



PGY2 Pharmacy Informatics Pharmacy Residency Manual

2019 – 2020

Table of Contents

About Froedtert Health	2
Departmental Information	4
Clinical Pharmacist Scope of Services	4
Pharmacy Leadership Team	9
Residency Program Leadership	11
Residency Program Policies	13
Licensure.....	13
Residency Program Completion Attendance Requirements and Extended Absences.....	13
Residency Program Completion Performance Requirements	13
Resident Disciplinary Action.....	13
PharmAcademic Evaluations	13
Duty Hours	16
Bonus Shifts	16
Resident Attendance Expectations	17
Paid Time Off	17
Professional Leave/Business Days	18
Unscheduled Absences.....	18
Professional Meeting Attendance and Funding.....	18
Expense Reports/Reimbursement	19
Resources for Residents	20
Laptops and Pagers	20
Remote Access	20
Personal Device Access.....	20
Email Expectations.....	21
Dress Code	21
White Coats.....	22
Scrub Request Forms	22
Business Cards	22
Wisconsin Prescription Drug Monitoring Program (ePDMP)	22
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications	22
Parking	23
Project Days/Working Remotely.....	23
Additional General Information	24
Vizient Committee Involvement.....	24
Academia Opportunities	24
Medical College of Wisconsin Teaching Certificate Program	25
PGY2 Informatics Residency Project Timeline.....	30
Inpatient Pharmacy Staffing Model	31
Resident Staffing Requirements.....	31
Inpatient Staffing Model.....	33
PGY2 Pharmacy Informatics Residency Program Specific Information	39
Program Purpose	39
Program Description.....	39
Program Structure	39
On Call Responsibilities	41
Required Activity Checklist.....	42
Activity Checklist Descriptions.....	43
Pre-rotation Communication Expectations	47

Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

About Froedtert Health

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

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

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

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

Pharmacy Department

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

Vizient Top 10 US Academic Medical Centers

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

Departmental Information

Clinical Pharmacist Scope of Services

Safe and Effective Medication Use

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

Evaluation of Patient Profile and Medication Orders

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

Pharmacist Medication Dosing Services

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

Medication Histories and Reconciliation

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

Discharge Reconciliation and Coordination

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

Drug Information and Patient Education

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

Multidisciplinary Team Involvement

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

Communication Between Pharmacists

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

Precepting and Teaching

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

Formulary Management

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

Emergency Management

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

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

Quality and Process Improvement

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

Medication Distribution and Control

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

Clinical Cancer Center Services

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

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

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

Center for Medication Utilization

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

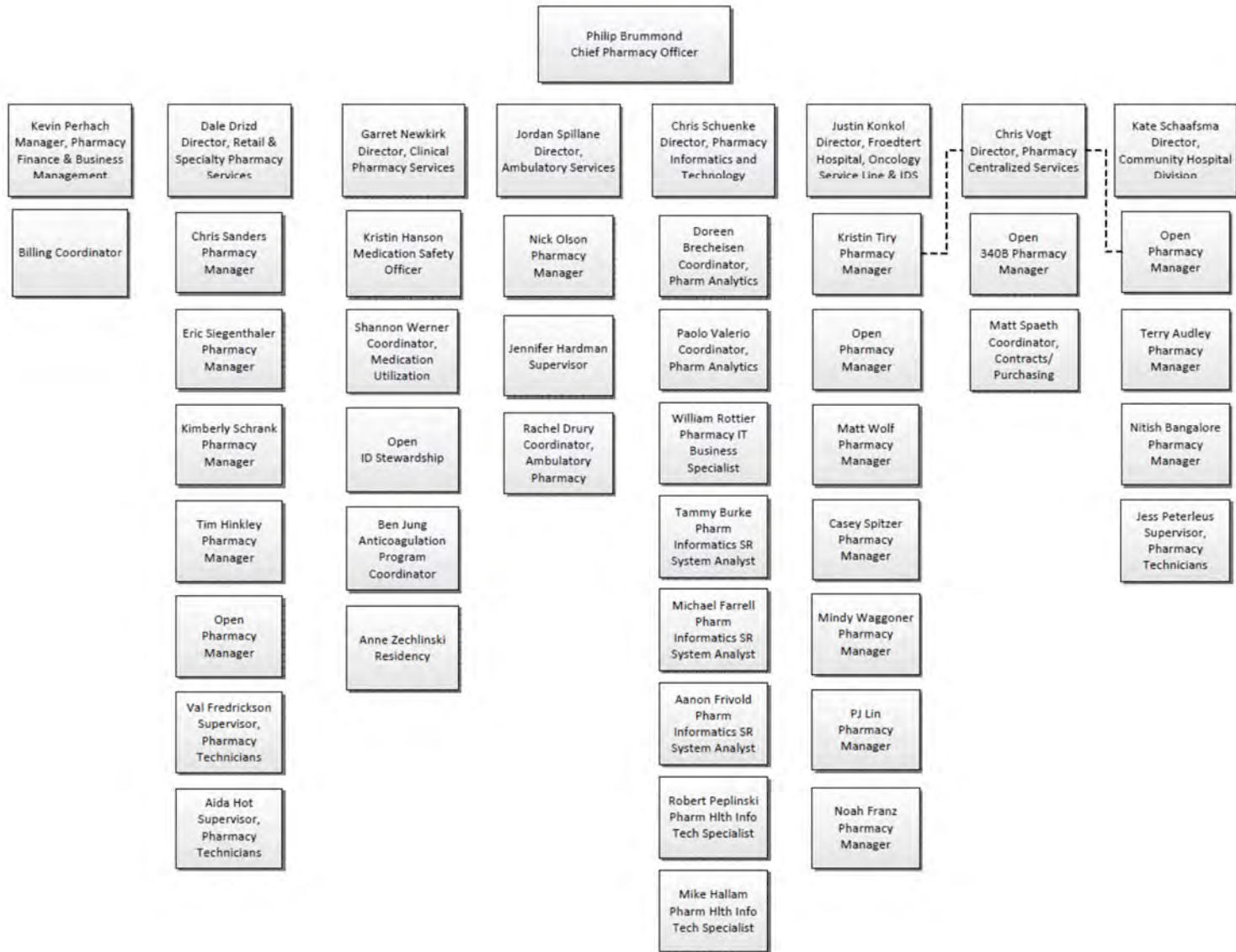
Pharmacy Informatics

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

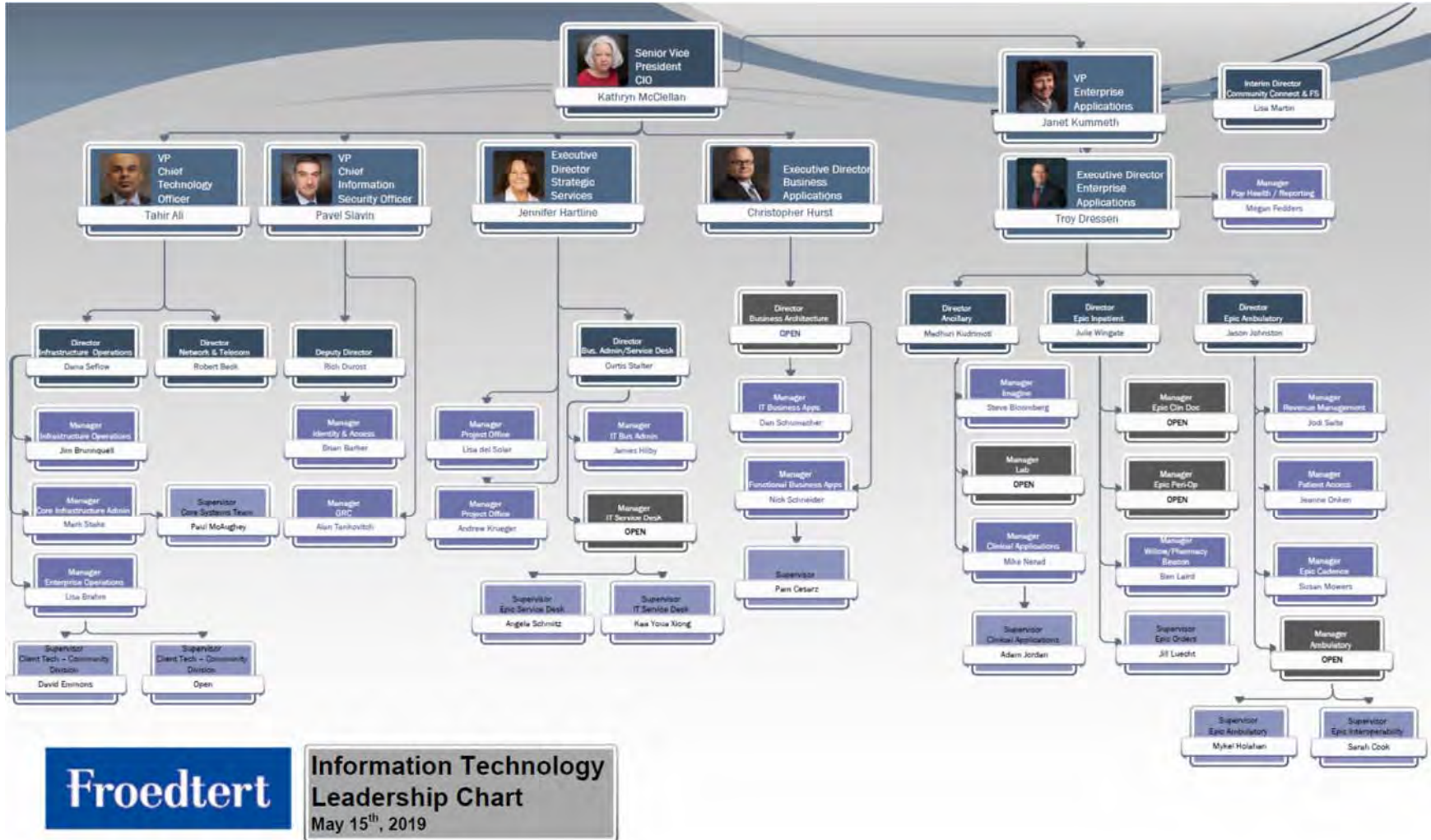
Prior Authorization/Patient Assistance Services

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

Pharmacy Leadership Team



Informatics Leadership



Residency Program Leadership

Kristin Hanson, BSP Pharm, MS

Program Director for Residency Programs

Teri Mattek

Pharmacy Education Coordinator

PGY1 Residency Programs

Community Memorial Hospital PGY1

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

Froedtert Hospital (Acute Care Focus) PGY1

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

Froedtert Hospital (Ambulatory Focus) PGY1

- **Mickey Hart, PharmD, BCACP**
 - Residency Program Director
- **OPEN**
 - Residency Program Coordinator

Health System Pharmacy Administration PGY1 and PGY2

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

PGY2 Residency Programs

PGY2 Ambulatory Care

- **Amanda Mauerman, PharmD, BCACP**
 - Residency Program Director
- **OPEN**
 - Residency Program Coordinator

PGY2 Critical Care

- **Bill Peppard, PharmD, BCPS, FCCM**
 - Residency Program Director
- **OPEN**
 - Residency Program Coordinator

PGY2 Drug Information

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

PGY2 Emergency Medicine

- **Cathyen Dang, PharmD, BCPS**
 - Residency Program Director
- **Jessica Cowell, PharmD, BCCCP**
 - Residency Program Coordinator

PGY2 Infectious Diseases

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

PGY2 Informatics

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

PGY2 Medication Safety

- **Kristin Hanson, BSP Pharm, MS**
 - Residency Program Director

PGY2 Oncology

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

Residency Program Policies

Licensure

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

Residency Program Completion Attendance Requirements and Extended Absences

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

Residency Program Completion Performance Requirements

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

Resident Disciplinary Action

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

PharmAcademic Evaluations

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

Table 1: Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

Formal Evaluation

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

NI = Needs Improvement

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

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

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

SP = Satisfactory Progress

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

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

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

ACH = Achieved

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

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

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

ACHR = Achieved for Residency

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

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

Who can mark as ACHR?

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

Last revised 06.06.18 WJ

Duty Hours

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

Bonus Shifts

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

- Residents should report bonus shifts worked to their manager. For residents working bonus shifts in the inpatient setting at FMLH, they will be added to Humanity by the manager who has assigned the shift which will prompt payment

Resident Attendance Expectations

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

Paid Time Off

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

Figure 1. Documenting PTO in Kronos

The figure consists of two screenshots of the Kronos system interface, showing a calendar view of a resident's schedule. The top screenshot shows a calendar view with a callout bubble that says "Remove scheduled times" pointing to a scheduled shift. The bottom screenshot shows a calendar view with a callout bubble that says "Add the pay code 'PTO' and the number of hours, click 'Save'" pointing to a PTO entry.

