



PGY2 Pharmacy Informatics Pharmacy Residency Manual

2021 - 2022

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Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

About Froedtert Health

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

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

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

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

Pharmacy Department

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

Vizient Quality and Accountability Rankings

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

Departmental Information

Clinical Pharmacist Scope of Services

Safe and Effective Medication Use

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

Evaluation of Patient Profile and Medication Orders

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

Pharmacist Medication Dosing Services

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

Medication Histories and Reconciliation

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

Discharge Reconciliation and Coordination

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

Drug Information and Patient Education

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

Multidisciplinary Team Involvement

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

Communication Between Pharmacists

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

Precepting and Teaching

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

Formulary Management

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

Emergency Management

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

- Support rapid sequence intubation and conscious sedation

Quality and Process Improvement

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

Medication Distribution and Control

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

Clinical Cancer Center Services

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

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

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

Center for Medication Utilization

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

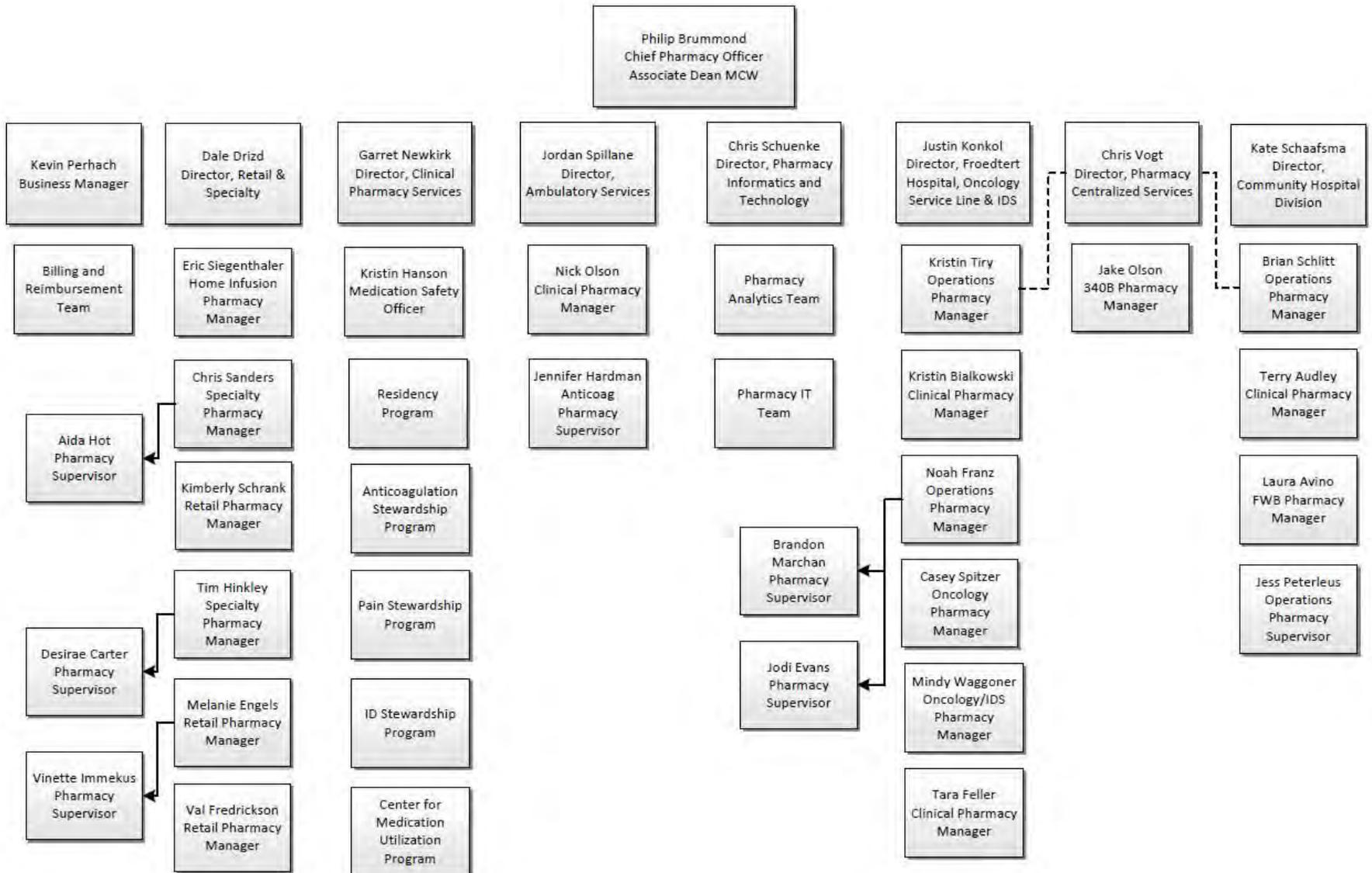
Pharmacy Informatics/Epic Willow Teams

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

Prior Authorization/Patient Assistance Services

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

Pharmacy Leadership Team



Residency Program Leadership

Kristin Hanson, BSPHarm, MS

Program Director for Residency Programs

Teri Mattek

Pharmacy Education Coordinator

PGY1 Residency Programs

Froedtert Menomonee Falls Hospital PGY1

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

Froedtert Hospital (Acute Care Focus) PGY1

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

Froedtert Hospital (Ambulatory Focus) PGY1

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

Froedtert Hospital PGY1 Community

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

Health System Pharmacy Administration and Leadership PGY1 and PGY2

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

Medication Use Safety and Policy PGY1 and PGY2

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

PGY2 Residency Programs

PGY2 Ambulatory Care

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

PGY2 Critical Care

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

PGY2 Emergency Medicine

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

PGY2 Infectious Diseases

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

PGY2 Informatics

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

PGY2 Oncology

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

Residency Program Policies and HR Information

[Resident Licensure](#)

