



# **PGY2 INFECTIOUS DISEASES Pharmacy Residency Manual**

## **2023 - 2024**

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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## **Welcome!**

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

## About Froedtert Health

### Froedtert & the Medical College of Wisconsin

The Froedtert & the Medical College of Wisconsin (MCW) regional health network is a partnership between Froedtert Health and the Medical College of Wisconsin supporting a shared mission of patient care, innovation, medical research, and education. Our health network operates eastern Wisconsin's only academic medical center and adult Level I Trauma Center at Froedtert Hospital, an internationally recognized training and research center engaged in thousands of clinical trials and studies. The Froedtert & MCW health network, which includes ten hospital locations, more than 2,100 physicians, and more than 45 health centers and clinics, draws patients from throughout the Midwest and the nation. In our most recent fiscal year, outpatient visits were more than 1.7 million, inpatient admissions to our hospitals exceeded 58,000, and visits to our network physicians totaled 1.17 million.

### Froedtert Hospital

Froedtert Hospital is a 711-bed academic medical center and a leading referral resource for advanced medical care. Froedtert Hospital also operates the region's only adult Level I Trauma Center. The Primary adult teaching affiliate of the Medical College of Wisconsin, Froedtert Hospital is a major training facility for more than 1,000 medical, nursing, and health technical students annually. It is also a respected research facility with more than 2,000 research studies, including clinical trials, every year.

### Froedtert Menomonee Falls Hospital

Froedtert Menomonee Falls Hospital, founded in 1964 by the citizens of Menomonee Falls and surrounding communities, is a full-service hospital that specializes in cancer care, heart and vascular care, orthopaedics, women's health, and advanced surgical procedures. Since 2017, the hospital has been home to inpatient training for Medical College of Wisconsin residents as part of the Froedtert Menomonee Falls Hospital Family Medicine Residency Program. A three-year residency, the program includes 18 medical residents with six residents per class.

Visit [froedtert.com](http://froedtert.com) for more information about the Froedtert & MCW Health Network.

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

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

### Pharmacy Department

- **Mission:**
  - The Pharmacy Department at Froedtert & MCW provides:

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

## **Vizient Quality and Accountability Rankings**

Vizient, an alliance of academic medical centers in the United States, provides rankings for academic medical center and affiliated hospitals based on quality, safety, and service. In 2022, Froedtert Hospital was recognized as a top performer in the 2022 Bernard A. Birnbaum, MD, Quality Leadership Ranking, achieving a rank of **10** out of 107 Academic Medical Centers. Vizient offers many resources to member hospitals as well as leadership and networking opportunities for pharmacists and pharmacy residents.



[@FMCWPharmRes](https://twitter.com/FMCWPharmRes)



[@Froedtert](https://twitter.com/Froedtert)



[@froedtert.mcw](https://www.instagram.com/froedtert.mcw)

Froedtert & MCW Pharmacy Residency webpage: [froedtert.com/pharmacy-residency](https://froedtert.com/pharmacy-residency)

## 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 and at discharge
- 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 occurs in a timely manner
  - For priority (STAT) 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 review to ensure appropriate 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
  - QT prolongation

#### Medication Histories and Reconciliation

- Pharmacists are accountable for the following:
  - Obtain medication history within 24 hours of patient admission
  - Complete admission medication reconciliation within 24 hours of patient admission

- Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room

#### Discharge Reconciliation and Coordination

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

#### Drug Information and Patient Education

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

#### Multidisciplinary Team Involvement

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

#### Formulary Management

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



### Emergency Management

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

### Quality and Process Improvement

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

### **Medication Distribution and Control**

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

### **Clinical Cancer Center Services**

- Pharmacy staff will:
  - Provide direct comprehensive pharmaceutical care in the Cancer Center
  - Coordinate medication use in the oncology patient population
  - Perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
  - Develop, review, and maintain protocols and regimens within the oncology electronic medical record system
  - In collaboration with members of the Department of Hematology/Oncology, Pharmacists verify medication orders and perform a dual verification for all chemotherapy orders

- Prepare and label compounded hazardous products for the entire campus in accordance with practice standards
- Participate in clinical research and Investigational Drug Services
- Participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center
- Work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists will:
  - Assist in the education of patients receiving chemotherapy and adjuvant medications
  - Be responsible for the development, maintenance, and execution of Collaborative Practice Agreements with physicians

## **Froedtert Health Pharmacy Solutions (FHPS)**

FHPS focuses on outpatient pharmacy services including retail, specialty, and home infusion and includes a full-service PBM.

### **Froedtert Pharmacy Retail Services**

- Froedtert Pharmacies provide services Monday through Friday with certain locations offering Saturday hours and the 92<sup>nd</sup> Street location operating 365 days a year.
- There are 12 retail pharmacy locations and 1 remote dispensing site with plans to expand locations in FY23.
- The three discharge pharmacies located within FMLH, FMFH, and FWBH are accredited by Community Health Accreditation Partner (CHAP), allowing Medicare Part B billing for approved DME products with additional locations being approved for billing Medicare Part B medications.
- Pharmacy staff working in the Froedtert Pharmacy Retail Stores are responsible for:
  - Prescription data entry, claims adjudication, medication profile review, assessment for clinical appropriateness, identification of interactions or possible adverse events, collaborating with interdisciplinary team members, product dispensing, final product verification, cash handling and point-of-sale transactions, counseling patients on prescription and over-the-counter medications
  - Fulfill duties outlined in the Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
  - Support patients through challenges in receiving their medications by utilizing available resources, such as patient assistance programs, prior authorizations, Froedtert Rx Savings Plan, approved interchange policies, and programs such as the Drug Repository Program, Diabetic Smart Start and Discount Programs, etc
  - Per Wisconsin State Law, pharmacists are required to counsel on new prescriptions when therapy changes are made, when requested by the patient or patient agent, or when the pharmacist deems necessary
  - Additional services available include Medication Therapy Management, Immunizations, Quality Interventions, Enhanced Refill Processing, and the Froedtert Rx App to assist patients in managing their medications

### **Froedtert Pharmacy Home Delivery & Specialty Services**

#### **Home Delivery**

- Froedtert Pharmacy offers Home Delivery to seven states for no additional charge to patients.
- Before sending out any medications, the pharmacy staff proactively call patients to confirm their order, preventing missed doses and minimizing unwanted medication from being sent.

#### **Specialty**

- The Froedtert Pharmacy Specialty team manages high cost, often chronic medications used by our patients in and outside of our hospitals or clinics. Our Specialty Pharmacy touches a variety of areas within our health system and is URAC accredited. Each month a pharmacist reviews the patient's medical record to ensure their medications are appropriate and accurate.

- The Medication Access Team (MAT) is embedded with the specialty pharmacy service line and performs the following duties:
  - Acquire prior authorizations for specialty medications infused, administered, or dispensed at any of the Froedtert and the Medical College of Wisconsin campuses, health centers, or Froedtert Pharmacies
  - Obtain medication and/or financial assistance for patients who are uninsured or unable to afford their specialty medication
  - 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 and maximize reimbursement

### **Froedtert Pharmacy Home Infusion Services**

- Provides a safe and effective option for patients to receive therapy via intravenous or other non-oral routes from the comfort of their own home or infusion suite
- The Home Infusion team includes registered nurses and pharmacists, and coverage spans the state of Wisconsin
- Home Infusion is accredited by the Joint Commission for home care services and is a certified Medicare provider for DME

### **Ambulatory Pharmacy Services**

- Pharmacists are integrated into both primary care and specialty clinics across the Froedtert Health Enterprise
- Primary care pharmacists cover over 30 primary care clinics and specialty clinic pharmacists support over 10 specialty areas
- The ambulatory pharmacy department also comprises the Anticoagulation Clinics (a multidisciplinary team of pharmacists, nurses, and pharmacy technicians) and the pharmacist-led Anemia Clinic
- Ambulatory clinic pharmacists provide care to patients with a variety of chronic conditions through the use of Collaborative Practice Agreements with physicians
- Ambulatory pharmacy care is delivered to patients through office and virtual visits as well as telephone encounters
- In addition to direct patient referrals, ambulatory pharmacists work with nurses and medical assistants on enterprise-wide population management initiatives focused on a variety of disease states such as diabetes, hypertension, heart failure, COPD/asthma, and HIV PrEP
- Ambulatory pharmacists at Froedtert work closely with the pharmacy technician prior authorization team, as well as pharmacists within the Froedtert Health retail and specialty pharmacies to ensure patient access to medications
- Ambulatory clinics with pharmacist services include: Anemia, Anticoagulation, Behavioral Health, Cardiology, Dermatology, Endocrinology, Geriatrics, GI/Hepatology, Infectious Diseases, Infusion Clinic, Metabolic Syndromes, Neurology, Oncology, Primary Care, Pulmonary Clinic, Rheumatology, and Solid Organ Transplant

### **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

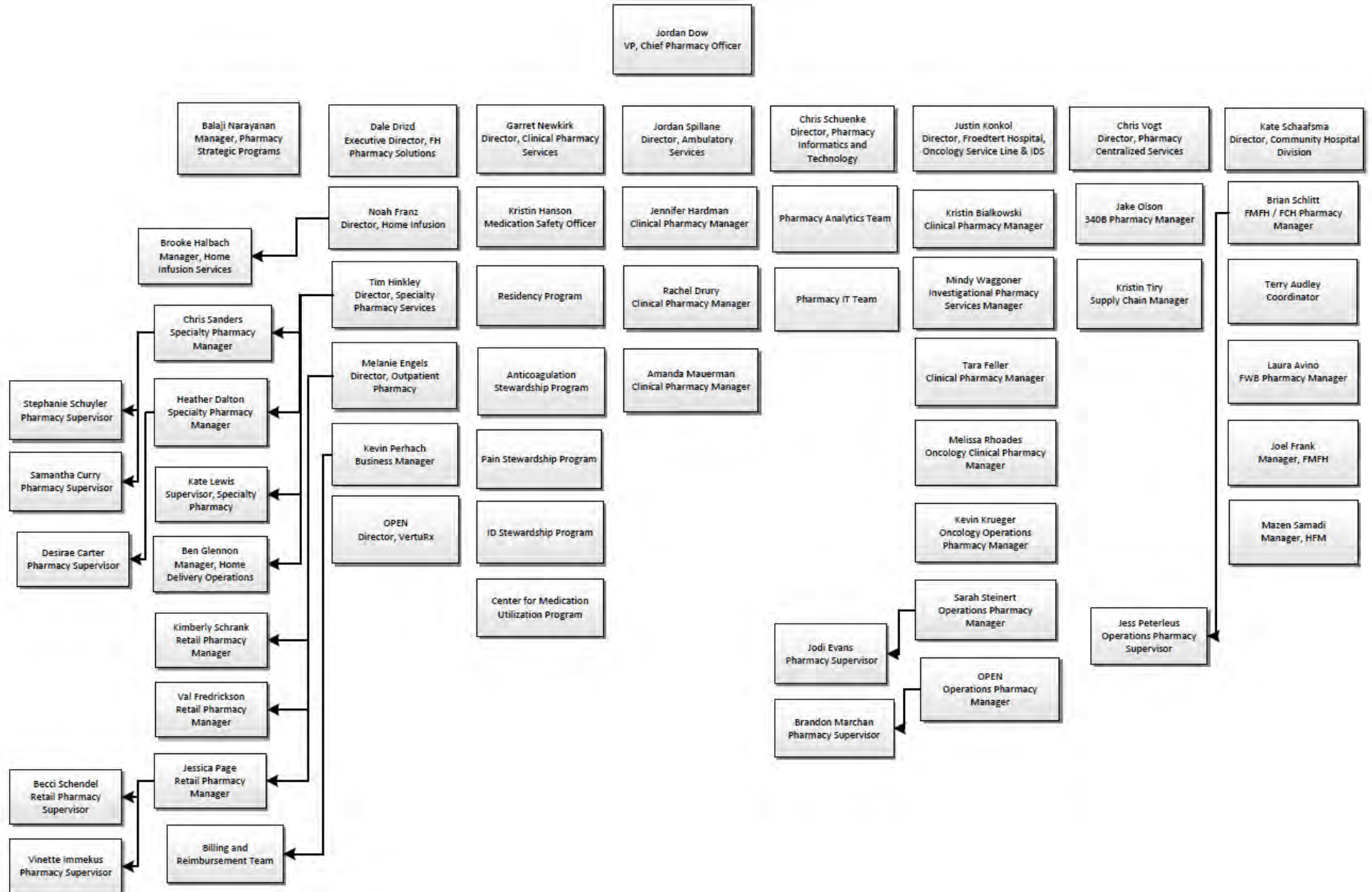
### **Center for Medication Utilization**

- 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 manage, implement, and design 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

## 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

- **John Muchka, PharmD, BCPS**
  - Residency Program Director
- **Brian Kasica, 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

### Community-Based PGY1

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

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

- **Justin Konkol, PharmD, MHA, BCPS, DPLA**
  - Residency Program Director
- **Tara Feller, PharmD, MBA, MPH, BCPS, Kristin Tiry, PharmD, MHA**
  - Residency Program Coordinators

### Medication Use Safety and Policy PGY1 and PGY2

- **Kristin Hanson, BSPHarm, MS**
  - Residency Program Director
- **Daniel Kapp, PharmD, BCPS, BCOP, Taylor Mancuso, PharmD**
  - Residency Program Coordinators

### Pharmacy Informatics PGY1 and PGY2

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

## PGY2 Residency Programs

### PGY2 Ambulatory Care

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

### PGY2 Critical Care

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

### PGY2 Emergency Medicine

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

### PGY2 Infectious Diseases

- **Alison Gibble, PharmD, BCIDP**
  - Residency Program Director
- **Kelsey Zeeck, PharmD**
  - Residency Program Coordinator

### PGY2 Oncology

- **Emma Carroll, PharmD, BCOP**
  - Residency Program Director
- **Stephanie Spitzer, PharmD, BCOP**
  - Residency Program Coordinator

## Residency Program Policies and HR Information

[Residency Program - Resident Licensure](#)

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

[Residency Program – Residency Program Completion](#)

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

[Residency Program – Duty Hours](#)



## Residency Program – Pharmacy Resident Licensure

Name: Residency Program - Pharmacy Resident Licensure

Last Review Date: 12/30/2021

Next Review Date: 12/30/2024

Policy Number: 40310-004

Origination Date: 01/02/2013

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.