Date	Pay Code	Amount	in	Transfer	Out	in	Transfer	Out	Shift	Daily	Cumulative
Fri 8/29			8:00AM		4:00PM				8.0	8.0	8.0
Sat 8/30									0.0	0.0	0.0
Sun 8/31									0.0	0.0	0.0
Mon 9/1			8:00AM		4:00PM				8.0	8.0	8.0
Tue 9/2			8:00AM		4:00PM				8.0	16.0	16.0
Wed 9/3			8:00AM		4:00PM				8.0	24.0	24.0
Thu 9/4			8:00AM		4:00PM				8.0	32.0	32.0
Fri 9/5			8:00AM		4:00PM				8.0	40.0	40.0
Sat 9/6									0.0	40.0	40.0
Sun 9/7									0.0	40.0	40.0
Mon 9/8			8:00AM		4:00PM				8.0	48.0	48.0
Tue 9/9			8:00AM		4:00PM				8.0	56.0	56.0
Wed 9/10			8:00AM		4:00PM				8.0	64.0	64.0
Thu 9/11			8:00AM		4:00PM				8.0	72.0	72.0
Fri 9/12			8:00AM		4:00PM				8.0	80.0	80.0

Date	Pay Code	Amount	in	Transfer	Out	in	Transfer	Out	Shift	Daily	Cumulative
Fri 8/29			8:00AM		4:00PM				8.0	8.0	8.0
Sat 8/30									0.0	0.0	0.0
Sun 8/31									0.0	0.0	0.0
Mon 9/1	PTO	8.0	8:00AM		4:00PM				8.0	8.0	8.0
Tue 9/2			8:00AM		4:00PM				8.0	16.0	16.0
Wed 9/3			8:00AM		4:00PM				8.0	24.0	24.0
Thu 9/4			8:00AM		4:00PM				8.0	32.0	32.0
Fri 9/5			8:00AM		4:00PM				8.0	40.0	40.0
Sat 9/6									0.0	40.0	40.0
Sun 9/7									0.0	40.0	40.0
Mon 9/8			8:00AM		4:00PM				8.0	48.0	48.0
Tue 9/9			8:00AM		4:00PM				8.0	56.0	56.0
Wed 9/10			8:00AM		4:00PM				8.0	64.0	64.0
Thu 9/11			8:00AM		4:00PM				8.0	72.0	72.0
Fri 9/12			8:00AM		4:00PM				8.0	80.0	80.0

Holidays

- Froedtert Hospital recognizes six official holidays: Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, and Memorial Day.
- Residents are required to staff two 10-hour holiday shifts during the residency year (described under Resident Staffing Requirements)
- Time off for holidays is subtracted from PTO
- Residents may elect to be present on rotation (instead of taking PTO) on holidays when not assigned to "staff" with approval of preceptor and residency program director

Professional Leave/Business Days

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

Unscheduled Absences

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

Professional Meeting Attendance and Funding

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

PGY1 Residents

- PGY1 residents are expected to attend the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
- PGY1 residents are expected to present a poster at the Vizient Pharmacy Council meeting
- PGY1 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.

- The \$1200 travel stipend is intended to offset the expenses related to ASHP Midyear / Vizient Council meeting
- Any remaining balance may be utilized to offset expenses for other professional meetings
- Separate funding is provided for the PGY1 residents to attend one regional residency conference

PGY2 Residents

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

Expense Reports/Reimbursement

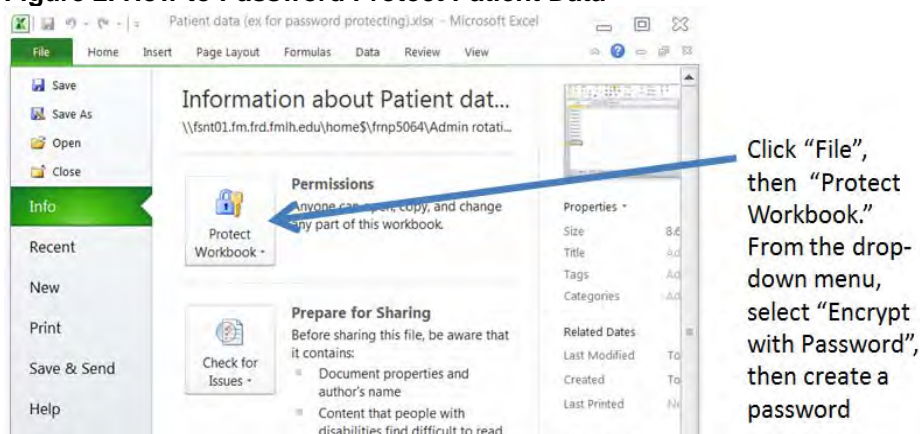
- To complete an expense report:
 - Froedtert Scout (main screen) → Departments → Finance → Expense Reimbursement
Link: <https://fh.sp.froedtert.com/sites/1580/default.aspx>
- All expense reports for travel must be completed prior to the trip or within two weeks from the return date in order to ensure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

Resources for Residents

Laptops and Pagers

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

Figure 2. How to Password Protect Patient Data



Remote Access

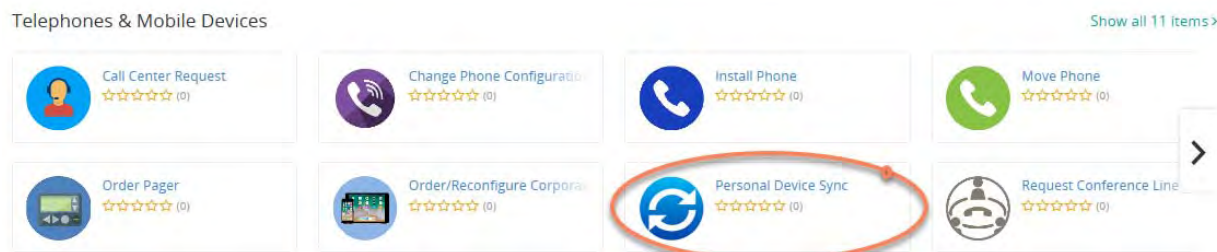
- Citrix must be downloaded on any computers used to access the Froedtert system remotely. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.
- The VIP App must be downloaded and used as a method for remote authentication. The app should be downloaded from Froedtert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

Personal Device Access

- Residents may access email on a personal device (phone or tablet). The Froedtert Health Personal Device User Agreement must be completed in order to set up access on the device.

- This can be found on Scout (also referred to as the “intranet”). Open internet explorer:
Homepage > Departments > Information Technology (Froedtert Health) > Froedtert Health Information Technology > Mobile Devices > MyITPortal

Figure 3: Requesting Personal Device Sync



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

Email Expectations

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

Dress Code

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

White Coats

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

Scrub Request Forms

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

Business Cards

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

Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

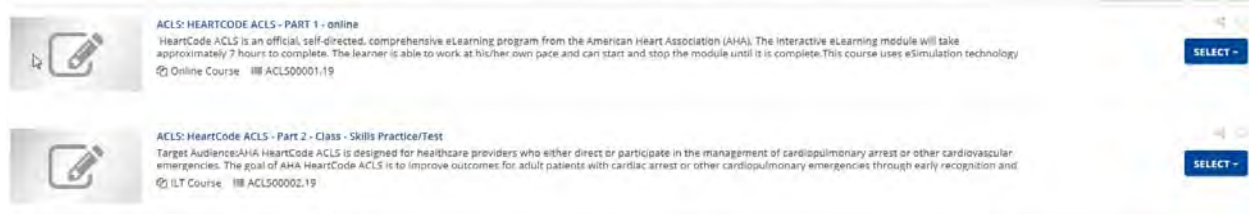
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications

- Froedtert offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
 - PGY2 residents in Critical Care and Emergency Medicine, and PGY1 acute care and HSPA residents are required to maintain ACLS certification. Residents are expected to

complete ACLS prior to starting ICU or ED rotations or staffing in these areas. ACLS is optional for other PGY2 residents
BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.