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

[Residency Program – Residency Program Completion](#)

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

[Residency Program – Duty Hours](#)

Resident Licensure

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

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

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

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

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

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

Policy:

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

Procedure:

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

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

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



FROEDTERT PHARMACY POLICY

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

PURPOSE: Describe requirements for residency program completion

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

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

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

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

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

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

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

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

PROCEDURE:

RELATED POLICIES/PROCEDURES:

AUTHORS: Terry Audley, John Muchka, Kristin Hanson

FROEDTERT PHARMACY POLICY

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

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

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

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

PROCEDURES: Coaching

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

Formal Performance Improvement Plan

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

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

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: Pharmacy Policy Committee

ATTACHMENTS/APPENDICES:

Resident Coaching Documentation Template

Performance Improvement Plan Template

Residency Programs – Duty Hours (DRAFT)

Last Review: December, 2020

Next Review: December, 2023

Description: Residency, resident, duty hour

Policy number: TBD

Origination date: December 2020

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

Definitions:

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

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

Duty hours do not include:

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

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

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

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

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

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

Policy:

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

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

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

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

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

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

C. Moonlighting/Bonus Shifts

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

D. Duty Hours Tracking

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

Author: Anne Zechlinski, PharmD

Approval:

Residency Steering Committee

Pharmacy Policy and Procedure Committ

Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

Formal Evaluation

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

NI = Needs Improvement

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

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

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

SP = Satisfactory Progress

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

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

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

ACH = Achieved

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

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

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

ACHR = Achieved for Residency

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

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

Who can mark as ACHR?