Procedure:

- 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.
- 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.
- If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
  - If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the Residency Advisory Committee (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.
  - 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.
- 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.
  - 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.
- 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

Reference Details:

Approved by Residency Steering Committee

Issuing Authority:

FMLH Pharmacy Operations Committee

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

Last Review: March 26, 2021

Next Review: March 26, 2024

Description: Residency program completion, extended absences, leave, LOA, PTO, sick time, holiday

Policy number: 40310-005

Origination date: 9/13/2005

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

### **Policy:**

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

### **Procedure:**

1. Residents will work with their program director, manager, and scheduler to request time off.
2. Residents may not schedule time off from staffing shifts. Unscheduled time off from a staffing shift may result in the make-up of that shift at a later date.
3. Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert Health policies specific to the situation.
4. If an extension to the residency is warranted, the duration of the extension will be determined by the amount of time missed.

Preparation: Kristin Hanson, BSPHarm, MS

Authorization: Residency Steering Committee

Pharmacy Department Policy and Procedure Committee

## Residency Program – Residency Program Completion



### FROEDTERT PHARMACY POLICY

**Title: Residency Program: Residency Program Completion**

Effective Date: June, 2021

Revised Date:

Entities Impacted: FMFH (X ) FMLH (X ) FMCWCP ( ) FWBH ( ) Policy Number Pending

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

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

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

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

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

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

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

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

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

**PROCEDURE:**

**RELATED POLICIES/PROCEDURES:**

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

Name: Residency Program - Resident Performance Improvement Planning and Corrective Action  
Last Review  
Date: 06/26/2020  
Next Review  
Date: 06/26/2023  
Policy Number: 40310-002  
Origination  
Date: 08/10/2005

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

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

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

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

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

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

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

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

Procedure: **Coaching**

- 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.

**ATTACHMENTS/APPENDICES:**

Resident Coaching Documentation Template

Performance Improvement Plan Template

## Residency Program – Duty Hours

Title: Residency Program – Duty Hours	
Last Review Date: 12/28/2022	Next Review Date: 12/28/2025
Policy Number: 40310-006	Origination Date:
Category: Residency	
Policy Owner: Kristin Hanson, Anne Zechlinski	
Authorizing Group: Pharmacy Residency Steering Committee & Pharmacy Policy Committee	
Supercedes:	
Synergy: FMLH and FMFH	
Description:	

### **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 well-being and resilience 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
- Select On-call responsibilities (see section D, below)

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/duty-hour-requirements.pdf>
- 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).
  - The scheduling of resident staffing shifts will allow duty hours rules to be met.
- 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.
  - 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. At-Home Call Programs
- Residency programs with call programs must have a documented structure that includes:
    - i. Level of supervision a resident will be provided based on activities expected to perform, level of residency training and timing during the year.
    - ii. Identification of a backup system if the resident needs assistance.
    - iii. Method to evaluate the impact of the call program to ensure there is not a negative effect on patient care or resident learning due to sleep deprivation or fatigue.
    - iv. A plan for how to proceed if residents' participation in call program affects performance during duty hours.
  - At-home call programs must satisfy the requirement for one-day-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
  - At home call hours are considered duty hours if:
    - i. The resident is called-in to work or to fill a shift. The hours spent working will be included in duty hours. This may include a shift that can be worked from home.



- ii. The time spent by the resident on on-call related work activities during their assigned on-call hours count toward duty hours (i.e. taking calls, reviewing electronic health record, arranging sick call coverage, etc).

E. Duty Hours Tracking and Monitoring

- Residents are expected to self-monitor their duty hours and will complete a monthly attestation in Pharmacademic.
- RPDs will be alerted if a resident discloses work in excess of duty hours limits. The RPD is responsible for discussing the circumstances for duty hour excursion with the resident in order to identify strategies to comply with duty hours rules while meeting program requirements.
- Potential strategies include restricting bonus shifts/moonlighting, allowing time away, adjustment of deadlines for longitudinal work, or rotation/staffing schedule adjustments.

F. Promotion of well-being and resilience

- During orientation, residents will be provided with education on well-being, resilience, burnout and strategies to mitigate/reduce risk. Organizational resources (such as peer support groups and counseling services) available to residents will be also be discussed.
- Annually, a preceptor development topic will be dedicated to discussing these topics as well.
- Individual resident wellness strategies will be included as part the each resident's development plan and will be re-assessed at least quarterly at each resident's Residency Advisory Committee Meeting.

## 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.*

## Benefits

- PGY1 Stipend: \$49,920
- PGY2 Stipend: \$53,040
- PGY1 Non-traditional Stipend (annual): \$81,120
- Residents as full-time Froedtert employees are eligible for health, prescription drug, vision, dental, and life insurance, as well as disability coverage. Medical rate assistance program available.
- Other benefits include paid time off (PTO), employee assistance resources, discounted health club membership, and free on-site parking.
- Benefits information is located here: <http://intranet.froedtert.com/?id=17947&sid=5>

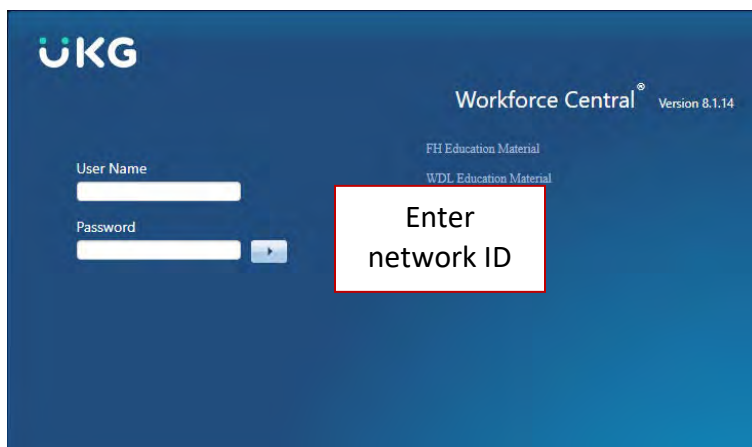
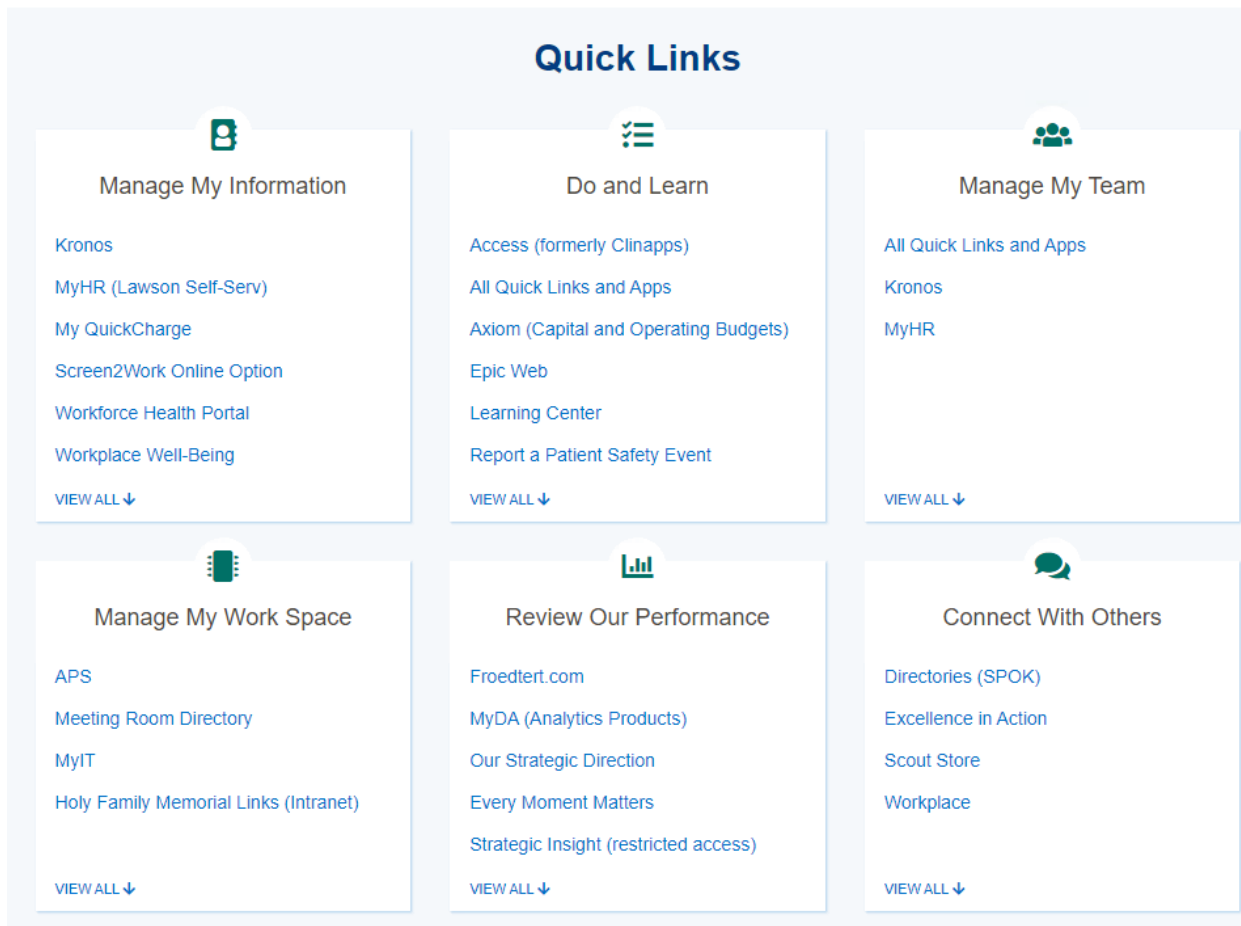
## Resident Attendance Expectations

- Residents are expected to work at least 8 hours/day Monday-Friday
- Residents are expected to notify their program director and manager in advance (as soon as possible) in the event that they will not be on-site on a weekday (either due to PTO or work-from-home)
  - Residents must alert their preceptor and RPD in advance of planned work-from-home outside of the local area (i.e. > 60 miles from campus)
- The RPD and manager should be notified for the following circumstances:
  - 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 (illness, emergency, etc.)

## Paid Time Off

- Residents are allotted 21 vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness.
- 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.
- Residents are not allowed to take PTO during the last 4 weeks of employment. Exceptions may be considered, but must be discussed and approved by manager in advance.
- 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.
- Ambulatory residents should work with their RPD and manager to identify opportunities for vacation/PTO.
- Residents are allowed bereavement pay per Froedtert's policy. Time away for bereavement counts towards the 21 days away/year.









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












	Date	Pay Code	Amount	In	Transfer	Out	In
+ X	Fri 12/02			8:00AM		4:00PM	
+ X	Sat 12/03						
+ X	Sun 12/04						
+ X	Mon 12/05			8:00AM		4:00PM	
+ X	Tue 12/06			8:00AM		4:00PM	
+ X	Wed 12/07			8:00AM		4:00PM	
+ X	Thu 12/08			8:00AM		4:00PM	
+ X	Fri 12/09			8:00AM		4:00PM	

Delete times



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	Date	Pay Code	Amount	In	Transfer	Out
	Fri 12/02			8:00AM		4:00PM
	Sat 12/03					
	Sun 12/04					
	Mon 12/05					
	Tue 12/06			8:00AM		4:00PM
	Wed 12/07			8:00AM		4:00PM
	Thu 12/08			8:00AM		4:00PM
	Fri 12/09			8:00AM		4:00PM

Click "+" to add a line

	Date	Pay Code	Amount	In	Transfer	Out
	Fri 12/02					
	Sat 12/03					
	Sun 12/04					
	Mon 12/05					
		PTO	8.0			
	Tue 12/06			8:00AM		4:00PM
	Wed 12/07			8:00AM		4:00PM
	Thu 12/08			8:00AM		4:00PM
	Fri 12/09			8:00AM		4:00PM

Add pay code of "PTO" and 8 hours under Amount

id: 4:05 PM Current Pay Period  All Home 

 Print Timecard
  Refresh
  Calculate Totals
  Save
  Go To

Shift	Daily	Period
8.0	8.0	8.0

## Holidays

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

## Unscheduled Absences

- For inpatient rotation/oncology staffing/inpatient staffing shifts:
  - Contact central pharmacy at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (414-805-2690). 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. Also notify your RPD.
  - If on rotation, notify your preceptors and residency program director of the absence as soon as possible.
- For ambulatory rotation/retail staffing shifts:
  - Contact the on-call leader/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 leader/coordinator will seek coverage options for 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 leader 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 absences unless other arrangements are made with preceptors and your manager.

## Bereavement

- Eligible staff may be granted a maximum of three scheduled work days, if necessary, to observe a period of bereavement when having suffered the loss of a:
  - Parent
  - Brother/Sister
  - Grandparent
- See Bereavement FH-HR.023 for additional details

## 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 the 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

## **Professional Leave/Business Days**

- Professional time will be granted to attend the ASHP Midyear Clinical Meeting, the Great Lakes Resident Conference, Wisconsin Pharmacy Resident Conference, and other meetings approved by the 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 and manager must be obtained.
- Maximum time away from residency for professional leave/business day is 16 days

## **Professional Meeting Attendance and Funding**

- Froedtert & MCW Residency Programs are committed to supporting residents to attend professional meetings.
- Funding (full or partial) for attendance at professional meetings may be available based on the financial situation of the organization.
- Funding, if available, may be used to offset expenses such as conference fees, airfare, lodging, and transportation to and from the airport (if applicable) up to the maximum allowed stipend amount.
- Residency program leadership will communicate available funding prior to registration deadlines for key meetings attended by residents.
- Residents may elect to self-fund in order to attend a meeting if funds from the organization are not available.