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

Figure 4. Registration in The Learning Center for ACLS Training



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

Parking

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

Project Days/Working Remotely

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

Additional General Information

Vizient Committee Involvement

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

Academia Opportunities

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

Medical College of Wisconsin Teaching Certificate Program



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

PROGRAM BENEFITS

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

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

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

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





TEACHING CERTIFICATE PROGRAM STRUCTURE

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

Residents

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



TEACHING CERTIFICATE REQUIREMENTS

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

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

Available live/online modules include:

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

PROGRAM COSTS

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

Residency Program Policies

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

Policy:

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

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

Procedure:

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

Preparation: Kristin Hanson, MS, RPh

Authorization: _____
Director of Pharmacy Date

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

Policy:

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

**Froedtert & the Medical College of Wisconsin
Residency Training Programs
Duty Hours
July 2015**

Overview

All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the ASHP Pharmacy Specific Duty Hours and Accreditation Standards. <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

Process

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

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

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

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

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

Duty Hours Tracking Tool Instructions

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

Residency Duty Hours are all scheduled clinical, administrative & academic activities related to the residency program including:

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

Residency Duty Hours do NOT include:

- Reading, studying & academic preparation time
- Travel time to & from off-site rotations
- Travel time to & from conferences
- Resident & department social activities

Moonlighting / Bonus Shift Hours

- Extra staffing hours at Froedtert (beyond normal staffing requirements)
- Hours from external moonlighting

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

PGY2 Informatics Residency Project Timeline

April	May	June
<ul style="list-style-type: none"> • Call for projects from staff • Remind any potential project advisors to complete CITI training 	<ul style="list-style-type: none"> • Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training 	<ul style="list-style-type: none"> • Finalized project list distributed to incoming residents • PGY2 Residents submit project rankings (usually top 3)
<p>Resident action steps = none</p>	<p>Resident action steps</p> <ul style="list-style-type: none"> • Go to https://www.citiprogram.org/ and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review available projects and prepare questions to ask project leads once on-site <input type="checkbox"/> Follow up with project leads to get any questions answered prior to submitting project rank list <input type="checkbox"/> Submit rank list by deadline
July	August	September
<ul style="list-style-type: none"> • Project leads will present available projects to residents during orientation • Projects are assigned • Research team established • Scoping of project and scoping presentation preparation begins 	<ul style="list-style-type: none"> • Work with advisor and project team to scope project and develop protocol (template available) 	<ul style="list-style-type: none"> • Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback • PRC submits feedback that resident must respond to and return in order to obtain protocol approval • Epic UGM Annual Meeting
<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Build research team with help of project advisor <input type="checkbox"/> Plan project and begin creating scoping presentation (template on residency SharePoint site) 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sent draft of scoping presentation to research team two weeks prior to scoping presentation <input type="checkbox"/> Invite team members to scoping presentation 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Distribute protocol draft to research team two weeks prior to scheduled PRC presentation date <input type="checkbox"/> Send protocol draft to Kristin Busse 1 week prior to PRC presentation date (kristin.busse@froedtert.com) <input type="checkbox"/> Respond to e-mail containing feedback within one week <input type="checkbox"/> Distribute finalized protocol to team
October	November	December
<ul style="list-style-type: none"> • Begin data collection after receiving protocol approval • Draft Vizient poster abstract • Submit Vizient poster abstract 	<ul style="list-style-type: none"> • Begin working on Vizient Poster • Submit Vizient Poster after reviewed by research team 	<ul style="list-style-type: none"> • Midyear Meeting • Develop/Submit XGM submission
<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send to project team 2 weeks prior to deadline <input type="checkbox"/> Submit finalized abstract by deadline 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send to project team 2 weeks prior to proof deadline <input type="checkbox"/> Submit for proof printing by deadline <input type="checkbox"/> Submit for final printing by deadline 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Present poster <input type="checkbox"/> Send to RPC 3 business days prior to submission deadline
January	February	March
<ul style="list-style-type: none"> • Midpoint check-in with PRC (via email) • XGM Submission Decision Received 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Complete practice modules
<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send to team 2 weeks prior to submission deadline 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit abstract by deadline 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit slide set to Brian Dekarske prior to deadline
April	May	June
<ul style="list-style-type: none"> • Epic XGM Annual Meeting 	<ul style="list-style-type: none"> • Develop project manuscript 	<ul style="list-style-type: none"> • Manuscript submission deadline • Project wrap-up
<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit slide set prior to deadline 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send to project team prior to deadline <input type="checkbox"/> Send to mentor/advisor by deadline 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit manuscript to Brian Dekarske by deadline <input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor

Inpatient Pharmacy Staffing Model

There are 2 primary staffing models in the department:

7/70 staff

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

8 hour, rotating staff

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

Resident Staffing Requirements

Weekday Staffing

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

Weekend Staffing

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

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

- Four additional eight hour shifts distributed throughout the year to complete the staffing requirements

- All PGY1 Residents will staff one 7-day week, Monday – Sunday, during the month of December. This week will occur over Christmas week or New Year’s week. PGY1 residents will be compensated by having the opposite 7 day week off from work

Holiday Staffing

- Each resident must work two, **10 hour** holiday shifts
- PGY1 residents will work one of the following groups of holidays:
 - New Year’s Day and Thanksgiving Day
 - Christmas Day and Memorial Day
 - Once assigned, PGY1 residents may switch holidays with other PGY1 residents. Holiday switches with staff pharmacists require manager approval
- PGY2 residents will also work two 10-hour holiday shifts (usually a major and minor) as assigned by clinical managers. Shifts assigned to PGY2s will be communicated to residents in July