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

Last revised 06.06.18

PharmAcademic Evaluations

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

Duty Hours Tracking Documents

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

Bonus Shifts

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

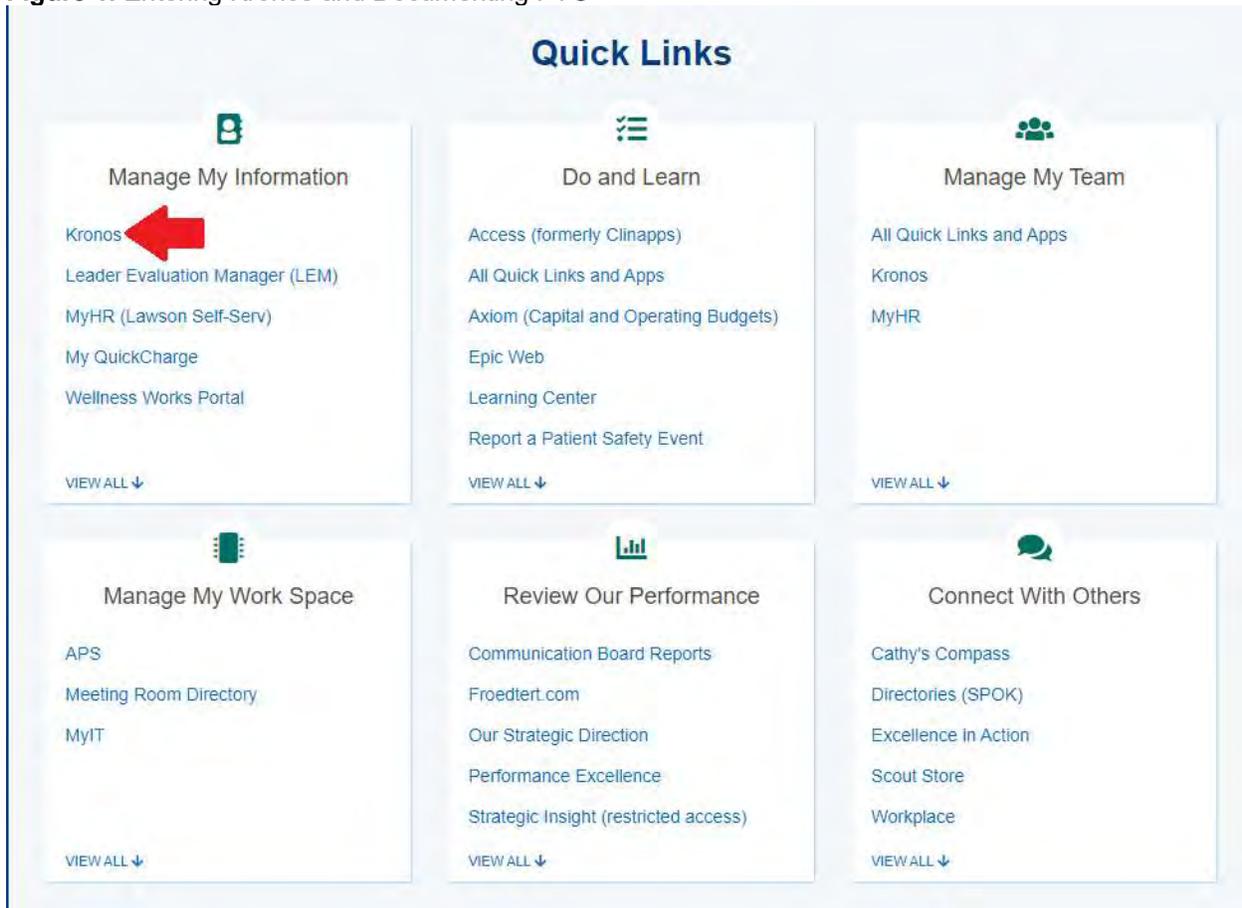
Resident Attendance Expectations

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

Paid Time Off

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

Figure 1. Entering Kronos and Documenting PTO





Workforce Central[®] Version 8.1.8

Education Material

User Name

Password



Enter Epic Credentials

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



Remove scheduled In and Out Times

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



Enter Pay Code "PTO" and Number of Hours

Holidays

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

Unscheduled Absences

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

Professional Leave/Business Days

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

Professional Meeting Attendance and Funding

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

PGY1 Residents

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

PGY2 Residents

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

Expense Reports/Reimbursement

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

Figure 2: Company Codes and Accounting Units for Travel Reimbursement

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

Resources for Residents

Laptops and Pagers

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

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

Figure 3. How to Password Protect Patient Data

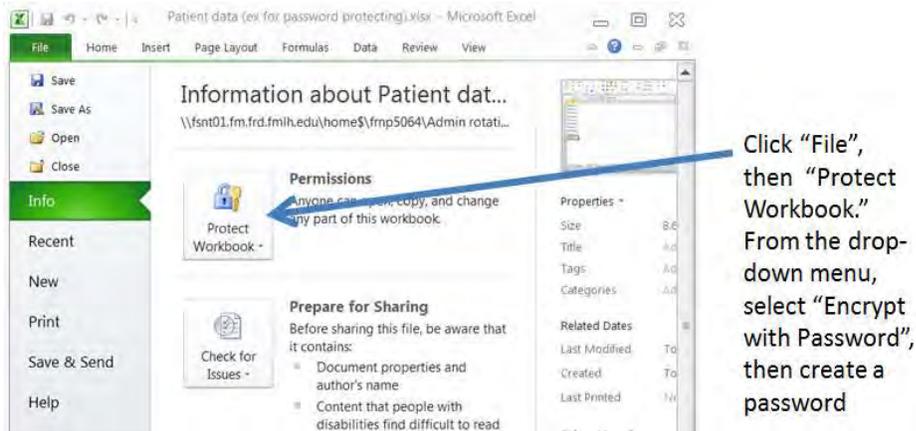


Figure 4. How to Enter myIT requests (Use Epic Credentials to Log In to MyIT)