### PGY1 Residents

- If funding is available, the following is expected of PGY1 level residents
  - Attend the ASHP Midyear meeting, Vizient Pharmacy Council meeting, and one regional residency conference
  - Present a poster at the Vizient Pharmacy Council meeting
  - Travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.
- In the event that a resident is unable to attend one of these meetings or if funding is not available, additional arrangements will be made to allow the resident to present a poster and a platform presentation in an alternative setting

### 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 mid-day on Wednesday. Exceptions must be discussed with RPD and manager for approval.
- If funding is available, PGY2 residents may use funding to attend a different professional meeting or residency conference per the discretion of their RPD (e.g. ACCP, SCCM, HOPA, UGM, XGM, etc.).
- In the event that a resident is unable to attend one of these meetings or if funding is not available, arrangements will be made for the resident to present a poster and a platform presentation in an alternative setting.

## Expense Reports/Reimbursement

- To complete an expense report:
  - Froedtert Scout (main screen) → Departments → Finance → Expense Reimbursement Requests (link: <https://fh.sp.froedtert.com/sites/1580/default.aspx>) → New Form
  - Enter your information
    - Manager: Kristin Hanson
  - Select "Edit"
    - Enter a new line for each expense (flight, conference registration, hotel, etc) or can submit separate forms as these expenses arise

Edit	Date	Description	Company	Acct Unit	Acct No	Sub Acct	Activity	Category	Amount
<b>Edit</b>		Business Purpose:							
<b>Edit</b>		Business Purpose:							

- To enter cost information:
  - Today's date
  - Description
    - Flight = air/rail/bus
  - Company = 3000
  - Company description = Froedtert Hospital (should auto-populate)
  - Acct Unit = 40310
  - Account unit description = Pharmacy Residency Program (should auto-populate)
  - Account no. = 866100
  - Account no. description = Prof Development/Seminar Expense (should auto-populate)
  - Amount = (per your receipt)
  - Business purpose = (flight/conference/registration/etc)
  - FINISH

### Expense #1

#### Common Expenses

636140	Group Life Insurance	Premiums paid by EE, to be reimbursed	708110	Office Supplies	Misc office supply items purchased for dept use
636150	LT Disability Insurance	Premiums paid by EE, to be reimbursed	708120	Postage	Postage charges to be reimbursed
636250	Rewards & Recognition	Treats for staff (ie food brought in, etc)	866100	Prof Develop/Seminar	Conferences, trainings, books
636999	Other Employee Benefits	Gifts for staff	866110	Professional Dues & Licenses	Dues/license renewals to be reimbursed
700999	Medical Supply - Other	Misc medical supply items purchased for dept use	866120	Subscriptions	Journal, newspaper, etc

Date	Description	Company	Company Description	Acct Unit	Account Unit Description	Acct No	Account No Description	Amount
9/15/2022	Air/Rail/Bus	3000	Froedtert Hospital	40310	PHARMACY RESIDENCY PROGRAM	866100	PROF DEVELOP/SEMINAR EXPENSE	5519.96
Additional fields (if relevant to your company)								
Sub Acct	Activity	Activity Description	Category					
Business Purpose ASHP Midyear flight								
								Remove Data   Finish

- Repeat above step for additional expenses (or submit separate reports)
- Attach PDF file of receipt
- Submit form → You should receive an email shortly confirming your submission

- 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 request.
- Residents are expected to keep track of their stipends and not request reimbursement for amounts greater than the allotted stipend.
- 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

	<b>Company</b>	<b>Accounting Unit</b>	<b>Account Number</b>	<b>Account Description</b>
<b>PGY1 FMF</b>	2010	40310	866100	Professional Development/Seminar
<b>PGY1 (Acute Care)</b>	3000	40310	866100	
<b>PGY1 (Am Care)</b>	3000	40310	866100	
<b>PGY1 (Admin)</b>	3000	40310	866100	
<b>PGY1 Community</b>	1430	75050	866100	
<b>PGY1 (MUSP)</b>	3000	40310	866100	
<b>PGY2 Admin</b>	3000	75000	866100	
<b>PGY2 Am Care</b>	3000	75010	866100	
<b>PGY2 Crit Care</b>	3000	75000	866100	
<b>PGY2 EM</b>	3000	75000	866100	
<b>PGY2 ID</b>	3000	75000	866100	
<b>PGY2 Informatics</b>	1000	75002	866100	
<b>PGY2 MUSP</b>	3000	75000	866100	
<b>PGY2 Oncology</b>	3000	75020	866100	

## 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 monitoring both resident progress and rotation experiences and should be completed thoroughly.

## Duty Hours Tracking Documents

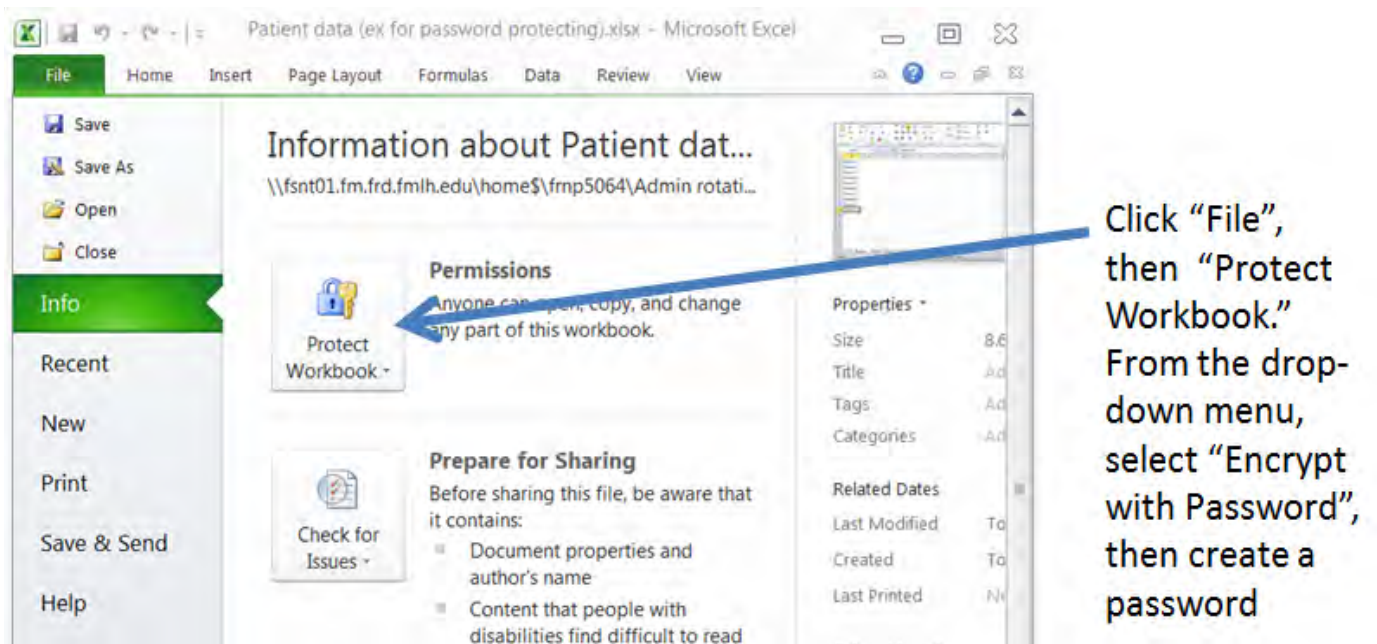
- Residents are expected to self-monitor their compliance with duty hours per the Duty Hours Policy.
- Duty hours documentation/attestation should be completed monthly in PharmAcademic.
- Residents are expected to be proactive in notifying their RPD in anticipation of exceeding duty hours.
- Residents should avoid picking up moonlighting/bonus shifts that will cause them to exceed duty hours.

## Resources for Residents

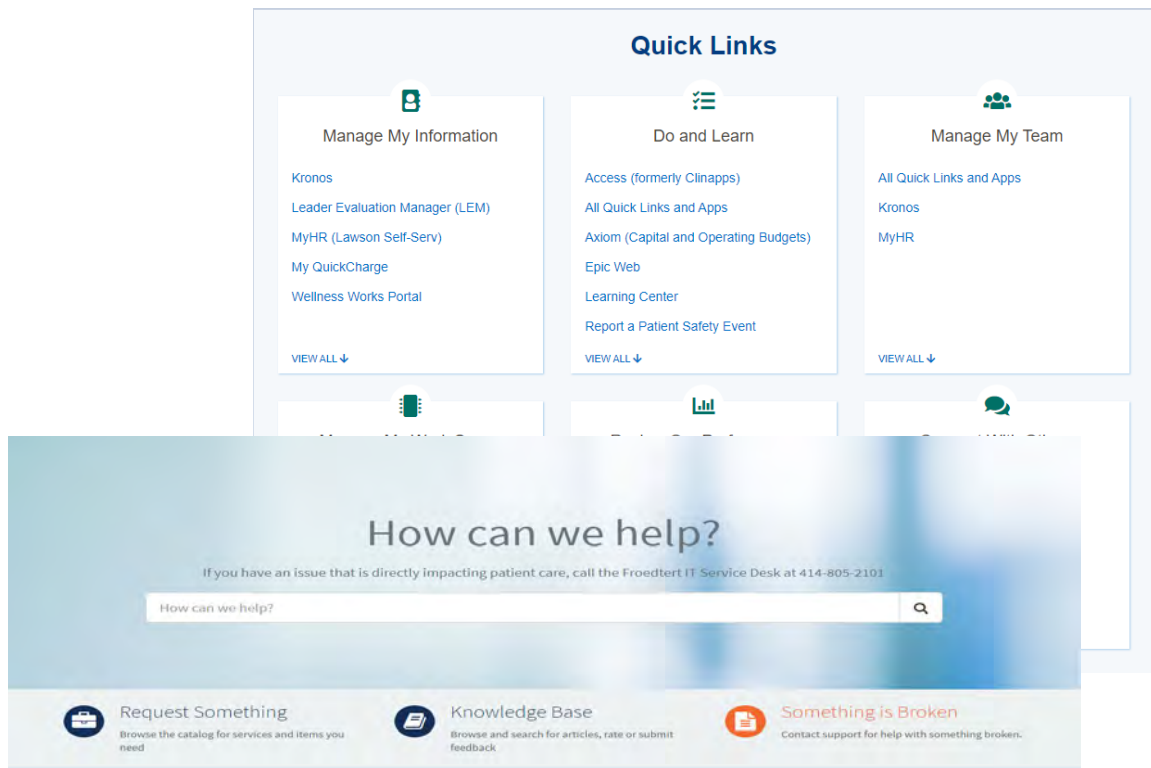
### Laptops, Workstations, and Pagers

- Residents will be issued laptop computers, home work stations, and personal pagers to be used throughout the year
  - **Laptops:** Laptops should be used as a workstation while on rotation (including for clinical rotations) and can be used at home as well. Laptops should be stored in a secure location.
    - Residents should not store documents containing Health Insurance Portability and Accountability Act (HIPAA) information directly on computer hard drives. These documents should instead be stored on the Froedtert Network and accessed via the VPN or remote access portal.
    - Residents should also password protect all documents containing Health Insurance Portability and Accountability Act (HIPAA) information (see example below “Example: How to Password-Protect Patient Data”).
  - **Workstations:** A monitor, laptop docking station, mouse, and keyboard are issued for use at home.
  - **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 download an app to manage pages 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. Equipment must be returned at the end of residency training program.
- If there are issues with device performance (i.e. low battery life, missing applications, etc), the resident is responsible for contacting IT for fix through the myIT app (see Figure 4).
- If you need assistance in making the request, contact Deanna Zapfel, Administrative Coordinator, [Deanna.zapfel@froedtert.com](mailto:Deanna.zapfel@froedtert.com)

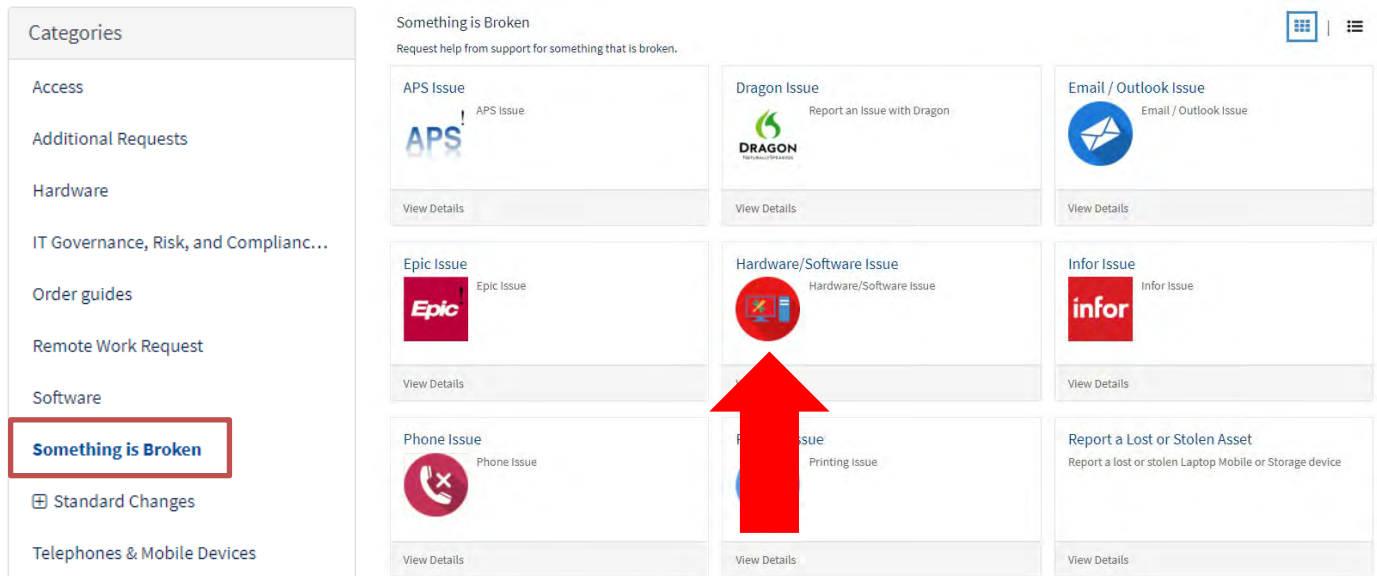
**Figure 3.** How to Password Protect Patient Data