Inpatient PGY2 Weekend Staffing

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

High Demand Weekends

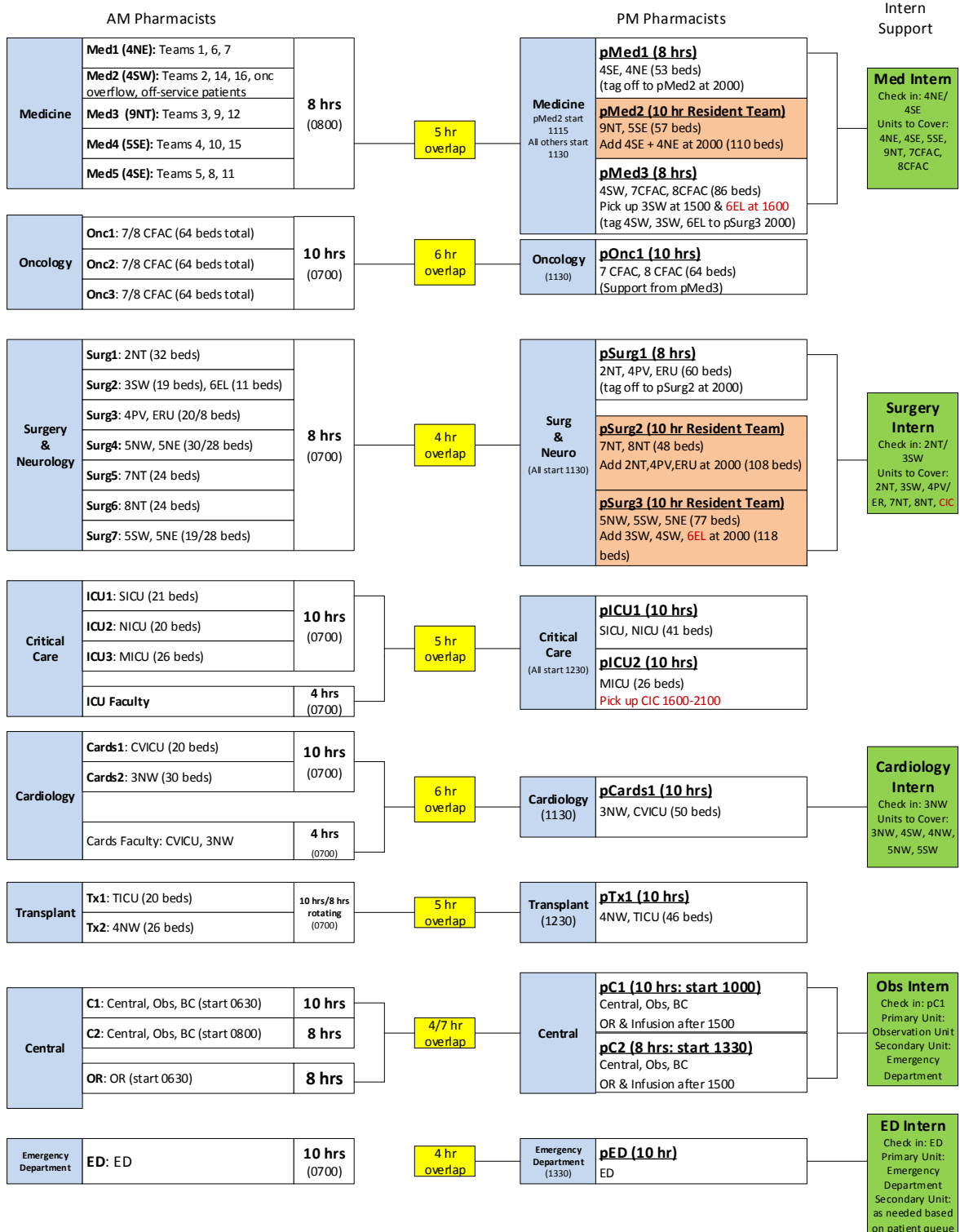
The following weekends are considered high demand weekends due to a large number of staff members requesting off. Availability requests for PGY2 residents during these weekends are not guaranteed and approval for the weekend off will not be known until schedule publication (approx. 6-8 weeks in advance).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

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

Inpatient Staffing Model

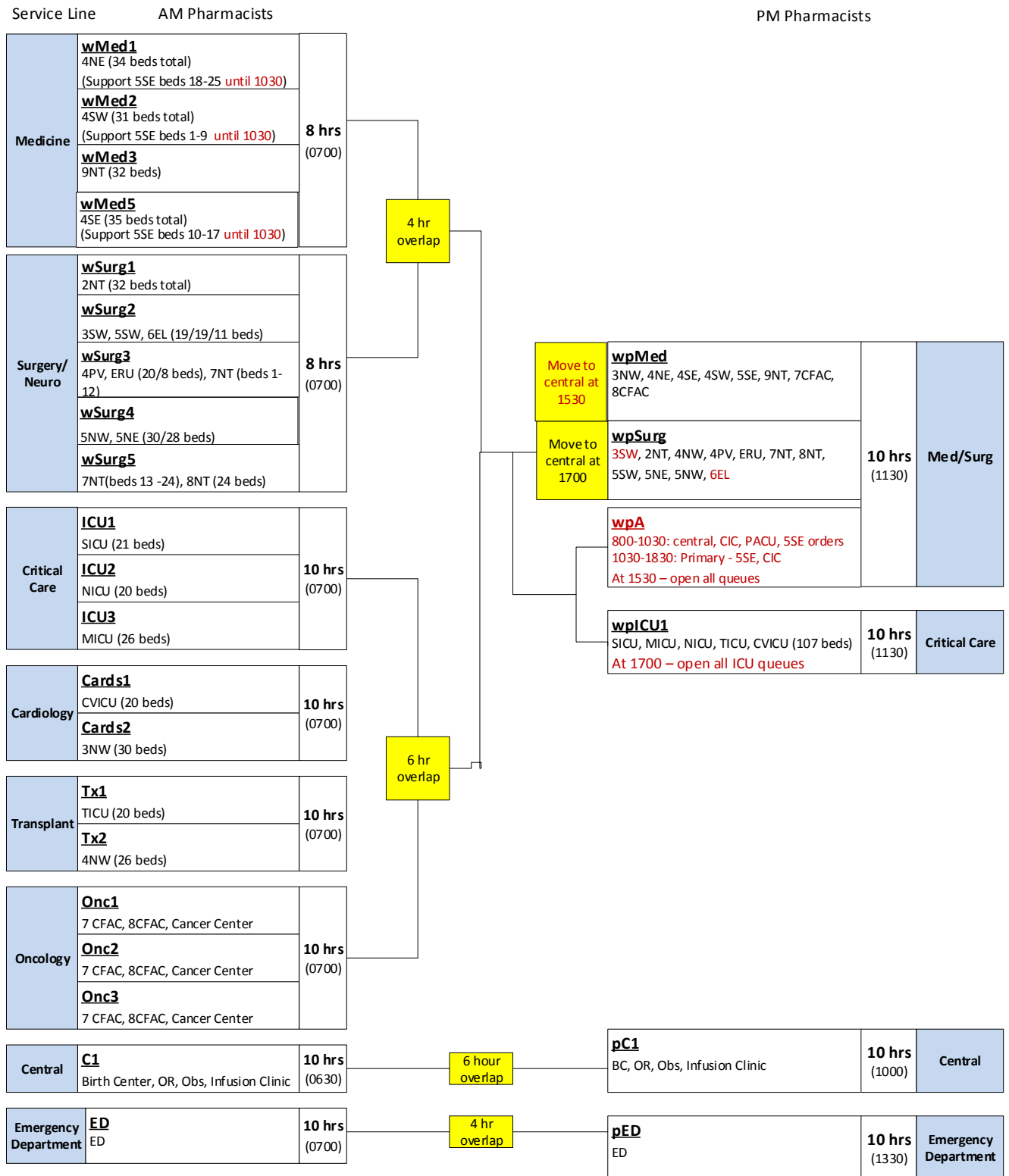
Staffing model is subject to change. Log in to <http://www.humanity.com> to find the most updated version of staffing model document – “Pharmacist and Intern Staffing Model”, which is listed under ‘Shared Files’