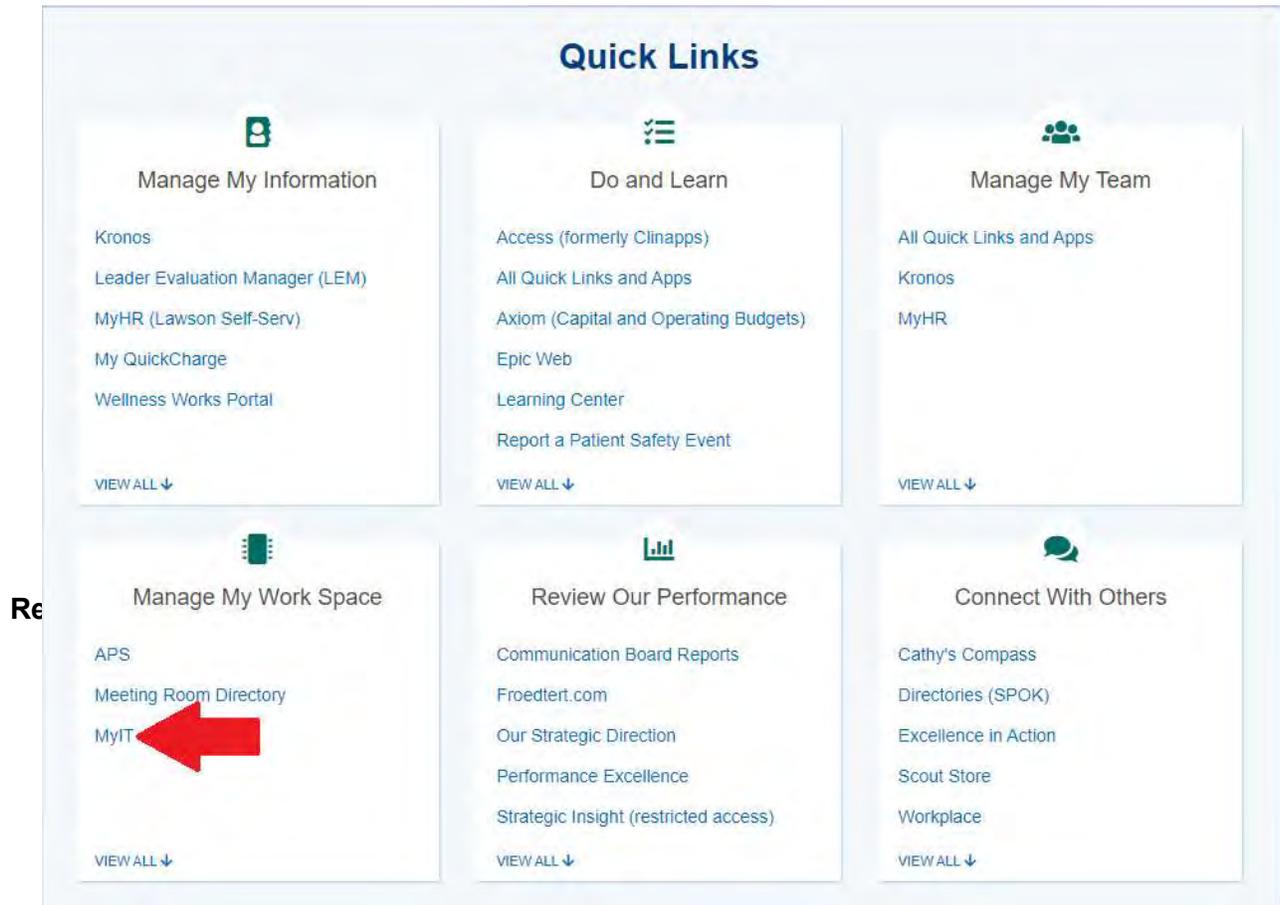


Figure 4 (Cont.). How to Enter myIT requests (Use Epic Credentials to Log In to MyIT)