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



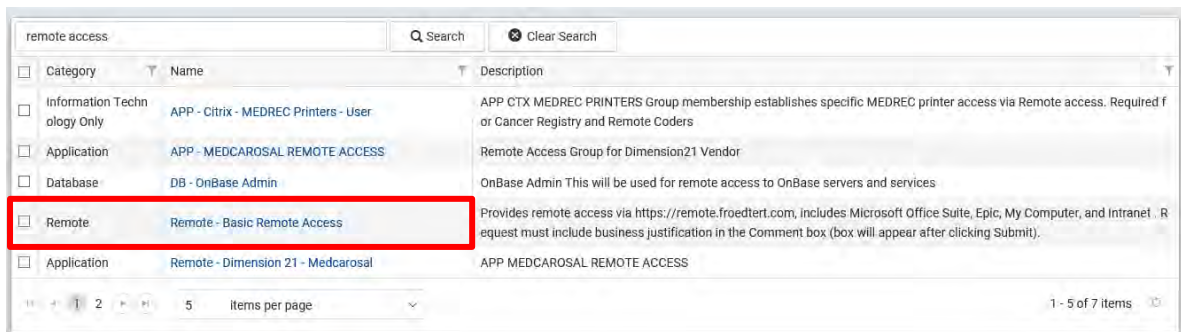
**Figure 4 (Cont.).** How to enter MyIT requests (Use Epic Credentials to Log In to MyIT)



## VPN/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.

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



## Remote Access Portal (to access Froedtert network on a personal computer)

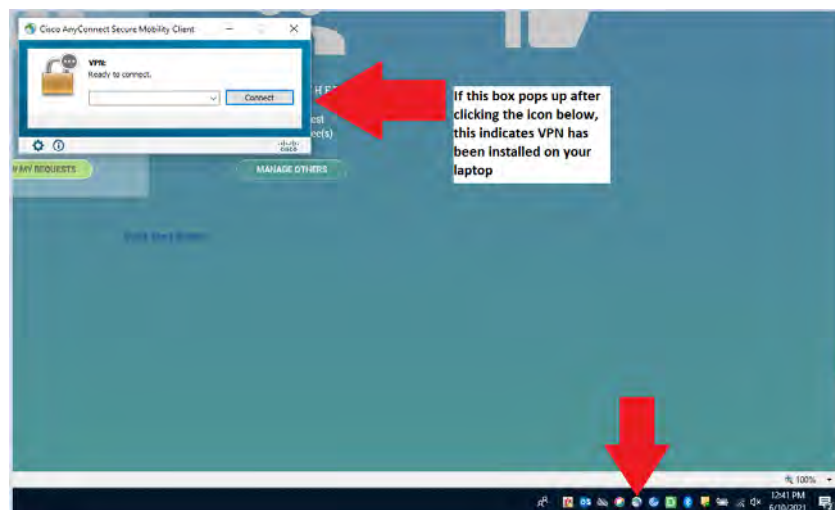
- To access remote portal, Citrix must be downloaded. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.
- The VIP App must be downloaded and used as a method for dual authentication. The app should be downloaded on a personal device while onsite at a Froedtert Campus in order to link it with an account. Step-by-step instructions for setting up the VIP app can be found [here](#).

- Link to Froedtert remote desktop: <https://remote.froedtert.com/>
- Once logged in, the following applications should be available:
  - Epic
  - Microsoft Outlook, Excel, Word, PowerPoint, OneNote
  - Froedtert Intranet
  - Froedtert Network (H: Drive and I: Drive)

### VPN (used to access the Froedtert network offsite on a Froedtert issued computer)

- In order to access the VPN, you will need access to the remote portal (above) and Cisco AnyConnect VPN Software on your laptop
- To see if you have the VPN software on your computer, click on the icon in Figure 6
- If you do not have the VPN application downloaded on your Froedtert issued laptop, request this application via a MyIT request under “Install Application” with the application being “Cisco AnyConnect VPN software”
- Instructions for logging into the VPN can be found here: <I:\FMLH\PHARMACY\Residency Program\2022-2023\ALL Resident Orientation>

**Figure 6.** VPN Access

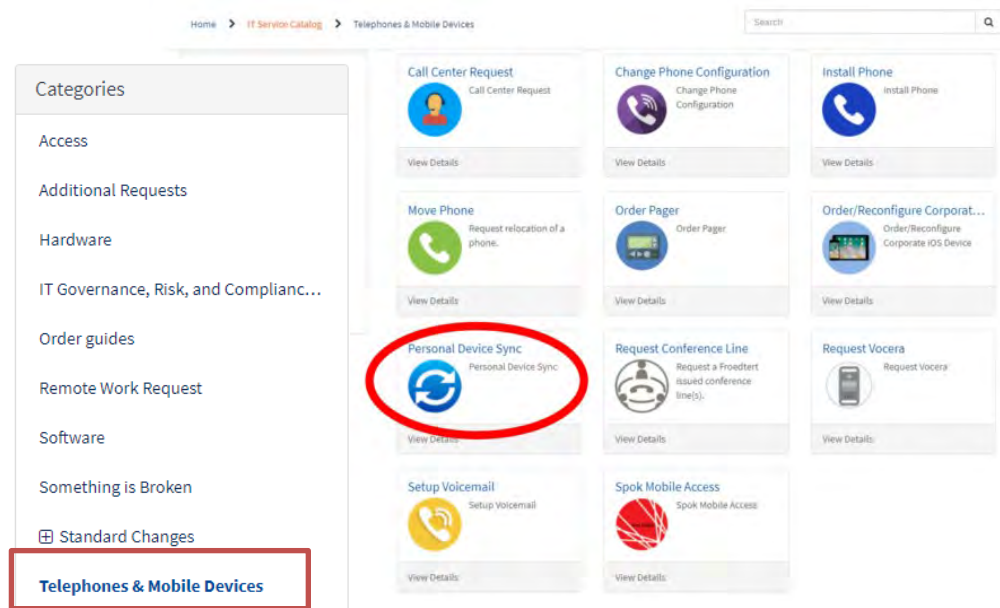


### Personal Device Access

- 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 7: Requesting Personal Device Sync**



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

## Workplace

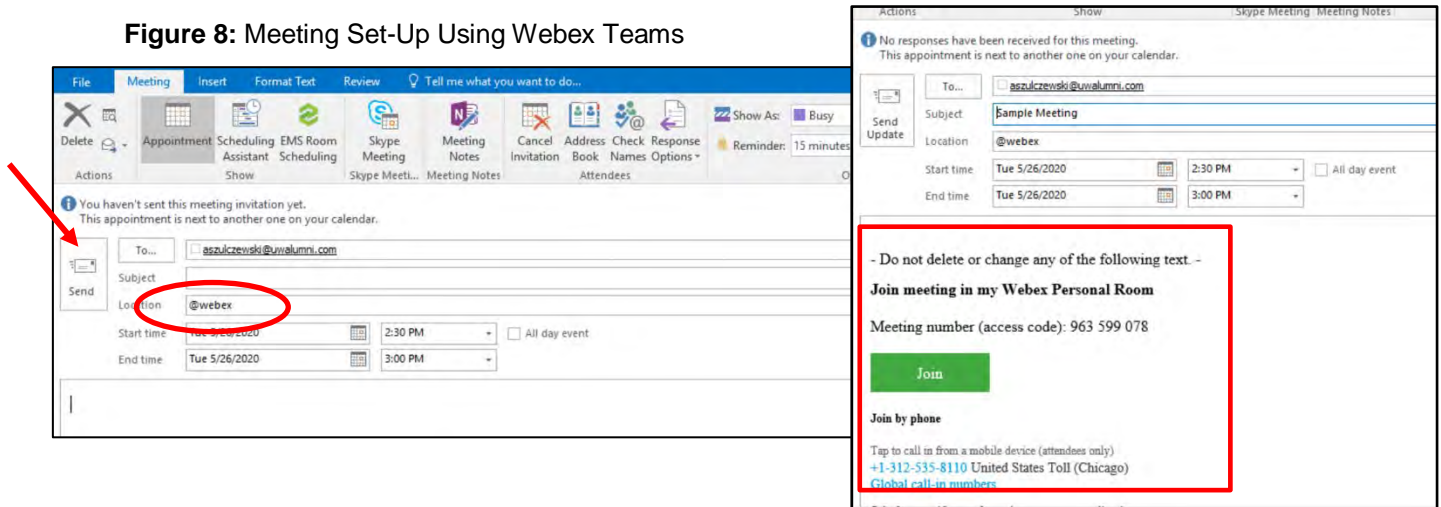
- Workplace is the primary location for organizational communication. It is a work version of the Facebook platform.
- You will receive an email to set up a Workplace account.
- You should create a Workplace login using your Froedtert email address. You are also encouraged to download the Workplace app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

## WebEx Teams

- All Froedtert employees have access to the WebEx and WebEx Teams platform to use for virtual meetings.
- In order to schedule a meeting using WebEx, create a calendar appointment and in the location, type @webex. Once the meeting is sent, login information will be populated within the body of the appointment.

- Additional capabilities are available using the WebEx Teams Application. This should be available on all Froedtert computers. It can also be downloaded onto a personal computer from: <https://www.webex.com/downloads.html/>.
- User guides for Webex Teams are posted here: <https://fh.sp.froedtert.com/cwt/cwt/index.html>

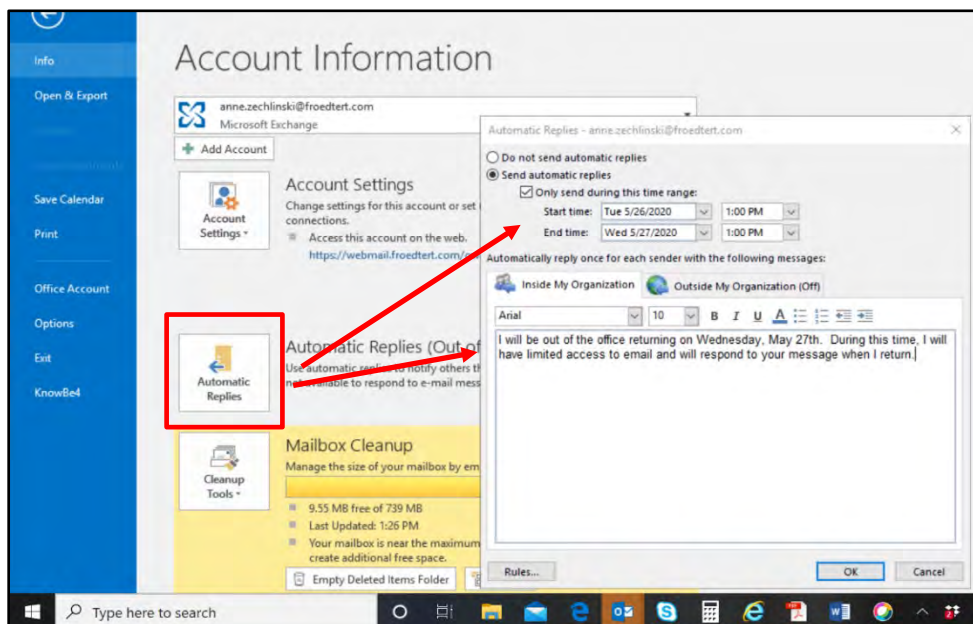
**Figure 8: Meeting Set-Up Using Webex Teams**



## 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 9: Setting an Out of Office Alert (Automatic Reply)**





## Dress Code

- The Froedtert Dress Code - Personal Appearance Policy is posted [here](#).
- In general, residents are expected to wear business casual attire while on rotation and staffing in decentral units, ambulatory clinics, outpatient pharmacies, or 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

- Additional white coats may be ordered using the order form below.
  - <https://datacollectionrb.sp.froedtert.com/sites/pharmacy/pharmacy/layouts/15/WopiFrame.aspx?sourcedoc=/sites/pharmacy/pharmacy/Forms/Lab%20Coat%20Froedtert%20Pharm%20order%20form%20Nov21.doc&action=default>
  - The department will reimburse residents for embroidery, but the resident will be responsible for paying for the coat
- Deanna Zapfel, Administrative Coordinator, is the contact person for white coats should you need any additional coats throughout the year

## Scrub Request Forms

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

## Business Cards

- Residents should place orders for business cards prior to September so that they arrive in time for recruitment season
  - This can be found on Scout <https://fh-printservices.com/internal/>
  - Use the following titles:
    - "PGY1 Pharmacy Resident"
    - "PGY1 Health-System Pharmacy Administration and Leadership Resident"
    - "PGY1 Medication Use Safety and Policy Resident"
    - "PGY2 (Program Name) Pharmacy Resident"

## Residency Project Resources

### Residency Project Sharepoint

- Information about research protocols, posters, and presentations can be found [here](#)
- There are also past resident project abstracts, posters, and presentations on this website that may serve as examples

### MCW Biostatistics Support

- Residents will have the opportunity to seek statistics support for their projects through the MCW Biostatistics Department.