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



Inpatient Staffing Model (continued)

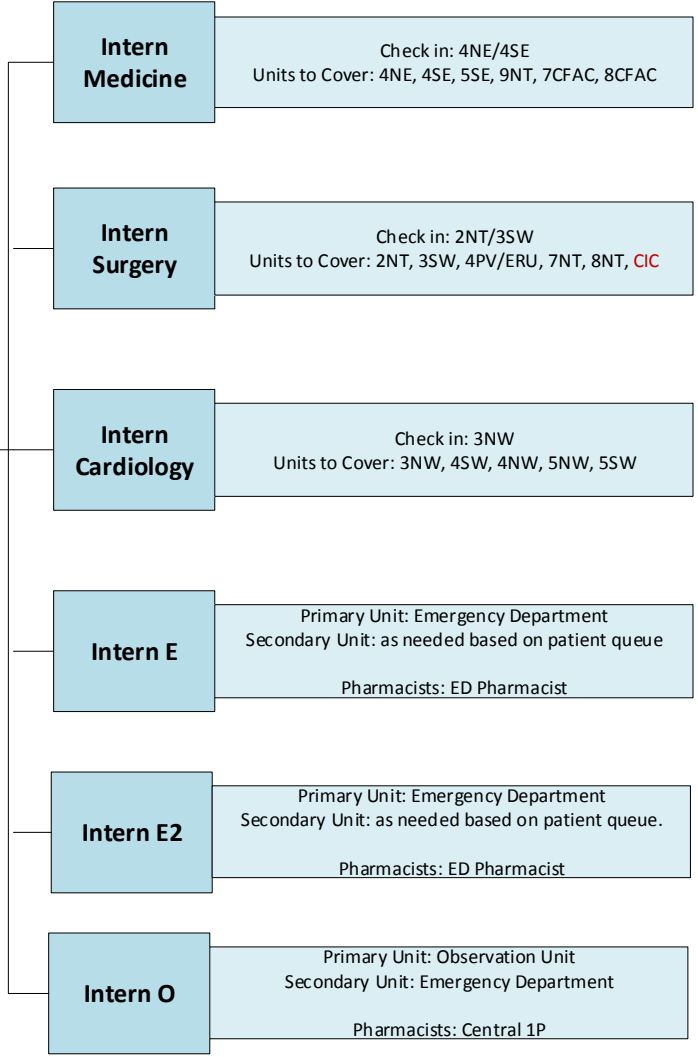
Froedtert Hospital Inpatient Pharmacist Staffing Plan – Weekend (March 21, 2019)



Inpatient Staffing Model (continued)

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

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



Intern Medicine
- Check In: pMed1 (4NE, 4SE until 8PM) Additional units: - pMed2 (5SE, 9NT) (4NE, 4SE at 8PM) - pMed3 (7CFAC, 8CFAC)
Intern Surgery
Check In: pSurg1 (2NT, 4PV, ERU until 8PM) Additional units: - piCU2 (CIC) - pMed3 (3SW until 8PM) - pSurg3 (3SW after 8PM) - pSurg2 (7NT, 8NT) (4PV, ERU, 2NT after 8PM)
Intern Cardiology
Check In: pCards1 (3NW, CVICU) Additional units: - PTx1 (4NW) - PMed3 (4SW until 8PM) - PSurg3 (5NW, 5SW) (4SW after 8PM)

Inpatient Pharmacy Team Details

Team	Units	"A" Week	"B" Week
Medicine			
Med1	4NE (26 beds)	Joanne Antonopoulos	Matt Zimmerman
Med2	4SE (27 beds)	Jory Ward*	Ali Katula
Med3	4SW (22 beds)	Cole Lightfoot	Laurie Dworak
Med4	5SE (25 beds)	Caitlyn King	Laura Case
Med5	9NT (32 beds)	Ashley Stromich	Alison Glienke
Surgery & Neurology			
Surg1	2NT (32 beds)	Leah Holschbach	Sara Hubbard*
Surg2	3SW (20 beds)	OPEN	Aaron Lentz
Surg3	4PV, ERU (20/8 beds)	OPEN	OPEN
Surg4	5NW, 5NE (30/28 beds)	Sarah Crober	Kim Knoernschild
Surg5	5SW, 5NE (19/28 beds)	OPEN	Brian Domack
Surg6	7NT (24 beds)	OPEN	Sarah Solano/Ann Birkenstock
Surg7	8NT (24 beds)	Debbie Kessen	Brittany Tefft
Critical Care/ED			
ICU1	SICU (21 beds)	Bill Peppard	Dave Herrmann
pICU1	SICU, NICU (41 beds)	Kim Hoang	Danielle Mabrey
ICU2	NICU (20 beds)	Kristin Bialkowski*	Kim Haldeman
pICU2	MICU (26 beds)	OPEN	Patti Rouman
ICU3	MICU (26 beds)	Carla Karczewski	Mike Katz
ED	Emergency Department	Jessica Cowell, Ryan Feldman	Cathy Dang, Matt Stanton
N3/N4	3rd shift ICU	Katie Ewert, Alyssa Meixelsperger	Sara Farrell, Chris Visselmann
ICU Faculty	MICU	Sarah Peppard/Ann Parks	
Cardiology			
Cards1	CVICU (20 beds)	Joel Feih	Greg Stilin
pCards1	3NW, CVICU (50 beds)	Bethanne Held-Godgluck	Janelle Juul
Cards2	3NW (30 beds)	Amanda Pilo	Melissa Tan
Cards Fac	CVICU, 3NW (heart failure)	Joe Rinka	
Transplant			
Tx1	TICU (20 beds)	<i>Rotated</i>	<i>Rotated</i>
Tx2	4NW (27 beds)	<i>Rotated</i>	<i>Rotated</i>
pTx1	4NW, TICU (46 beds)	<i>Rotated</i>	<i>Rotated</i>
Transplant Team Members: Carolyn Hauptert, Jules Felsecker, Roo Bhatt, Lindsey Verbunker, Meghan Glynn*			

Inpatient Pharmacy Team Details (Continued)

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

*Denotes Pharmacist Coordinator

PGY2 Pharmacy Informatics Residency Program Specific Information

Program Purpose

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 that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

Program Description

The PGY2 Pharmacy Informatics program will prepare residents to assume the role of a pharmacy informaticist. Projects and longitudinal activities will relate to the resident's interest in pharmacy informatics and technology. The resident will be exposed to electronic health record management (inpatient, ambulatory, and oncology), administrative operations and technology, drug policy and information management, medication safety, design and human factors, clinical decision support, reporting and analytics, and informatics administration.

Residents will:

- Complete a certification for Epic Willow Inpatient
- Have exposure to multiple informatics teams
- Have opportunities to precept residents and APPE students on clinical rotations
- Be encouraged to pursue external publications and presentations

Upon graduation, residents are prepared for roles in a variety of health care related informatics disciplines. Our pharmacy informatics team supports medication use throughout a regional health network composed of an academic medical center, two community hospitals and more than 30 primary and specialty care health centers and clinics. The team has significant experience and expertise in health information technology, electronic health record management, and clinical decision support.