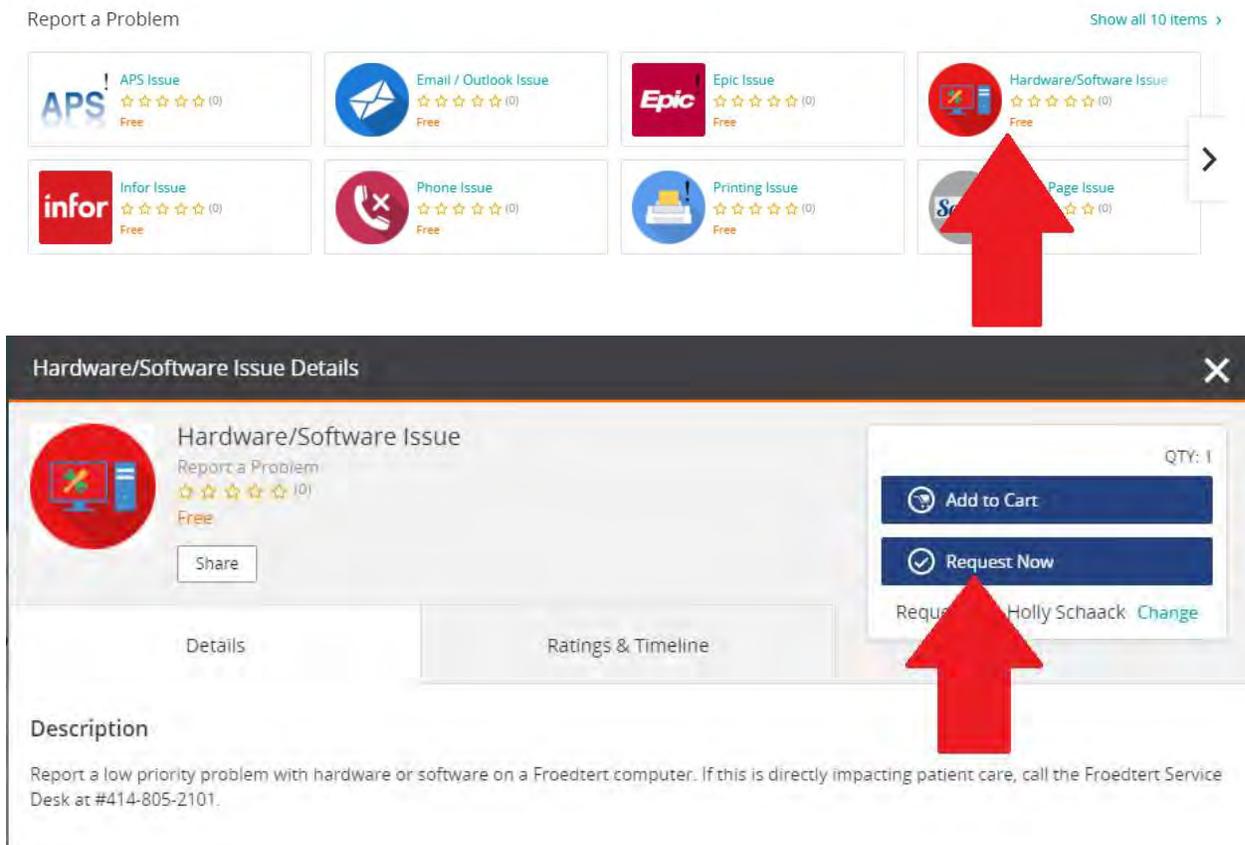


Figure 5. How to Request Remote Access via APS

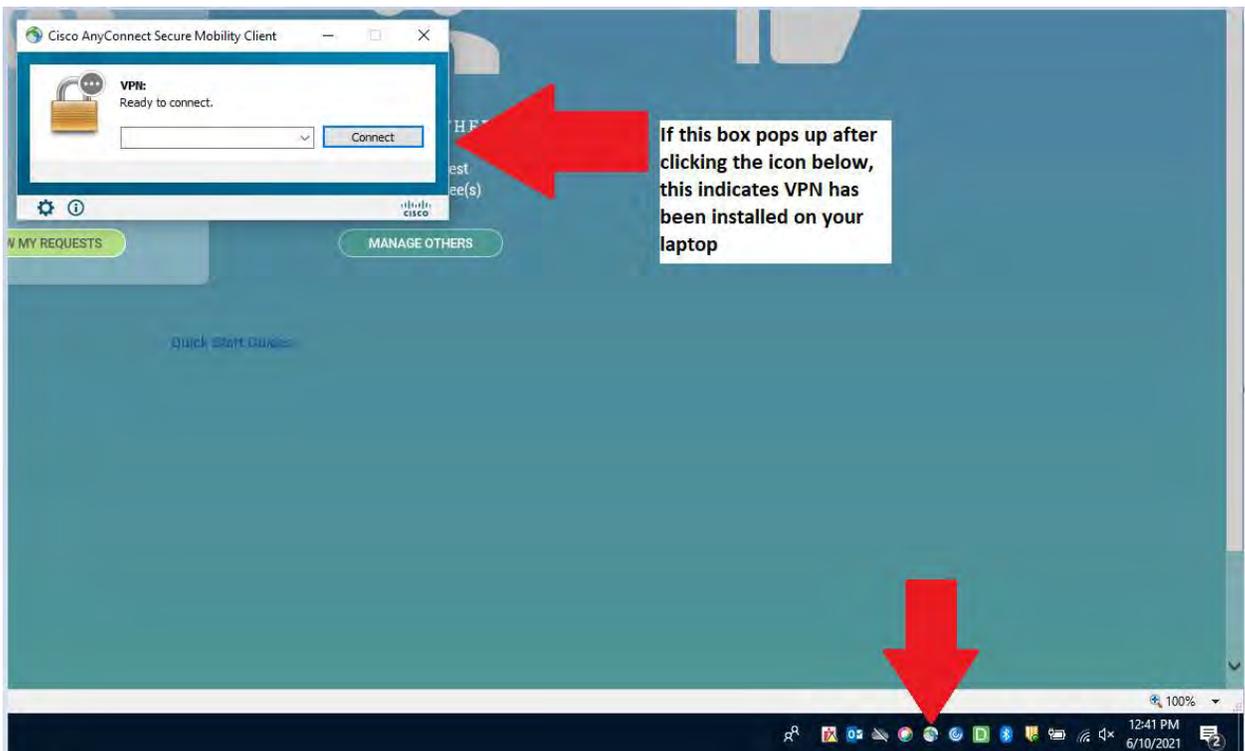
| Category | Name | Description |
|-----------------------------|---------------------------------------|--|
| Information Technology Only | APP - Citrix - MEDREC Printers - User | APP CTX MEDREC PRINTERS Group membership establishes specific MEDREC printer access via Remote access. Required for Cancer Registry and Remote Coders |
| Application | APP - MEDCAROSAL REMOTE ACCESS | Remote Access Group for Dimension21 Vendor |
| Database | DB - OnBase Admin | OnBase Admin This will be used for remote access to OnBase servers and services |
| Remote | Remote - Basic Remote Access | Provides remote access via https://remote.froedtert.com, includes Microsoft Office Suite, Epic, My Computer, and Intranet. Request must include business justification in the Comment box (box will appear after clicking Submit). |
| Application | Remote - Dimension 21 - Medcarosal | APP MEDCAROSAL REMOTE ACCESS |

Remote Access

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

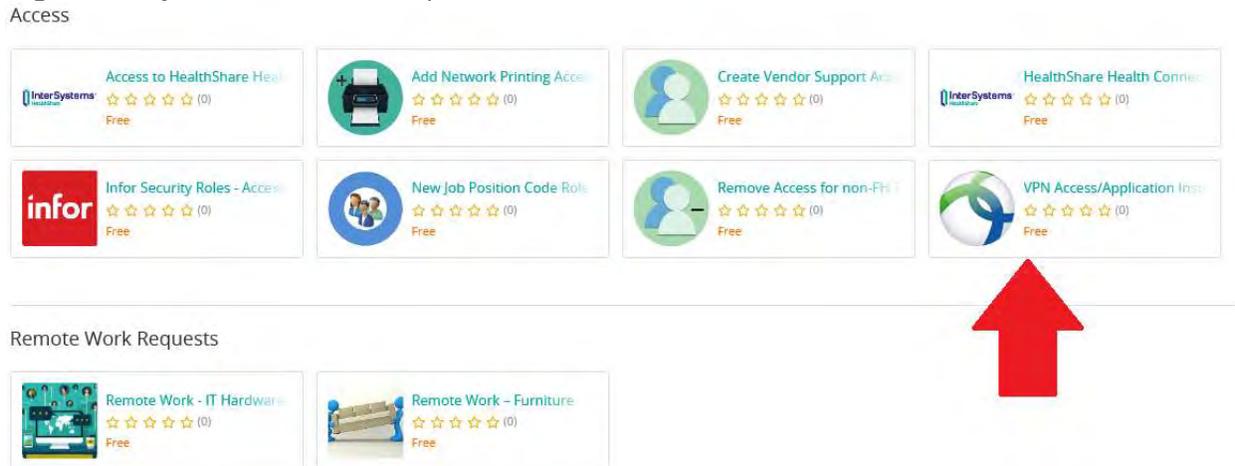
- The VIP App must be downloaded and used as a method for dual authentication. The app should be downloaded on a personal device from Froedtert Campus in order to link it with the account. Click link below to access instructions:
- <http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Forms/Free%20Symantec%20VIP%20Acc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