- The Pharmacy Research Committee will prioritize and approve resident projects for statistics support based on complexity of the statistics required, type of project, likelihood of publication, and other factors.
- This document describes process for requesting biostatistics support.

## Presentation and Poster Templates

- *Presentations*
  - Froedtert Health has created a presentation template that should be used when preparing presentations to be shared internally and/or externally.
  - Residents should use the template with the Froedtert & Medical College of Wisconsin logo.
  - Templates are located here: <http://intranet.froedtert.com/?id=17587&sid=5>
  - Pharmacy-specific templates will be shared via the I: Drive or email
- *Posters*
  - The Pharmacy Research Committee has developed templates to be used for student, resident, and staff-presented posters.
    - Poster templates are located here: <I:\FMLH\PHARMACY\Residency Program\2022-2023\Posters and Poster Templates>
  - Instructions for printing posters:
    - Go to Froedtert Scout page (main page) → Around Campus → Print Services
    - Click “FH Print Request Site”



- Create a new account or log in to your account if you already have one

Login:

Logged out

Please use your email address to login below.

Email Address:

Password:

☐ I am a returning user

☒ I am a new USER (create your own password above)

☐ I forgot my password

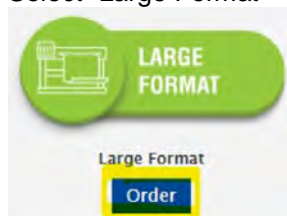
[Continue On >>](#)

[Contact Customer Service](#)

- Select “Custom Orders”




- Select “Large Format”



- Enter width and height as shown in the screenshot below (note that this is the opposite of the way it is displayed in PowerPoint).

Configure Item



**LARGE FORMAT**

Quantity:  Each

Width (min. 11"/max. 54"):  (left to right margins)

Height (min. 11"/max. 200"):  (top to bottom margins)

# of pages on original or in file:

Ink:

Substrate:  Used for posters, foam core mounting, and laminating.

Mounting:

Lamination:

Banner Finishing:

Please make sure to enter your order correctly.  
If you enter incorrect specs your order will be cancelled and you will need to place your order correctly.

If you need help placing your order, please 262-532-5151/262-532-5152 or email [printservices@froedtert.com](mailto:printservices@froedtert.com).

Here is a list of COMMON sizes:

- 16x20
- 18x24
- 20x22
- 22x28
- 24x36

Sizes below CAN'T be laminated:

- 48x36 (use for trifold foamcore)
- 60x36
- 72x36

- Upload your file and enter a "Job Description"

#### Upload and Proof

Upload a file, name your job and include any instructions you think would be helpful. [Back](#)

#### Upload Artwork

**\*\*Please ensure your pop-up blocker is turned off to upload a file.**  
**\*\*The file cannot be dragged and dropped into the arrow.**  
**\*\*Please click on the arrow in the popup window and select file.**

Please make sure your document pages match the number of pages listed on the previous screen. Otherwise you will need to re-upload your file.



- 36" x 56"
- 1 page
- single sided
- full color

#### File Upload Tools

Please make sure your file fits to the page using the buttons.

#### Job Description

- Make sure to rotate the image 90 degrees so that it fits on the page

**Upload and Proof**

Upload a file, name your job and include any instructions you think would be helpful. [Back](#)


**Upload Artwork**

**\*\*Please ensure your pop-up blocker is turned off to upload a file.**

**\*\*The file cannot be dragged and dropped into the arrow.**

**\*\*Please click on the arrow in the popup window and select file.**

Please make sure your document pages match the number of pages listed on the previous screen. Otherwise you will need to re-upload your file.



Crop

Remove File

Scale to Fit

0° 90° 180° 270°

**File Upload Tools**

Please make sure your file fits to the page using the buttons.

**Job Description**

Zechlinski, Anne\_Poster

#### Configure Item

##### Large Format



- Final image should look like this before you continue

**Upload and Proof**

Upload a file, name your job and include any instructions you think would be helpful. [Back](#)


**Upload Artwork**

**\*\*Please ensure your pop-up blocker is turned off to upload a file.**

**\*\*The file cannot be dragged and dropped into the arrow.**

**\*\*Please click on the arrow in the popup window and select file.**

Please make sure your document pages match the number of pages listed on the previous screen. Otherwise you will need to re-upload your file.



Crop

Remove File

Scale to Fit

0° 90° 180° 270°

**File Upload Tools**

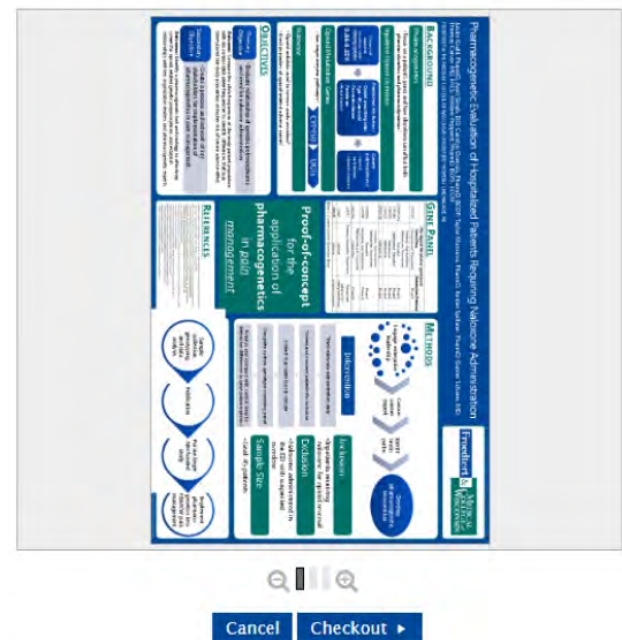
Please make sure your file fits to the page using the buttons.

**Job Description**

Zechlinski, Anne\_Poster

#### Configure Item

##### Large Format



- Review final proof and “accept proof”

Provide confirmation of this proof.

☒ I am responsible for all costs applicable for this order and approve the exact layout shown.

[◀ Cancel](#) [Accept Proof ▶](#)



## Complete billing and delivery information

### Requestor Information:

Your First Name:

Your Last Name:

Your Email Address:

### Billing Information:

Company Code:

Accounting Unit / Cost Center:

Use Company codes and Accounting Unit associated with your residency program (see table below)

### Shipping Information:

Please check your shipping information to ensure proper delivery.

- ☐ Please check this box if you would like Expedited production for this order.  
A RUSH FEE of \$50 will apply.  
[CLICK HERE FOR TURNAROUND TIMES](#)  
If you select RUSH, please enter your need by date in the Comments section.

#### Shipping Method:

Department:

Requestor Phone:

#### Ship To:

Attn:

Street 1:

Street 2:

City, State:

Zip:

Choose "Pharmacy" for your department

Include your cell phone

If you are at ISC, you can choose to pick up your poster at the copy center

Choose the address where you would like items to be delivered. If you are on Froedtert campus choose 9200 W Wisconsin

Posters should get delivered to mail room on 1<sup>st</sup> floor west hospital. You will get an email when they arrive.



	Company	Accounting Unit
PGY1 FMF	2010	40310
PGY1 (Acute Care)	3000	40310
PGY1 (Am Care)	3000	40310
PGY1 (Admin)	3000	40310
PGY1 Community	1430	75050
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	75002
PGY2 MUSP	3000	75000
PGY2 Oncology	3000	75020

## Additional General Information

### Wisconsin Prescription Drug Monitoring Program (ePDMP)

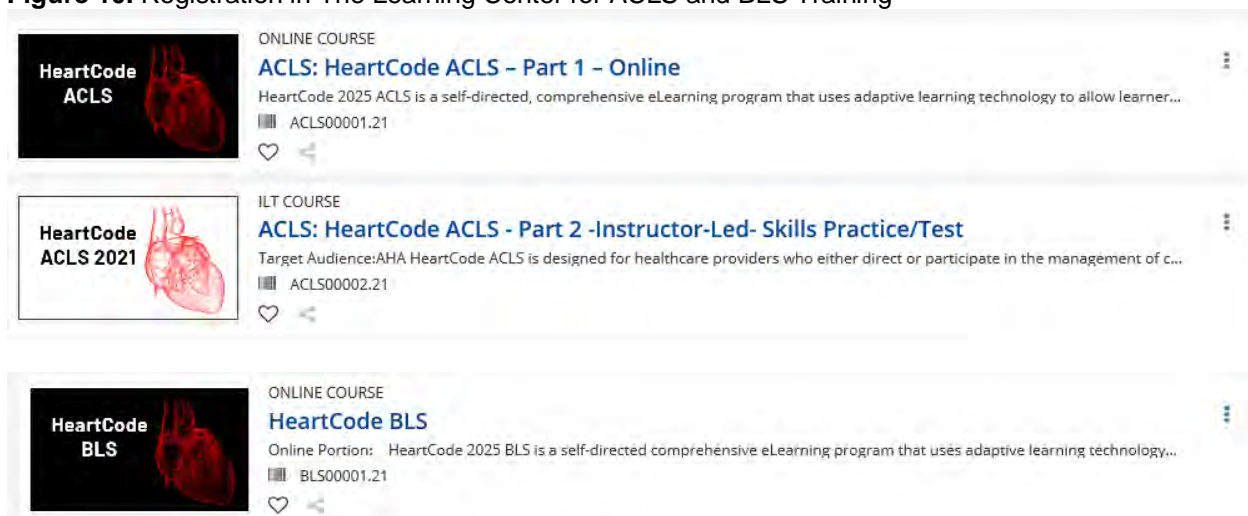
- Residents should register with the Wisconsin Prescription Drug Monitoring Program as it will be a needed resource to carry out staffing duties as a pharmacist (note that you will need to be licensed in order to register)
- Prescribers are responsible for checking ePDMP prior to prescribing any controlled 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 HSPAL, and PGY1 MUSP residents are required to maintain ACLS certification. ACLS is optional for other PGY2 residents.
- Residents are expected to complete ACLS training prior to starting ICU or ED rotations or staffing in these areas.
- BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.
- Enrollment
  - Enrollment is completed through [The Learning Center](#) by searching for ACLS or BLS
  - Prior to being able to access materials for the course, a manager must approve the resident's enrollment 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 10.** Registration in The Learning Center for ACLS and BLS Training



- ACLS
  - Online portion takes about 7 hours and requires knowledge of CPR as well as ability to identify basic rhythms. This portion is very comprehensive and does take some preparation to pass. Some course materials are provided, although the use of other resources may be helpful
  - “Megacode” portion (Part 2) is scheduled separately and occurs off-site (usually across the street within the WAC building). Participants are required to run a code without the assistance of others. This portion takes about 4 hours and occurs after the 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 location.
  - On Saturdays, Sundays, and major holidays, residents may park in patient parking structures (Parking area 1 on 92<sup>nd</sup> street and 3 on 87<sup>th</sup> street).
  - During off-Peak Times (Mon-Fri, 6PM-8AM), residents may park in parking area 1 or parking area 3. Must arrive AFTER 6PM and leave BEFORE 8AM.
- Residents are encouraged to use technology for participation in off-site meetings using WebEx in order to minimize travel time.
- Additional details about parking can be found in the [parking handbook](#).

- Parking Scout Page: <http://intranet.froedtert.com/?id=358&sid=1>

## **Project Days**

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

## **Working Remotely**

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

## **Vizient Committee Involvement**

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

## **Academia Opportunities**

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

## **Research Certificate**

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

## **Pharmacy Society of Wisconsin Membership**

- [Pharmacy Society of Wisconsin](#) membership dues are covered by Froedtert & the Medical College of Wisconsin for all pharmacy residents and staff.
- PGY1 residents who are in their first year of practice receive their first year of registration free regardless of employment and are encouraged to register with PSW and affiliate with Froedtert.



- PGY2 residents who are new to Froedtert will be added to Froedtert's member list within the first half of the residency year.

## Wellness and Resilience Resources

- In addition to residency programming to address wellness, resilience, and prevention of burnout, Froedtert Health offers a variety of wellness resources 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 within the Froedtert benefits package at no extra charge: <http://intranet.froedtert.com/EAP>

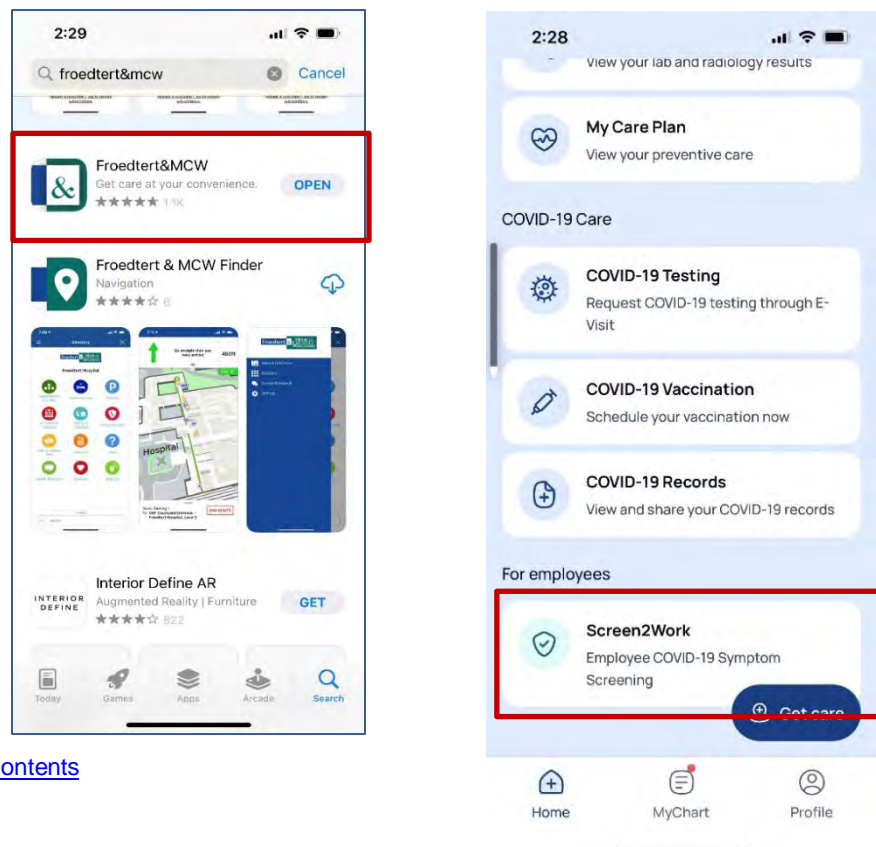
## Excellence in Action

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

## COVID19 Resources and Guidance

- Information regarding COVID19 changes quickly. 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](#).
- General information about COVID19 at Froedtert can be found [here](#).
- Clinical resources about COVID19 can be found [here](#).
- Froedtert residents will adhere to any Froedtert Health mandated business travel restrictions due to COVID19.
- All staff must wear a mask when working in patient care areas.