Program Structure

Features

- Flexible, comprehensive training in a variety of areas.
- Residency training program established in 1993. PGY2 Informatics program established in 2016.
- Wide variety of required informatics rotations, with some longitudinal rotations throughout the year.
- A variety of elective rotations are available. Rotations and activities are tailored to meet the needs and interests of each resident.

- Potential opportunities to work with and serve as a preceptor for student pharmacist rotations, based on number of learners schedule for informatics rotation.

Residency Leadership

- Jill Zimmerman, MS, PharmD
 - Application Analyst IV Sr, PGY2 Pharmacy Informatics Residency Director
 - Telephone: 414-777-3299
 - E-mail: Jill.Zimmerman@froedtert.com
- Brian Dekarske, PharmD
 - Application Analyst IV, PGY2 Pharmacy Informatics Coordinator
 - Telephone: 414-777-1073
 - E-mail: Brian.Dekarske@froedtert.com

PGY2 Learning Experiences	
Required Learning Experiences	Elective Rotations
<ul style="list-style-type: none"> • Automation and Operational Administration • Capstone • Clinical Decision Support • Electronic Health Records Ambulatory • Electronic Health Records Inpatient • Electronic Health Records Oncology • Informatics Administration • Informatics On Call and End User Support (longitudinal) • Longitudinal Research Project (longitudinal) • Medication Management and Smart Pump Analytics • Orientation • Staffing and Electronic Health Record Optimization (longitudinal) 	<ul style="list-style-type: none"> • Operational Reporting • Analytics • Design and Human Factors • Medication Safety Applied to Technology • Academia (developed based on resident need)
<p><i>Each resident will complete required learning experiences with additional weeks used for elective rotations. Detailed rotation descriptions, including rotation lengths, are available in PharmAcademic and also are provided on the Informatics Rotation Materials SharePoint site:</i></p> <p>https://datacollectionrb.sp.froedtert.com/sites/pharmacy/EpicRx/rotationmaterials/Rotation%20Descriptions/Forms/AllItems.aspx</p> <p><i>Example rotation sequence/duration:</i></p> <p>https://datacollectionrb.sp.froedtert.com/sites/pharmacy/EpicRx/rotationmaterials/Document%20Library12/1/Example%20PGY2%20Informatics%20Schedule.xlsx?Web=1</p> <p><i>Program structure may be customized by resident as deemed appropriate by Residency Program Director and Residency Program Coordinator.</i></p>	

On Call Responsibilities

- Residents will begin on-call shadowing starting in the 2nd quarter of the residency year with full on call responsibilities in last 6 months of residency.
- Weekday Call will initially be assigned in conjunction with a mentor. After several on call rotations, resident will be expected to take full call at an equivalent schedule to Pharmacy Informatics team members.
- Weekend Call will be assigned for a minimum 2 weekends with a mentor.
- See Willow On Call Policy on Pharmacy Informatics SharePoint site.

Each resident has a set of additional activities required for successful residency completion as described in the Residency Program Completion & Extended Absences Policy and delineated below. The Activity Checklist will be routinely evaluated during resident:advisor and/or resident/mentor meetings.

Required Activity Checklist

Resident			
Assigned Mentor		Assigned Advisor	

Licensure/Certifications			
Title	Due date	Date Completed	Documentation Submitted
Wisconsin Pharmacist Licensure	90 days post start date		
Advanced Cardiac Life Support (ACLS) Certification	Variable		
Epic Willow Inpatient	90 days post start date		

Projects				
Project	Subject	Advisor	Timing	Other Notes:
Primary Year-long Resident Project			(See next page for project timeline)	
Secondary Longitudinal Project (if applicable)				
Journal Clubs (1 st required, 2 nd optional)	1)		Date 1:	
	2)		Date 2:	
Medication Safety Meeting Drug Error Review Follow-up			Monthly:	

Required Experiences		
Requirement	Notes	Completed
Attend IRB meeting if required for project	Contacted member to approve attendance:	<input type="checkbox"/>
	Date meeting attended:	<input type="checkbox"/>
	IRB exempt	<input type="checkbox"/>
Be involved with one or more hospital or departmental committees	Committee name(s)	<input type="checkbox"/>
Administrative responsibility requirement	Title:	<input type="checkbox"/>
Attend \geq 1 recruitment events	Site(s):	<input type="checkbox"/>

Other Requirements

Assist with APPE student, or resident from another program while they are on informatics rotation
Complete a minimum of 50 weeks and 2250 hours to complete the program and be awarded the residency certificate of completion
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.
Meet with mentor approximately once monthly and advisor approximately quarterly at a minimum
Contact primary preceptor(s) for each rotation 2 weeks prior to the start of the rotation with an introductory e-mail (see pre-rotation communication expectations)
Evaluations should be completed in PharmAcademic the last day of each rotation (extenuating circumstances may allow up to 7 days post rotation, but must be approved by the RPD).
Monitoring of progress on residency objectives and keeping preceptors informed about objectives that should be focused on for each rotation
Attend site visits and Citywide resident events as approved by RPD
Duty hour tracking documents should be updated regularly and submitted quarterly

Other Experiences
Attend ASHP Midyear Clinical Meeting
Attend Epic User Group Meeting (UGM) or Epic Expert Group Meeting (XGM)

Activity Checklist Descriptions

Required Certification

Advanced Cardiac Life Support (ACLS) Certification

- Course will be scheduled by a pharmacy manager and the cost is covered by Froedtert Hospital. If the course is failed, the resident would be responsible for the cost of any remediation.
- The course requires significant preparation beforehand and a completed pretest must be submitted on the first day of class. Some course materials are provided, although the use of other resources may be helpful.
- The ACLS course occurs off-site (across the street within the Wisconsin Athletic Club). The first day is a full day of teaching from 8:00am – 4:30pm. The second day is a half-day with a review starting around 8:00am; the final test for this course includes a written portion and a “megacode” which requires the individual to run a mock-code without assistance from others. Both portions must be successfully completed in order to pass the course.

Epic Willow Inpatient Administration

- Course will be scheduled by residency coordinator and the cost is covered by Froedtert and the Medical College of Wisconsin. If the course is failed, the resident would be responsible re-testing up to the allowed limits per Epic and if still unsuccessful, the resident would be responsible for the cost of any remediation.
- The course requires significant preparation beforehand. Pre-requisite readings are available on the Epic UserWeb. Residency Coordinator will work with incoming resident to obtain access. Course materials are provided in class.
- The Epic Willow Inpatient courses occur on the Epic System campus in Verona, Wisconsin and requires multiple days of attendance over the course of several weeks. Several projects are required in addition to several post-tests. The tests are open book/note/system for this course and are taken online in a proctored location on the F&MCW campus. Both project and test portions must be successfully completed in order to pass the course.