Figure 6. VPN Access



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

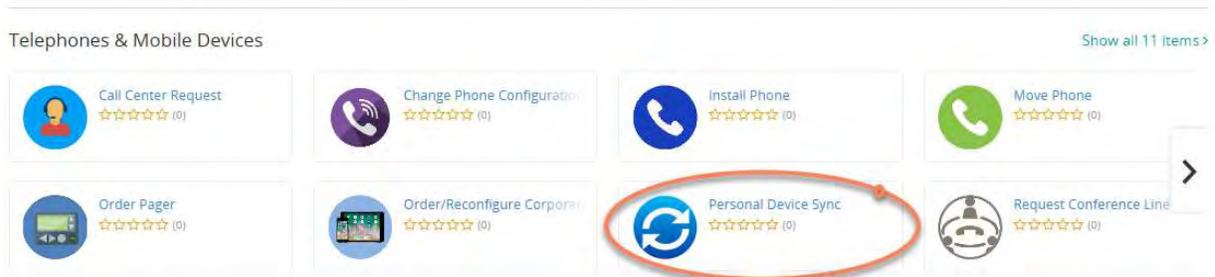
Figure 7: MyIT VPN Access Request



Personal Device Access

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

Figure 8: Requesting Personal Device Sync



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

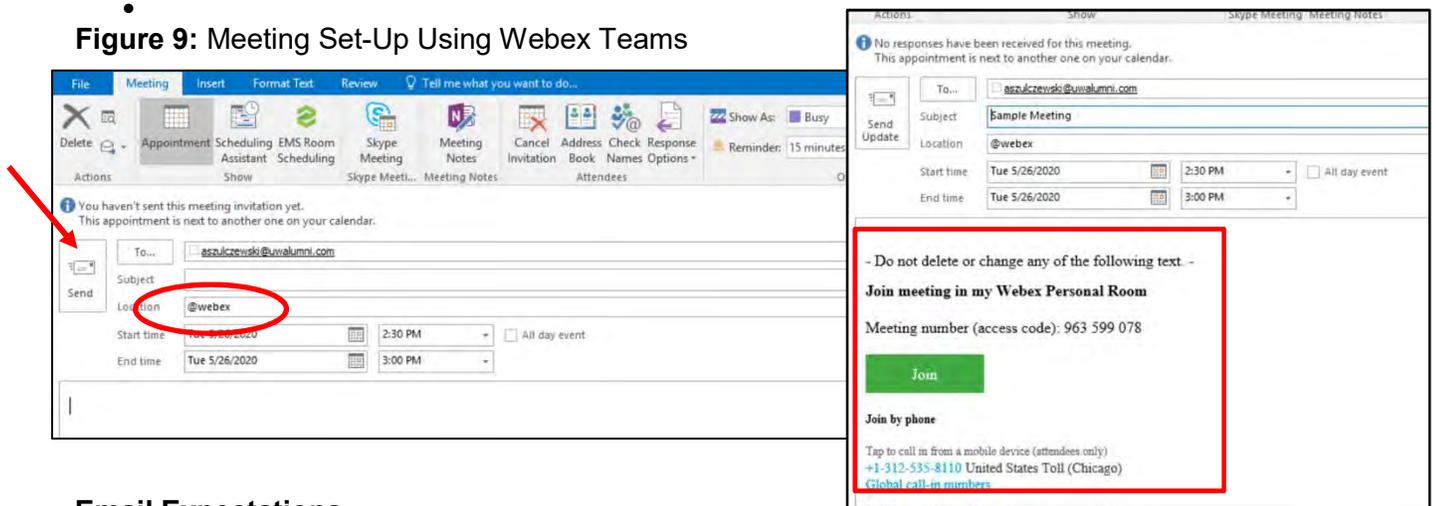
Workplace

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

WebEx Teams

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

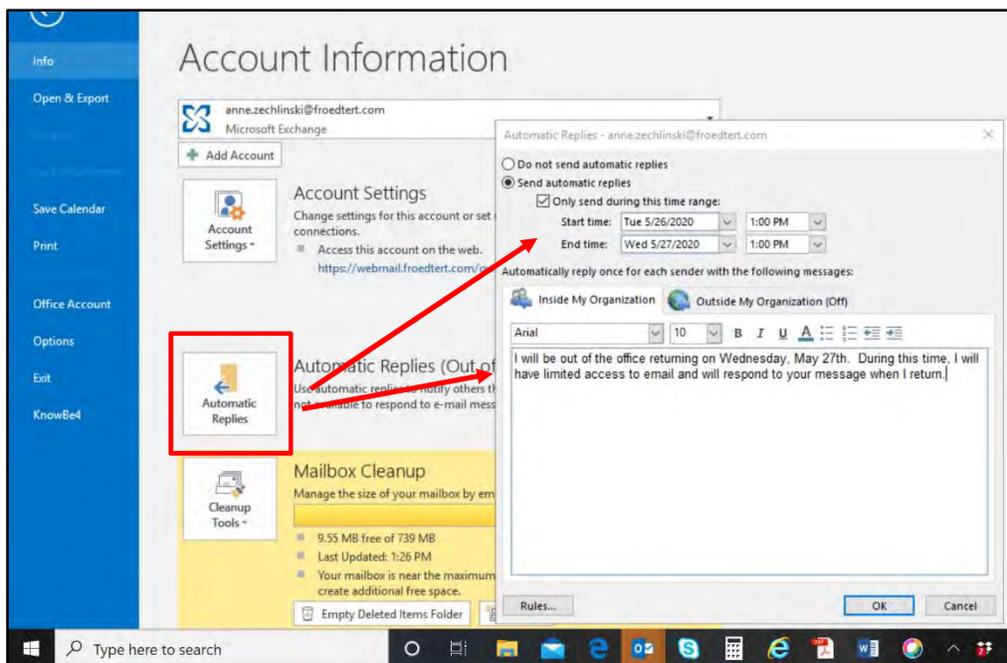
Figure 9: Meeting Set-Up Using Webex Teams