**Figure 11.** Froedtert & MCW Mobile App and Screen2work



## 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 to provide rigorous training for those interested in pursuing a career with continued scholarly pursuits.

### **Goals and Objectives:**

1. Increase comfort and awareness of the various research processes and resources available
  - a. Improve understanding of how to develop a research question
  - b. Improve understanding of research processes
  - c. Decrease barriers to research
  - d. Familiarize participants to research to increase the number of research mentors
  - e. Increase engagement in research
2. Improve quality of research project submissions
3. Improve the quality of research posters and presentations
4. Increase ability to apply appropriate statistical tests while writing a protocol and analyzing results

### **Program Leadership:**

*Chair:*

**Kristin Busse, PharmD, BCPS**

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

*Advisory Committee:*

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

*Pain Stewardship Coordinator*  
Froedtert & the Medical College of Wisconsin  
[william.peppard@froedtert.com](mailto:william.peppard@froedtert.com)

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

*Pharmacist, Froedtert Hospital*  
*PGY2 Critical Care Pharmacy Residency*  
*Program Director*  
Froedtert & the Medical College of Wisconsin  
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**Audrey Kostrzewa, PharmD, MPH, BCPS**

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Froedtert & the Medical College of Wisconsin  
*Associate Professor*  
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[Audrey.Kostrzewa@cuw.edu](mailto:Audrey.Kostrzewa@cuw.edu)

**Anne Zechlinski, PharmD, BCPS**

*Pharmacy Coordinator*  
*PGY1 Pharmacy Residency Program Director*  
Froedtert & the Medical College of Wisconsin  
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**Kajua Lor, PharmD, BCACP**

*Founding Chair/Associate Professor, Clinical*  
*Sciences Department*  
Medical College of Wisconsin School of  
Pharmacy  
[kblor@mcw.edu](mailto:kblor@mcw.edu)

**Components for Completion of the Certificate:**

- Attendance at 100% of Research Development Series sessions
- Active participation in Research Development Series sessions, whether joining live or virtual
- Completion of a brief quiz after each session [Required – due 30 days after each session]
- Program evaluation and feedback [Required – due 30 days after each session]
- Abstract submission [Required – due 4/1/2024]
- Poster or oral presentation at a national-, regional-, or state-level meeting [Required – due 6/1/2024]
- Poster presentation at MCW School of Pharmacy Research Forum in May [Required]
- Preparation of a manuscript suitable for publication in a peer-reviewed journal

Note: For Residents, Residency Program Director approval is required prior to granting the certificate. The Research 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 their expectations are for the Research Certificate.

**Research Development Series (RDS):**

Most sessions are approximately 1 hour long and will occur during a typical Academic Afternoon schedule. To achieve 100% attendance, participants will have to view the session either synchronously (in person or virtual) or asynchronously and complete a brief quiz. Sessions will be recorded and provided via Webex Teams.

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
	Introduction to Citation Managers and Practice Workshop
	Study Design 101
	Meta Analysis and Scoping Reviews
	Statistics 101
	Applied Statistics
	Preparing and Delivering a Research Abstract
October	Data Management
January	Applied Statistics – Workshop
February	Manuscript Preparation
March	Open Access Publishing

Residents are encouraged to reach out to Research Certificate Program leadership 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 mid-July.

## Inpatient Staffing Information

There are 2 primary staffing models in the department:

### 7/70 staff

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

### 8 hour rotating staff

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

## Resident Staffing Requirements

### Weekday Staffing

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

### Weekend Staffing

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



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

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

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

Holiday Staffing

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

Inpatient PGY2 Weekend Staffing

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

High Demand Weekends

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

- Internal PGY2s will be available to work two July weekends (at beginning of residency year)
- Labor Day Weekend
- The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
- The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
- Spring Break/Easter weekends (mid/end of March)
- Memorial Day Weekend
- Last weekend in June and 1<sup>st</sup> weekend in July (end of year for external PGY2)

## 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’

AM Pharmacists		Overlap	PM Pharmacists		Overnight Pharmacists	
Medicine^	Med1 (8NT): MT 1, 10, 22, 8NT non-medicine patients	4-5 hour overlap (1130 start)	pMed1 (8 or 10hr*): 4NE, 4SW, 5SE, CIU (split) (pod with pMed2 at 1600) pMed2 (8 or 10hr*): 7NT ACU, 8NT, 9NT, 5NE Obs non-MT13 patients, CIU (split) (pod with pMed1 at 1600)	**Move to Central @ 2000; assist with all units		
	Med2 (7NT): MT 2, 11, 23, 5NE Obs non-MT13/non-medicine patients and 7NT Acute non-medicine patients					
	Med3 (9NT): MT 3, 9, 14, 25, 9NT non-medicine patients		pMed3 (8hr): TBD, determine coverage with pMed1 and pMed2 until new plan finalized			
	Med4 (4NE): MT 4, 12, 17, 24, 4NE non-medicine patients					
	Med5 (5SE): MT 5, 19, 20, 5SE non-medicine patients					
	Med6 (4SW): 6, 15, 18, 21, 4SW non-medicine patients					
	Med7 (CIU): 7, 8, 16, CIU non-medicine patients					
Surgery/Neuro	Surg1: 2NT	3.5-4 hour overlap (1130 start)	pSurg1 (8hr): remote work, support all surgery/neuro units pSurg2 (8hr): 2NT, 10CFAC, 4PV beds 7-20	**Move to Central @ 2000; assist with all units; Stay logged into 3W Vocera and keep name on treatment team when move to Central at 2000.		
	Surg2: 10CFAC					
	Surg3: 4PV, ERU		pSurg3* (10hr): 5NW, 5SW, 15 beds on 3W (assignment based upon patient type and discussion with pCards pharmacist)			
	Surg4: 5NW					
	Surg5: 11CFAC					
	Surg6: 12CFAC (minus 6 beds being covered by Surg7 pharmacist)					
	Surg7: 5SW, 6 "off-service" 12CFAC patients (not MIGS, Surg Onc, or Colorectal Surgery)				pSurg4* (10hr): 11CFAC, 12CFAC	
Cardiology	Cards1 (10hr): CVICU	6 hour overlap	pCards1 (10hr; 1145 start): CVICU, 35 beds on 3W (assignment based upon patient type and discussion with pSurg3 pharmacist)			
	Cards2 (10hr): 3W (split with Cards3)					
	Cards3 (8hr): 3W (split with Cards2)					
	Cards Faculty (4hr) - MT 14					
Transplant	Tx1 (10hr): TICU Tx2 (10hr): 4NW	5 hour overlap	pTx1 (10hr; 1230 start): 4NW, TICU, 4PV beds 1-6			
Oncology (Share 94 beds)	Onc1 (10hr) (BMT): 7/8/9 CFAC	6 hour overlap	pOnc1 (10hr; 1130 start): 7/8/9 CFAC			
	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	5-6 hour overlap	pICU1 (10hr; 1130 start): SICU, NICU, ED boarders		N3 (10hr; 2145 start) and N4 (10hr; 2145 start) share coverage of CVICU, ED, MICU, NICU, SICU, TICU	
	ICU2: NICU					
	ICU3: MICU, 7NT ICU (minus medicine team boarders being covered by Medicine pharmacists)		pICU2 (10hr; 1230 start): MICU, 7NT ICU, ERU			
	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), 3CFAC PAR (if open)	**Pick up Infusion Clinic and OR @ 1500  **Pick up Bluemound @ 1530	N (10hr; 2100 start) and N22 (10hr; 2200 start) Share hospital coverage	
	C2 (8hr; 0800 start): Central, Birth Center, MT13 (Obs)					
	OR (8hr; 0630 start)(cover 3CFAC PAR if open)					
^ = The medicine system lists include medicine team patients on the following floors: 4NE, 4SW, 5SE, 5NE Obs, 7NT, 7NT ACU, 8NT, 9NT, MICU, and CIU						
* = resident shift						



## Inpatient Staffing Model (Weekends)

WEEKEND STAFFING MODEL					
AM Pharmacists		Overlap	PM Pharmacists	Overnight Pharmacists	
Medicine (0700-1530)	wMed1: 4NE + 5NE Obs non-MT13 patients/7NT Acute/CIU beds 7-16 divided coverage	4 hour	wpMed (10hr; 1130 start; start with 5NE Obs/7NT Acute coverage) wpSurg (10hr; 1130 start; start on 10CFAC + log into Vocera) **Move to Central @1530 Open all med/surg queues @1530; Reach out to cardiology pharmacist @1530 to see if assistance is needed Add transplant/onc/cards queues @1730		
	wMed2: 5SE + 5NE Obs non-MT13 patients/7NT Acute/CIU beds 7-16 divided coverage				
	wMed3: 9NT + 5NE Obs non-MT13 patients/7NT Acute/CIU beds 7-16 divided coverage				
	wMed4: 8NT + 5NE Obs non-MT13 patients/7NT Acute/CIU beds 7-16 divided coverage				
	wMed6: 4SW + 5NE Obs non-MT13 patients/7NT Acute/CIU beds 7-16 divided coverage				
Surgery/Neuro (0700-1530)	wSurg1: 2NT, 10CFAC beds 23-27*				
	wSurg2: 4PV, 10CFAC beds 1-17				
	wSurg4: 5NW, 5SW beds 1-10				
	wSurg5: 11CFAC, 10CFAC beds 18-22				
	wSurg6: 12CFAC, 10CFAC beds 28-32				
Cardiology	Cards1 (10hr): CVICU, @ 1530 assist 3W + 4 7NT ICU beds + ERU	6 hour			
	Cards2 (10hr): 3W 25 beds, 5SW beds 11-15				
	wCards3 (8hr): 3W 25 beds, 5SW beds 16-20				
Transplant (0700-1730)	Tx1 (10hr): TICU, split CIU beds 1-6 with Tx2				
	Tx2 (10hr): 4NW, split CIU beds 1-6 with Tx1				
Oncology	Onc1 (10hr) (BMT): 7/8/9 CFAC				
	Onc2 (10hr) (Heme): 7/8/9 CFAC				
	Onc3 (10hr) (Solid): 7/8/9 CFAC				
	Onc4 (5hr) (Heme/BMT): 7/8/9 CFAC				
Critical Care (0700-1730)	ICU1 (10hr): SICU + 4 7NT ICU beds + ERU (login to Vocera)			6 hour	wpICU (10hr; 1130 start): CVICU, MICU, NICU, SICU, TICU, 7NT ICU
	ICU2 (10hr): NICU + 4 7NT ICU beds + ERU				
	ICU3 (10hr): MICU (6NT) + ERU				
ED (0700-1730)	ED: Emergency Department	4 hour	pED (10hr; 1330 start): ED + open queue for inpt units @ 1530		
Central (0630-1700)		6 hour		N (10hr; 2100 start) and N22 (10hr; 2200 start) Share hospital coverage	
	C1: Birth Center, OR, MT13 (Obs), Bluemound (35 beds)				pC1 (10hr; 1030 start): Birth Center, OR, MT13 (Obs), Bluemound
*	wSurg1 to assist C1 with verify queue if needed				
^	wpOverflow shift will be staffed subject to needs of overflow areas open. wpOverflow RPh to work with wpMed and wpSurg to triage and support the needs of all other areas if needed				

