Corey Cicci, PharmD	PharmD, University of North Carolina '18 PGY1, University of North Carolina '19	Emergency Medicine Clinical Pharmacist CHRISTUS Mother Frances Hospital Tyler, TX	Emergency Medicine Clinical Pharmacist CHRISTUS Mother Frances Hospital Tyler, TX	Impact of timing and dosing of four-factor prothrombin complex concentrate administration on outcomes in warfarin-associated intracranial hemorrhage Post-exposure prophylaxis kit procurement Outcomes of benzonatate exposures reported to a single U.S poison center: a 20-year review
	Kelly Richardson, PharmD	PharmD, University of North Carolina '18 PGY1, Froedtert & the Medical College of Wisconsin '19	Emergency Medicine/Critical Care Pharmacist Froedtert & the Medical College of Wisconsin Milwaukee, WI	Emergency Medicine/Critical Care Pharmacist Froedtert & the Medical College of Wisconsin Milwaukee, WI	A comparison of mortality with the use of succinylcholine or rocuronium during intubation in traumatic brain injury patients in the emergency department Characterization of nebivolol exposures reported to U.S. Poison Centers
2018-2019	Lauren LaBeff, PharmD	PharmD, University of Tennessee Health Science Center '17 PGY1, Beaumont Hospital—Royal Oak, Michigan '18	Residency Year Incomplete		Safety of Apixaban in Severe Renal Impairment
	Ashley Weiss, PharmD, BCPS	PharmD, Purdue University, College of Pharmacy '17 PGY1, Grady Health System; Atlanta, GA '18	Emergency Medicine Clinical Pharmacist UC Health Memorial Hospital Colorado Springs, CO	Emergency Medicine Clinical Pharmacist UC Health Memorial Hospital Colorado Springs, CO	Comparison of Advanced Cardiac Life Support Recommended Vasopressor Infusion Strategies During Return of Spontaneous Circulation in Out of Hospital Cardiac Arrest Opioid Reduction in the Emergency Department: A Multidisciplinary Approach to Implementing Sustainable Opioid-Sparing Multimodal Strategies in the Midwest

Residency Year	Resident	Pharmacy School & Residency Training	First Position	Current Position	Projects
2017-2018	Amber LeBrun (Olson) , PharmD, BCPS	PharmD, South Dakota State University '16 PGY1, Nebraska Medicine '17	Emergency Medicine Clinical Pharmacist Tampa General Hospital Tampa Bay, FL	Emergency Medicine Pharmacist M Health Fairview Southdale Hospital Edina, MN Hennepin County Medical Center Minneapolis, MN (per diem) Maple Grove Hospital – North Memorial Health Maple Grove, MN (per diem)	Workflow of a Pharmacist-Initiated Culture Review Process in the Emergency Department Reduces Time to Antibiotic Treatment Optimization Hyperglycemia in Calcium Channel Blocker Toxicity
2016-2017	Kaitlin Ewert , PharmD, BCCCP	PharmD, University of Wisconsin - Madison '15 PGY1, Froedtert & the Medical College of Wisconsin '16	Emergency Medicine/Critical Care Pharmacist Froedtert & the Medical College of Wisconsin Milwaukee, WI	Emergency Medicine/Critical Care Pharmacist Froedtert & the Medical College of Wisconsin Milwaukee, WI	Evaluation of initial rate control strategies for the management of atrial fibrillation in a tertiary emergency department Characterization of factor Xa inhibitor exposures Guidelines for prehospital push-dose vasopressor use (phenylephrine) Creation of online training modules via Pharmacist Society of Wisconsin (PSW) for “Injectable Medications (IM and SubQ Non-Vaccine)” and “Non-Vaccine Injection Medication Administration in an Inpatient Setting”
2015-2016	Ryan Feldman , PharmD, BCPS, DABAT	PharmD, University of Wisconsin - Madison '14 PGY1, Froedtert & the Medical College of Wisconsin '15	Emergency Medicine Clinical Pharmacist Froedtert & the Medical College of Wisconsin Milwaukee, WI	Emergency Medicine Clinical Pharmacist Froedtert & the Medical College of Wisconsin Milwaukee, WI	Prospective evaluation of patient and provider perspective of procedural sedations, agents used, and cumulative dosing in a tertiary care emergency department Guidelines for prehospital ketamine utilization Evaluation of bromethalin exposures reported to US poison centers

Appendix

PGY2 Emergency Medicine Checklist

Requirement	Date Completed	Initials
Longitudinal Research Project Manuscript		
Toxicology Research Project NACCT Submission		
Administration Project		
Written Project		
Flight for Life/EM Grand Rounds		
Critical Care Grand Rounds		
Critical Care Journal Club		
Vizient Poster Presentation Including EM poster session		
PSW Podium Presentation		
Froedtert Research Symposium		
Wisconsin Emergency Medicine Research Forum Poster Presentation		
Concordia College of Pharmacy Opioid Abuse Panel		
Toxicology Lecture		
BLS		
ACLS		
PALS		
BDLS		
FCCS		