Email Expectations

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

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



Dress Code

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

White Coats

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

Scrub Request Forms

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

Business Cards

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

Residency Project Resources

Residency Project Sharepoint

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

MCW Biostatistics Support

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

Presentation and Poster Templates

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

Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

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

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

Figure 8. Registration in The Learning Center for ACLS and BLS Training



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

Parking

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

Project Days

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

Working Remotely

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

Additional General Information

Vizient Committee Involvement

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

Academia Opportunities

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

Research Certificate

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

Pharmacy Society of Wisconsin Membership

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

Wellness and Resilience Resources

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

Excellence in Action

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

COVID19 Resources and Guidance

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

Medical College of Wisconsin Teaching Certificate Program



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

PROGRAM BENEFITS

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

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

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

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





TEACHING CERTIFICATE PROGRAM STRUCTURE

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

Residents

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



TEACHING CERTIFICATE REQUIREMENTS

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

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

Available live/online modules include:

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

PROGRAM COSTS

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

Pharmacy Research Certificate Overview

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

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

Goals and Objectives:

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

Program Leadership:

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*Clinical Pharmacist, Froedtert Hospital
PGY2 Critical Care Pharmacy Residency Program
Director*
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Components for Completion of the Certificate:

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

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

Research Development Series (RDS):

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

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

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

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

Inpatient Staffing Information

There are 2 primary staffing models in the department:

7/70 staff

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

8 hour rotating staff

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

Resident Staffing Requirements

Weekday Staffing

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

Weekend Staffing

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

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

Additional staffing for PGY1 residents will include:

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

Holiday Staffing

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

Inpatient PGY2 Weekend Staffing

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

High Demand Weekends

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

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

| WEEKDAY STAFFING MODEL | | | | |
|---|-----------------------------|--|---|--|
| AM Pharmacists | Overlap | PM Pharmacists | | Overnight Pharmacists |
| Medicine (0800-1630) Med1 (4NE): 4NE non-medicine patients, MT 1, 6, 7 Med2 (4SE): 4SE non-medicine patients, MT 2, 8, 17 Med3 (9NT): 9NT non-medicine patients, MT 3, 9, 14 Med4 (8NT): 8NT non-medicine patients, MT 4, 10, 11 Med5 (5SE): 5SE non-medicine patients, MT 5, 12, 15 Med6 (4SW): 4SW non-medicine patients, MT 16, 20, transplant med | 5 hour overlap (1130 start) | pMed1* (10hr): 4SE, 4NE pMed2* (10hr): 8NT, 9NT pMed3 (8hr): 4SW, 5SE | **Move to Central @ 2000 | |
| Surgery/Neuro (0700-1530) Surg1: 2NT (32 beds) Surg2: 10CFAC (32 beds) Surg3: 4PV, ERU (20/8 beds) Surg4: 5NW (30 beds) Surg5: 11CFAC (32 beds) Surg6: 12CFAC (32 beds) Surg7: 5SW, 5NE (19/28 beds) | 4 hour overlap (1130 start) | pSurg1 (8hr): 2NT, 5SW, 5NE beds 1-7 pSurg2 (8hr): 10CFAC, 11CFAC beds 1-16, 5NE beds 8-14 pSurg3* (10hr): 5NW, 3W beds 1-15, 5NE beds 15-21; Add 5SW, 5NE @ 2000. Stay logged into 3W Vocera and keep name on treatment team pSurg4* (10hr): 12CFAC, 11CFAC beds 17-31, 5NE 22-28; Add remaining 1/2 of 11CFAC, 10CFAC, and 2NT @ 2000 | **Move to Central @ 2000 | |
| Cardiology Cards1 (10hr): CVICU (20 beds) Cards2 (10hr): 3W (share 50 beds) Cards3 (8hr): 3W (share 50 beds) Cards Faculty (4hr) - MT 14 | 6 hour overlap | pCards1 (10hr; 1145 start): CVICU, 3W (beds 16-50) | | |
| Transplant Tx1 (10hr): TICU (20 beds) Tx2 (10hr): 4NW (26 beds) | 5 hour overlap | pTx1 (10hr; 1230 start): 4NW, TICU | | |
| Oncology (Share 94 beds) Onc1 (10hr) (BMT): 7/8/9 CFAC Onc2 (10hr) (Heme): 7/8/9 CFAC Onc3 (10hr) (Solid): 7/8/9 CFAC Onc4 (8hr 0800 start) (Heme/BMT): 7/8/9 CFAC Onc5 (10hr) (Swing): 7/8/9 CFAC | 6 hour overlap | pOnc1 (10hr; 1130 start): 7/8/9 CFAC | | |
| Critical Care (0700-1730) ICU1: SICU (21 beds) ICU2: NICU (20 beds) ICU3: MICU (26 beds), 7NT MICU Faculty (4hr) | 5-6 hour overlap | pICU1 (10hr; 1130 start): SICU, NICU pICU2 (10hr; 1230 start): MICU, 7NT, 4PV, ERU | | N3 (10hr; 2145 start) and N4 (10hr; 2145 start) share coverage of CVICU, ED, MICU, NICU, SICU, TICU, 7NT |
| Emergency Department (0700-1730) ED: Emergency Department | 4 hour overlap | pED (10hr; 1330 start): Emergency Department | | |
| Central C1 (10hr; 0630 start): Central, Birth Center, MT13 (Obs) C2 (8hr; 0800 start): Central, Birth Center, MT13 (Obs) OR (8hr; 0630 start) | 5-7 hour overlap | pC1 (10hr; 1030 start): Central, Birth Center, MT13 (Obs) pC2 (8hr; 1330 start): Central, Birth Center, MT13 (Obs) | **Pick up Infusion Clinic and OR @ 1500 | N (10hr; 2100 start) and N22 (10hr; 2200 start) Share hospital coverage |