## Inpatient and Oncology Team Details

Team	Units	"A" Week	"B" Week
Medicine			
Med1	8NT (MT 1, 10, 22, 8NT non-medicine patients)	Caitlyn Trapp	Amber Wollenziehn
Med2	7NT Acute (MT 2, 11, 23, 5NE Obs non-MT13 patients, 7NT Acute non-medicine patients)	Jory Ward*	LaRae Bagnall
Med3	9NT (MT 3, 9, 14, 25, 9NT non-medicine patients)	Alison Glienke	Brittany Tefft
Med4	4NE (MT 4, 12, 17, 24, 4NE non-medicine patients)	Joanne Antonopoulos	Matt Zimmerman
Med5	5SE (MT 5, 19, 20, 5SE non-medicine patients)	Daniel Brusch	Jess Luzi
Med6	4SW (MT 6, 15, 18, 21, 4SW non-medicine patients)	Laurie Dworak	Matt Birschbach
Med7	CIU (MT 7, 8, 16, CIU non-medicine patients)	Lionel Sielatchom Noubissie	
Surgery & Neurology			
Surg1	2NT (32 beds)	Leah Holschbach	Sara Hubbard*
Surg2	10CFAC (32 beds)	Rotating	Aaron Lentz
Surg3	4PV, ERU (20/8 beds)	Rotating	Rotating
Surg4	5NW (30 beds)	Sarah Crober	Kim Knoernschild
Surg5	11CFAC (32 beds)	Kaytie Weierstahl	Ann Birkenstock/Sarah Solano
Surg6	12CFAC (32 beds)	Debbie Kessen	Rotating
Surg7	5SW (19 beds)	Rotating	Kyle Moomey
Rotating team members: Julie Haase, Brittney Duewell, Brian Pella, Libby Sutton, Stephanie Neilson, Eileen Shannon, Nicki Wex, LaRae Bagnall, Edward Long			
Critical Care/ED			
ICU1	SICU (21 beds)	Sara Hoffman	Dave Herrmann
pICU1	SICU, NICU (41 beds)	Elizabeth Scanlon	Lindsey Dailey
ICU2	NICU (20 beds)	Danielle Lancaster*	Kim Haldeman
pICU2	MICU (26 beds)	Kaitlin Cooper Johnson	Patti Rouman
ICU3	MICU (26 beds)	Carla Karczewski	Mike Katz
ED	Emergency Department	Jessica Feih, Ryan Feldman	Cathyyen Dang, Matt Stanton, Chetna Patel
N3/N4	3rd shift ICU	Katie Ewert, Alyssa Meixelsperger	Kelly Richardson, Chris Viesselmann
ICU Faculty	MICU	Sarah Peppard	
Cardiology			
Cards1	CVICU (20 beds)	Joel Feih	Greg Stilin
Cards2	3W (50 beds)	Rotating	Melissa Tan
Cards3	3W (50 beds)	Rotating	Rotating
pCards1	3W (beds 1-35), CVICU (20 beds)	Bethanne Held-Godgluck	Janelle Juul*
Cards Fac	CVICU, 3W (heart failure team)	Joe Rinka	

Transplant			
Tx1	TICU (20 beds)	Rotated	Rotated
Tx2	4NW (27 beds)	Rotated	Rotated
pTx1	4NW, TICU (46 beds)	Rotated	Rotated
Transplant Team Members: Carolyn Hauptert, Stephanie Tchen, Nicole Wex, Matt Birschbach			
Central Pharmacy			
C1	Central, Obs, BC (0630)	Ben Knapp	Mike Morris
C2	Central, Obs, BC (0800)	Rotating	
pC1	Central, Obs, BC, OR, after 1500 (1000)	Jackie Schabold	Aina Lasky
N	3 <sup>rd</sup> shift central	Mark Owens	Lynn Buss
N2	3 <sup>rd</sup> shift central	Danielle Lentz	Lisa Weinzatl
Specialty Areas			
OR	Perioperative Service	David Eberle*	
PAT	Pre-Admission Testing	Liz Thimm	
INF	Infusion Clinic	Nikki Masse	
Diab	DAART (Glucose surveillance)		
Stewardship Coordinators			
Pain Stewardship		William Peppard	
Antimicrobial Stewardship		Deanna Olexia	
Anticoagulation Stewardship		Benjamin Jung	
Center for Medication Use Coordinator		Shannon Werner	
Center for Medication Utilization Team Members: Audrey Kostrzewa, Daniel Kapp, Adam Biggs			
Medication Use Safety & Policy			
Medication Safety Officer		Kristin Hanson	
Medication Utilization Pharmacist		Taylor Mancuso	
Froedtert Inpatient Oncology			
Onc1, Onc2, Onc3, Onc4, Onc5 (AM)	7/8/9 CFAC (96 beds total)	Rotated	Rotated
Onc6 (PM)	7/8/9 CFAC (96 beds total)	Rotated	Rotated
Oncology Team Members: Lisa Olson, Emilie Aschenbrenner*, Nan Tong, Cole McCoy, Aaron Lorge, Lisa Samanas, Cole Lightfoot, Nicole Law, Sarah Jesse			
Froedtert Day Hospital			
DH630	Day Hospital	Christy Regan	
DH6	Day Hospital	Brooke Fraser, Julie Difonzo, Stacy Laird*, Deb Sass, Kate Gebultowicz, Erin Turk, Stacy Blattner	
DH7	Day Hospital		
DH8	Day Hospital		

<b>Froedtert Ambulatory Oncology Clinics</b>	
<b>Grace Clinic – 1</b>	Felicia Zook, Angie Canadeo
<b>Grace Clinic – 2</b>	
<b>Courage Clinic</b>	Erin McGurty
<b>Life Clinic</b>	Nichole Ruffcorn
<b>Faith Clinic</b>	Bradley Mayer
<b>Breast Clinic</b>	Elizabeth Weil
<b>Hope Clinic</b>	Stephanie Spitzer
<b>Oncology Pharmacist Float Pool</b>	
<b>Oncology Float Pool</b>	Sara Bugamelli, Abigail Beachy, Amanda Pilo, Kelly Davis
<b>Drexel and Moorland Cancer Center Pharmacists</b>	
<b>Drexel Clinic and Infusion</b>	Tom Nowak (clinic), Erin Turk/Laura Case (infusion)
<b>Moorland Clinic and Infusion</b>	Lori Maurer, Melissa Staats (clinic/infusion rotation)
<b>Investigational Drugs (IDS) Pharmacists</b>	
<b>IDS Offices and TRU</b>	Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger, Jennifer Panic, John Harter

\*Denotes Pharmacist Coordinator

## Traditional Project Timeline

Feb/March/April 2023	May 2023	June 2023
<ul style="list-style-type: none"> <li>Call for projects from staff</li> <li>Remind any potential project advisors to complete CITI training</li> </ul>	<ul style="list-style-type: none"> <li>Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training</li> </ul>	<ul style="list-style-type: none"> <li>Finalized project list distributed to incoming residents</li> </ul>
<b>Resident action steps = none</b>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li>Go to <a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a> and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li>Review available projects and prepare questions to ask project leads once on-site</li> </ul>
July 2023	August 2023	September 2023
<ul style="list-style-type: none"> <li>Project leads will present available projects to residents during orientation</li> <li>Residents submit project rankings (usually top 5-7)</li> <li>Projects are assigned</li> <li>Research team established</li> <li>Scoping of project and scoping presentation preparation begins</li> </ul>	<ul style="list-style-type: none"> <li>Work with advisor and project team to scope project and develop protocol (template available)</li> </ul>	<ul style="list-style-type: none"> <li>Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback</li> <li>PRC submits feedback that resident must respond to and return in order to obtain protocol approval</li> <li>Schedule initial biostats consult</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Follow up with project leads to get any questions answered prior to submitting project rank list</li> <li><input type="checkbox"/> Submit rank list by deadline</li> <li><input type="checkbox"/> Build research team with help of project advisor</li> <li><input type="checkbox"/> Plan project and begin creating scoping presentation (template on residency SharePoint site)</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule and coordinate necessary team meetings</li> <li><input type="checkbox"/> Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send protocol draft to LaRae Bagnall and Research Committee Residents one week prior to PRC presentation date</li> <li><input type="checkbox"/> Respond to e-mail containing feedback within one week</li> <li><input type="checkbox"/> Distribute finalized protocol to team</li> <li><input type="checkbox"/> Complete e-bridge registration and submission</li> </ul>
October 2023	November 2023	December 2023
<ul style="list-style-type: none"> <li>Begin data collection after receiving protocol approval</li> <li>Draft Vizient poster abstract</li> <li>Submit Vizient poster abstract</li> </ul>	<ul style="list-style-type: none"> <li>Begin working on Vizient Poster</li> <li>Submit Vizient Poster after reviewed by research team</li> </ul>	<ul style="list-style-type: none"> <li><b>Vizient Meeting</b></li> <li><b>Midyear Meeting</b></li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send abstract to project team 2 weeks prior to deadline</li> <li><input type="checkbox"/> Submit finalized abstract by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to poster draft to project team 2 weeks prior to proof deadline</li> <li><input type="checkbox"/> Submit for proof printing by deadline</li> <li><input type="checkbox"/> Submit for final printing by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Present poster!</li> </ul>
January 2024	February 2024	March 2024
<ul style="list-style-type: none"> <li>Midpoint check-in with PRC (via email)</li> <li>Request full Biostats support if needed</li> <li>Develop WPRC/Great Lakes abstract (due between mid-Jan and Feb 1<sup>st</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>Continue implementation and data collection for your project</li> </ul>	<ul style="list-style-type: none"> <li>Develop WPRC/Great Lakes slide set and presentation</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send abstract to team 2 weeks prior to submission deadline</li> <li><input type="checkbox"/> Send to RPD, at least 3 business days prior to submission deadline</li> <li><input type="checkbox"/> Submit abstract by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue working on project and providing updates to project team</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit slide set to RPD and project team prior to deadline</li> <li><input type="checkbox"/> Complete practice presentations</li> </ul>
April 2024	May 2024	June 2024
<ul style="list-style-type: none"> <li>Great Lakes slide set submission</li> <li>WPRC/Great Lakes Conference</li> </ul>	<ul style="list-style-type: none"> <li>Develop project manuscript</li> <li>Present project at Froedtert (late May/early June)</li> </ul>	<ul style="list-style-type: none"> <li>Manuscript submission deadline</li> <li>Project wrap-up</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit slide set prior to deadline if required</li> <li><input type="checkbox"/> Present at WPRC/Great Lakes Conference</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to project team prior to deadline</li> <li><input type="checkbox"/> Send to mentor/advisor by deadline</li> <li><input type="checkbox"/> Update WPRC/GLs slide to include final data and analysis</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit manuscript to RPD by deadline</li> <li><input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor</li> </ul>

## PGY2 Infectious Diseases Residency Program Description

### Purpose statement:

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) 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 a clinical specialist in infectious diseases, play a role on an interdisciplinary infectious diseases or antimicrobial stewardship team and engage in adjunct faculty responsibilities. The individual can be expected to continue their pursuit of expertise in infectious diseases practice.

### Features

- Flexible, comprehensive training in a variety of areas.
- ASHP-accredited in 2016.
- A variety of elective rotations are available. Rotations and activities are tailored to meet the needs and interests of each resident.
- Opportunities to work with and serve as a preceptor for student pharmacist rotations.

### Residency Leadership

- Justin Konkol, PharmD, MS
  - Director of Pharmacy
  - Phone: 414-805-4007
  - E-mail: Justin.konkol@froedtert.com
- Anne Zechlinski, PharmD, BCPS
  - PGY1 Program Director
  - Phone: 414-805-0086
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- Allison Gible, PharmD, BCIDP
  - PGY2 Infectious Diseases Residency Program Director
  - Phone: 414-805-9827
  - E-mail: Allison.gible@froedtert.com
- Kelsey Zeeck, PharmD
  - PGY2 Infectious Diseases Residency Program Coordinator
  - Phone: 262-565-3168
  - E-mail: Kelsey.zeeck@froedtert.com

### Dates

The residency program year begins on July 1<sup>st</sup>, and concludes on June 30<sup>th</sup> the following year. Dates subject to change, depending on the year and dates available for hospital orientation.

## **PGY2 Infectious Diseases Residency Program Overview**

### **Orientation & Training**

Residents who completed their PGY1 at Froedtert Hospital and “early commit” will help to acclimate the incoming PGY1 residents, review the PGY2 curriculum with the Residency Program Director (RPD), establish a research project topic, and review core clinical topics with preceptors to ensure the resident is adequately prepared for the infectious diseases environment. The resident will complete training in the infectious diseases clinic, antimicrobial stewardship and on the on-call program. For new incoming residents who completed their PGY1 training elsewhere, the first 5 weeks of the program are dedicated to hospital and departmental orientation and training. This training will focus on hospital and departmental policies and guidelines, training in all pertinent computer systems, and will introduce the resident to both non-clinical and clinical resources and services. Additionally, residents will shadow pharmacists on-the-job to prepare them for their clinical practice responsibilities. The resident will complete infectious diseases and stewardship training (including the on-call program) and both inpatient and ambulatory infectious diseases practice training. 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 the customized PGY2 –Infectious Diseases Pre-Residency Assessment-Planning Document via PharmAcademic. The RPD will review these evaluations, make comments, and cosign. The RPD 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 RPD to further discuss the aforementioned information to customize a resident-specific schedule that will facilitate meeting the resident's goals. The resident schedule will be discussed regularly throughout the year and on the quarterly developmental plans to allow for flexibility in the program to accommodate the resident's interest development and career path. The learning experience schedule is located on the Residency SharePoint site.

### **Sequence of Learning Experiences**

The infectious diseases resident will start their core rotations after the completion of orientation and training. The rotation sequence will be tailored to best meet the resident's goals and the programs staffing requirements. Core rotations are 4 weeks and elective rotations are 2-4 weeks depending on the rotation, but may be adjusted based on the experience and goals of the resident. The resident must complete certain core rotations before elective rotations can be done. This is done in an effort to go from broad to specialized infectious diseases training to facilitate a stepwise learning process. In addition, this will fulfill a solid foundation of learning early in the year prior to attending ASHP midyear and initiating career interviews.

Additional information on each rotation may be found in PharmAcademic.