Projects

Year-long Resident Project

- Over the course of the residency year, each resident will be responsible for planning and executing at least 1 project
 - Projects are selected using resident rank-lists; most residents obtain one of their top few choices of project
 - 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 student and project advisor will collaborate to add additional members to the research team
 - 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
 - Vizient Poster Submission during the ASHP Annual Clinical Meeting
 - Epic Conference (or WPRC) slide set submission
 - Epic Conference (or WPRC) presentation
 - 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.
 - See the [PGY2 Informatics Residency Project Timeline](#)

Journal Clubs

- Each resident will present one journal club throughout the year
 - A schedule for the year will be posted on the Residency SharePoint
- Resources for journal club are found on the Residency SharePoint within the Journal Club Workspace
- Article requirements
 - Published in previous 12 months
 - Topic should be medication-related, original research, and either
 - Something of interest to resident
 - A study expected to make a large impact
- Article/Preceptors Selection and Approval Process
 - Submit planned citation/article and recommendation for pharmacist preceptor to Journal Club Coordinator (Audrey Kostrzewa) at least 3 weeks prior for approval
 - Do not ask the pharmacist preceptor to precept your article prior to receiving approval from Audrey Kostrzewa
- Article distribution
 - Distribute electronic copy of article to residents and all pharmacists on the Wednesday prior to journal club (after current week Journal club). Email lists to use: FMLH Pharmacy

All Pharmacists, FMLH Pharmacy Residents, FMLH Epic Pharmacy Informatics Team, PLUS the CMH residents.

Administrative Topic Discussion

- Each resident will be responsible for one technology focused administrative discussion presentation
 - Presentations should be approximately 45 minutes in length (may be 20 minutes in length if sharing with another resident).
 - Guides for creating the presentation are available
 - I:PHARMACY/Admin Resident/Administrative Discussions
 - These resources should be used to guide your presentation preparation; don't plagiarize someone else's presentation
 - Any copied slides should be appropriately cited within your presentation
 - Residents will submit a rank list of administrative topic discussions prior to being assigned a topic

Medication Error Review Follow-up

- Resident will routinely attend Resident Medication Safety Meetings on the Froedtert campus (end of academic half day; conference line available). During the review of medication error reports (through MIDAS), the informatics resident will be responsible for answering informatics related questions and will be responsible for any informatics related follow-up (eg. Completion of small system adjustments, logging projects to appropriate governance platform, follow-up with informatics team members on questions).
- Review Midas worklist of all errors flagged as informatics during error review.
 - Perform initial assessment as to if the error could be prevented with a technical change, working with assigned informatics preceptor and other informatics team members as needed in triaging these errors and their resolution.
 - If the error has potential technical resolution, triage the resolution using a Remedy Help Desk ticket or Pharmacy Platform issue.
 - Follow-up with Medication Safety Officer as needed adhoc or via routine meeting as volume dictates.
 - Develop a presentation on the technology based medication error interventions for the month, including trends and case examples if applicable. Present errors and interventions at Pharmacy Informatics Team meeting monthly.

Precepting Experiences

APPE students (staff pharmacists will be the primary preceptors)

- Student rotation scheduling may vary. Precepting responsibilities will be determined adhoc based on release of student rotation schedule. Precepting will not occur until the latter half of the residency year.

Required Experiences

Committee Membership

- Involvement with one or more hospital or departmental committees, options may change
- Assignments such as small projects, taking of minutes, etc may be required
- Required:
 - Pharmacy Informatics Platform
 - Epic Coordination Team Meeting (ECT)
- Additional Meeting responsibilities may be required based on rotation.

Longitudinal Responsibility

- *SURA Cycle- 1 rotation with preceptor*
- *Care Concern Bulletins*
 - *Responsible for 1 month of CCB monitoring*
 - *Adjust status on CCB Site*
 - *Follow-up on affect to organization, mitigation strategy, and resolution.*
- *Patient Safety of Financial Escalations*
 - *Follow-up on affect to organization, mitigation strategy, and resolution.*

Recruitment Events – options may change

- Pharmacy Society of Wisconsin (PSW) Annual Meeting
- Illinois Council of Health-System Pharmacists (IHP) Annual Meeting
- Concordia University Wisconsin
- University of Michigan
- University of Wisconsin – Madison
- University of Iowa

Milwaukee Citywide Resident Events

- Site visits may occur as a portion of the recruitment event trip
- Citywide resident events occur at different pharmacy residency program sites throughout the Milwaukee area

Other Experiences

UHC/American Society of Health-system Pharmacists (ASHP) Midyear Clinical Meeting

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

Epic Expert Group Meeting (XGM)

- Occurs in April
- A national conference that offers the opportunity for informaticists to present their research projects to their peers and colleagues
- Attendance at XGM is preferred over attendance at UGM
- Activities:
 - Project presentation (35 minute presentation and 10 minutes for questions)

Epic User Group Meeting (UGM)

- Occurs in September
- A national conference that offers the opportunity for informaticists and operational leaders to present their research projects to their peers and colleagues
- Attendance at XGM is preferred over attendance at UGM
- Activities:
 - Project presentation (35 minute presentation and 10 minutes for questions)

Mentorship Experiences

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
- Residents and mentors are expected to meet approximately monthly, documenting significant discussion points in the resident's development plan.

Residency Advisor

- Residency advisors are pharmacists assigned to each resident. Their primary purpose is to provide guidance throughout the year with an emphasis on overall professional development and career advancement.
- Residents and advisors are expected to meet approximately monthly, documenting significant discussion points in the resident's development plan.

Evaluation Strategy & Documentation

- If you are unsure who to contact for a given rotation, the link below contains contact information for each site
 - <https://datacollectionrb.sp.froedtert.com/sites/pharmacy/residency/Lists/Announcements/DispForm.aspx?ID=149&Source=https%3A%2F%2Fdatacollectionrb%2Esp%2Efroedtert%2Ecom%2Fsites%2Fpharmacy%2Fresidency%2Fdefault%2Easpx>
- **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

Contact primary preceptors for each rotation 10-14 days prior to the start of each rotation with an introductory e-mail. Below are the elements that should be included in your pre-rotation communication as well as an examples that you may see in an exceptional pre-rotation email.

Goals:

- In order for you and your preceptor to adequately prepare for your rotation, you must provide your preceptors with your goals for the rotation. You need to have at least 3-4 goals that you would like to work toward. Make sure that your goals are specific and appropriate for the time assigned to the rotation. For 1-2 week rotations, you may only have 1-2 goals.

- *Example good goal: Become familiar with the selection and narrowing of antibiotic therapy and overall treatment of community acquired vs. hospital acquired pneumonia in the ICU setting*
- *Example poor goal: Improve knowledge of antibiotics - **too broad***
- *Example good goal: Increase comfort and confidence in making recommendations and interacting with physicians during patient care rounds*
- *Example poor goal: Increase confidence - **too broad***

Learning Style:

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

Schedule:

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

Strengths and Opportunities for Improvement:

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