## Infectious Diseases Residency Learning Experience Structure

<b>Learning Experiences - Required</b>	<b>Duration</b>
Hospital Orientation (for non-Froedtert PGY-1s)	5 weeks
ID Residency Training (overlaps with hospital orientation)*	2 weeks
Infectious Diseases Consult 1*	4 weeks
Infectious Diseases Consult 2	4 weeks
Antimicrobial stewardship*	4 weeks
Antimicrobial stewardship administration	4 weeks
Microbiology	4 weeks
Second Antimicrobial Stewardship rotation (may select AMS2 or CHD AMS)	4 weeks
<b>Learning Experience – Longitudinal, Required</b>	
Clinical Staffing	7 weeks + 10 weekends
Infectious diseases clinic (HIV/OPAT)	20 full days
Antimicrobial Stewardship On Call	8 weeks
Longitudinal Research	NA
<b>Learning Experience - Elective</b>	
Infectious Diseases Consult 3	4 weeks
Antimicrobial Stewardship 2	4 weeks
Hematology/oncology/bone marrow transplant	4 weeks
Emergency department	4 weeks
Medical ICU	4 weeks
Surgical ICU	4 weeks
Informatics and Clinical Decision Support	2 weeks
Solid organ transplant Clinic	4 weeks
Hepatitis C clinic	2 weeks
Pediatric infectious diseases consult service – Children's Hospital of Wisconsin**	2 weeks
Antimicrobial Stewardship: Community Hospital Division – Froedtert Menomonee Falls and Froedtert West Bend	4 weeks
Antimicrobial Stewardship: Community Hospital Division Advanced-Froedtert Menomonee Falls and Froedtert West Bend	4 weeks
Infectious diseases clinic advanced	2 weeks
Academia – The Medical College of Wisconsin School of Pharmacy	4 weeks

\*designates rotations that must be completed prior to any elective rotations

\*\*availability pending approval from CHW ID pharmacist



## PGY2 Infectious Diseases Residency Expectations and Requirements

### Projects

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

- Over the course of the residency year, each resident will be responsible for planning and executing a project
  - Projects are selected using resident rank-lists; most residents obtain one of their top few choices of project
  - A project advisor (or co-advisors) 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(s) will collaborate to add additional members to the research team (ie. staff pharmacists, physicians, pharmacy students, medical residents)
  - The resident will complete all of the items listed in the Residency Project Checklist (above) 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 (optional)
    - Vizient poster submission during the ASHP Annual Clinical Meeting (optional)
    - Podium presentation submission to the Wisconsin Pharmacy Residency Conference (WPRC)
    - Podium presentation at Froedtert Residency Symposium (optional)
    - ID conference abstract submission (ID week, MAD-ID, etc.)
    - Manuscript
      - Major project must be summarized in a written format acceptable for publication. Submission for ASHP Best Practice Award is also acceptable. Residents are strongly encouraged to pursue publication and/or presentation of their project in a peer-review setting upon completion of their residency.
  - Resources
    - Numerous resources for residency project work are on the Pharmacy SharePoint site or on the shared drive at the following location: I:\FMLH\PHARMACY\PGY2 ID Residency\Resident Project Resources

#### ***Year-long Secondary Project (optional)***

- The resident may choose to complete a secondary project. This can be shared with their co-resident or work on individually
- The resident(s) will be responsible for the design and execution of a secondary project. This may take the form of a writing project or research project (in addition to primary research project)

#### ***Research Project***

- Projects will primarily be retrospective analyses or a case series on a topic in which there is a gap in literature
- Residents will be responsible for completing a literature review and deciding on a topic
- Projects will be discussed and approved by the RPD
- 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
- The project should 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
  - Submission to an ID conference is encouraged.

### *Writing Project*

- The resident will be responsible for completing a manuscript suitable for publication in a peer reviewed journal
  - Manuscript could be a literature review, case report or a case series
  - The resident is responsible for developing a list of potential topics and completing literature reviews to determine whether there is a need for a publication in the chosen topic
  - A project advisor will be assigned to provide guidance to the resident. The resident may choose to have 1-2 additional authors which may be other infectious diseases residents, infectious diseases 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 also be responsible with manuscript submission, including choosing an appropriate peer-reviewed journal.

### On-Call Program

- The resident will be responsible for carrying the antimicrobial stewardship on-call pager from 8am-5pm and the ID pharmacist on-call pager 24/7 for one week at a time for 8 weeks of the year in total. The resident can take call from home and does not need to be on-campus during the on-call period.
- The antimicrobial stewardship on-call pharmacist is responsible for:
  - Approvals/denials of restricted antimicrobials
    - The resident is responsible for replying to pages in a timely fashion (within 15 minutes) with either a recommendation or to inform the provider that the page was received and a decision will be made upon discussion with a member of the antimicrobial stewardship team
    - The resident should review the request and decide whether the antimicrobial should be approved or denied. The patient should be discussed with the antimicrobial stewardship physician on-call if an agent is going to be denied.
    - The resident will inform the team of the decision to approve/deny the medication and enter appropriate documentation into EPIC. The resident may recommend an ID consult if appropriate.
    - The resident will follow-up with all approvals that require follow-up and all denials on a daily basis
    - The resident will be responsible for reviewing the restricted antimicrobial list every morning
  - Antimicrobial stewardship consults
    - The resident will be responsible for answering questions that are sent to the on-call pager (may be from clinics or inpatient physicians). All questions should be discussed with a member of the antimicrobial stewardship team.
    - An i-VENT should be placed for simple questions. Documentation within EPIC should be placed for complex questions. See preceptor(s) and stewardship training materials for further clarification regarding documentation.
  - Outpatient antimicrobial parenteral therapy (OPAT)
    - The resident is responsible for providing recommendations on drug of choice, dosing, and monitoring for all patients being discharged on IV antimicrobials that are NOT being seen by the ID consult service
    - The resident should discuss the patient with the antimicrobial stewardship physician on-call or an ID pharmacist. The resident may request an ID consult if appropriate.
    - The resident will inform the team of the recommendation and enter appropriate documentation into EPIC.
- Expectations of the resident for the on-call program is adjusted mid-year to provide the resident more autonomy in the second half of their residency year (see AMS on-call training document for

more details)

### Academia

#### Medical College of Wisconsin – School of Pharmacy

- Residents are required to develop and present one lecture for the Infectious Diseases II Course or equivalent
  - Residents may also be responsible for development of exam questions if needed
- Additional lecturing opportunities available, based on availability and desire
- Residents are required to participate in two practice labs

#### Concordia University – School of Pharmacy (optional)

- Residents can elect to develop and present one lecture for the Infectious Diseases elective or pharmacotherapy course if interested
  - Lecture topics to be assigned by preceptor(s)
  - Residents may also be responsible for development of exam questions if needed

### Administration

- The resident will be required to prepare or revise a drug class review or monograph and make recommendation for formulary addition or deletion.
- The resident will be required to develop or update a treatment guideline or protocol related to the care of infectious diseases patients.
- The resident will be required to participate in assigned activities related to review/audit of medication even reporting.
- Additional projects may be assigned at the discretion of the rotation preceptor.

### Precepting Experiences

#### *Primary preceptor for IPPE students (P1-P3 years)*

- Precepting may occur during scheduled rotations and/or staffing shifts
- Concordia IPPE students (P1, P2)
  - Usually at Froedtert for an entire week at a time
  - Often students may be with you for half a day and then spend the other half of the day with another resident
  - One resident will be the primary preceptor and must submit grading in E-value
    - Of note, residents must be added in E-value before they may be assigned a student's evaluation
    - Students must e-mail the school if a preceptor has not been set up as a preceptor so that they may be added in the system
- University of Wisconsin IPPE Students (P1, P2, P3)
  - Usually at Froedtert on Fridays or weekends for 8 hours at a time
  - Students will often be with you for the full day
  - One primary preceptor will submit feedback via e-mail to one of the administrative residents, who passes it along to the school

#### *APPE students and PGY-1 Pharmacy residents (ID pharmacists will be the primary preceptors)*

- These roles are less formal and can vary based on the rotation
  - Precepting responsibilities will build as the resident progresses through the residency year
- When in doubt, ask your preceptor for guidance about your role in precepting

#### Preceptor development

- Resident will be required to complete the preceptor development activities outlined in the preceptor development tracking tool

### Mentorship Experiences

#### *Residency Director*

- The resident and residency director should meet monthly to review residency documentation tools (see next section for full list) and progress on each item.

- Any revisions to the residency year schedule will be discussed and decided upon at the monthly meeting and the development plan will be updated to reflect any changes

#### *Residency Mentor*

- Residency mentors are pharmacists assigned to each resident. Their primary purpose is to provide residents guidance throughout the year with an emphasis on development and education
  - The residency mentor and resident should complete quarterly developments together. The development plan will reflect strengths/weaknesses, changes made to the resident's schedule, residency and career goals, current status with regards to completing residency goals and objectives. Plan for the following quarter should include strategy and opportunities to fulfill remaining goals and objectives.
  - The residency mentor is also responsible for making sure the resident is staying up to date with duty hours and topic discussion documentation
- Residents and mentors are expected to meet approximately monthly

#### *Residency Project Advisor(s)*

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

#### *Residency Advisory Committee*

- The residency advisory committee is comprised of the core PGY-2 ID preceptor group (including the director, coordinator, 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-ID preceptors that precepted the residents in the preceding quarter will be invited to join
  - Residents will be invited to join the beginning of the meeting to present their development plans and received feedback; the resident will be dismissed at the end to allow for candid feedback
  - The residency mentor will be responsible for updating the resident on what was discussed during quarterly meetings
- The RAC will also meet quarterly for preceptor development sessions

#### Committee Responsibility

- Antimicrobial Stewardship Workgroup
- Vizient Pharmacy Committee (optional)

#### Professional Organization Membership

- Infectious Diseases Society of America (recommended)
- Society of Infectious Diseases Pharmacists (recommended)
- American College of Clinical Pharmacy-ID PRN (recommended)
- American Society of Health-System Pharmacists (optional)
- Pharmacy Society of Wisconsin (automatic membership)

#### Professional Conferences

- ASHP Midyear Annual Meeting (optional)
- Vizient Annual Meeting (optional)
- IDWeek or other national ID conference (MAD-ID, ECCMID, ASM Microbe) (required if funding allows)
- Milwaukee Citywide Residency Conferences (optional)
- PSW Annual Meeting (optional), Educational Conference (optional), or Wisconsin Pharmacy Residency Conference (required if funding allows)

#### Formal Presentations

- IDWeek or other national ID conference (MAD-ID, ECCMID, ASM Microbe) (optional)
- Vizient Resident Poster at Annual Meeting (optional)
- Pharmacy Grand Rounds continuing education (CE)
  - Resident will be assigned a mentor who will be responsible for approving topic selection, assist with editing presentation materials, and be responsible for organizing practice session(s) to provide feedback
- Wisconsin Pharmacy Residency Conference
- Infectious diseases fellows lecture
- Infectious Diseases Division Monday Morning Conference CME Presentation (optional but encouraged)

#### Other Experiences

##### *Vizient/American Society of Health-system Pharmacists (ASHP) Midyear Clinical Meeting*

- Occurs in early December
- Activities:
  - Poster presentation (at Vizient meeting)
  - Resident recruitment
  - Others as required

#### Evaluation & Documentation

##### **Residency**

- ASHP Entering Interest Form
- Entering and Exiting Objective-Based Self-Evaluation
- The resident is responsible for regular upkeep of the below tracking tools (located in the I:FMLH:Pharmacy:PGY2 ID Residency folder on the I: drive)
  - Duty Hours Tracking Tool: See requirements on page 22-now tracked in PharmAcademic
  - Topic Checklist: Topic checklist should be updated at the end of each rotation. The resident should record the number of patients they review with the specified disease state (doing=D) and when a learning experience (ie. Topic discussion, inservice, lecture/presentation) was completed on that disease state (learning=L).
  - Residency Project Progress Chart
  - Topic discussion checklist
- Quarterly Development Plans

##### **Specific rotations**

- Contact primary preceptors for each rotation 10-14 days prior to the start of each rotation with an introductory e-mail
- If you are unsure who to contact for a given rotation, reach out to your residency program director to help clarify
- Evaluations should be completed in PharmAcademic within 7 days of completing the rotation
- **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**

##### **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.

**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.

**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.
- PGY2 ID residents may take 3 project days per year, with a maximum of 1 project day per rotation. Preceptors and RPD must be approve project day a minimum of 1 week prior.

**Deliverables/requirements for residency completion:**

- Year-long residency project final protocol
- Year-long residency project final manuscript
- WPRC Abstract
- WPRC presentation slides
- Pharmacy grand-rounds continuing education slides
- MCW SOP lecture slides
- Participation in (2) MCW practice labs (date completed documented in development plan)
- Lead Antimicrobial Stewardship Workgroup meeting (date completed documented in development plan)
- Infectious Diseases fellows lecture slides
- Institutional guideline (newly developed or updated) OR ID protocol/policy
- Drug monograph (or other formal review of formulary agent addition/removal)

## **Froedtert Hospital and the Medical College of Wisconsin PGY2 Infectious Diseases Residency –Graduates**

2015-2016	Allison Gible, PharmD Clinical Pharmacist, Infectious Diseases Froedtert & The Medical College of Wisconsin
2016-2017	Kelsey Powell, PharmD Antimicrobial Stewardship Pharmacist Froedtert & The Medical College of Wisconsin, Community Health Division
2017-2018	Gregory Cook, PharmD Antimicrobial Stewardship Pharmacist Children's Hospital of New Orleans  Kelsey Olson, PharmD Antimicrobial Stewardship Clinical Pharmacist Clear Lake Regional Medical Center
2018-2019	James Shen, PharmD Antimicrobial Stewardship Clinical Pharmacist Borgess Medical Center  Julia Sapozhnikov, PharmD Pediatric Infectious Diseases Pharmacy Specialist Dell Children's Medical Center
2019-2020	Vanessa Hutzley, PharmD Optional Part Time Pharmacist Froedtert & The Medical College of Wisconsin  Ashley Long, PharmD Antimicrobial Stewardship Pharmacist Houston Methodist
2020-2021	Kelvin Gandhi, PharmD Antimicrobial Stewardship Pharmacist Advent Health  Maxx Enzmann, PharmD Clinical Pharmacist Sanford Medical Center
2021-2022	Sarah Jesse, PharmD Clinical Pharmacist Froedtert & the Medical College of Wisconsin  Lionel Sielatchom Noubissie, PharmD Clinical Pharmacist Froedtert & the Medical College of Wisconsin
2022-2023	Madison Taylor, PharmD

Clinical Pharmacist  
Froedtert & the Medical College of Wisconsin