* = resident shift

Inpatient Staffing Model (Weekends)

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

Inpatient and Oncology Team Details

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

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

*Denotes Pharmacist Coordinator

Resident Project Timeline

| March/April 2021 | May 2021 | June 2021 |
|---|--|--|
| <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 |
| Program Specific: | Program Specific: | Program Specific: <ul style="list-style-type: none"> • PGY2 Residents submit project rankings (usually top 3) |
| Resident action steps = none | Resident action steps <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 | Resident action steps <ul style="list-style-type: none"> • Review available projects and prepare questions to ask project leads once on-site |
| July 2021 | August 2021 | September 2021 |
| <ul style="list-style-type: none"> • Project leads will present available projects to residents during orientation • Residents submit project rankings (usually top 5-7) • 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 • Schedule initial biostats consult |
| Program Specific: | Program Specific: | Program Specific: <ul style="list-style-type: none"> • Epic UGM Annual Meeting |
| Resident action steps <ul style="list-style-type: none"> <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 <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) | Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Schedule and coordinate necessary team meetings <input type="checkbox"/> Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date | Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send protocol draft to Mary Frances Picone one week prior to PRC presentation date <input type="checkbox"/> Respond to e-mail containing feedback within one week <input type="checkbox"/> Distribute finalized protocol to team <input type="checkbox"/> Complete e-bridge registration and submission |
| October 2021 | November 2021 | December 2021 |
| <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"> • Vizient Meeting • Midyear Meeting |
| Program Specific: <ul style="list-style-type: none"> • | Program Specific: <ul style="list-style-type: none"> • Submit XGM abstract by deadline • Final abstract(s) to Jill for posting in PharmAcademic | Program Specific: <ul style="list-style-type: none"> • XGM submission decision received |
| Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send abstract to project team 2 weeks prior to deadline <input type="checkbox"/> Submit finalized Vizient abstract by deadline <input type="checkbox"/> | Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Send to poster draft 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 | Resident action steps <ul style="list-style-type: none"> <input type="checkbox"/> Present poster! |
| January 2022 | February 2022 | March 2022 |
| <ul style="list-style-type: none"> • Midpoint check-in with PRC (via email) • Request full Biostats support if needed • Develop WPRC/Great Lakes abstract (due between mid-Jan and Feb 1st) | <ul style="list-style-type: none"> • Continue implementation and data collection for your project | <ul style="list-style-type: none"> • Develop WPRC/Great Lakes slide set and presentation |
| Program Specific: <ul style="list-style-type: none"> • Begin implementation | Program Specific: <ul style="list-style-type: none"> • Team education on project build | Program Specific: <ul style="list-style-type: none"> • XGM registration |

| | | |
|--|---|---|
| Resident action steps <input type="checkbox"/> Send abstract to team 2 weeks prior to submission deadline <input type="checkbox"/> Send to RPD, at least 3 business days prior to submission deadline <input type="checkbox"/> Submit abstract by deadline | Resident action steps <input type="checkbox"/> Continue working on project and providing updates to project team | Resident action steps <input type="checkbox"/> Submit slide set to RPD and project team prior to deadline <input type="checkbox"/> Complete practice presentations |
| April 2022 | May 2022 | June 2022 |
| <ul style="list-style-type: none"> • Great Lakes slide set submission • WPRC/Great Lakes Conference | <ul style="list-style-type: none"> • Develop project manuscript • Present project at Froedtert (late May/early June) | <ul style="list-style-type: none"> • Manuscript submission deadline • Project wrap-up |
| Program Specific: XGM annual meeting | Program Specific: Submit final XGM presentation to Jill Zimmerman | Program Specific: <input type="checkbox"/> Present at Froedtert Residency Symposium <input type="checkbox"/> Submit manuscript to Brian Dekarske, Jill Zimmerman by deadline |
| Resident action steps <input type="checkbox"/> Submit slide set prior to deadline if required <input type="checkbox"/> Present at WPRC/Great Lakes Conference | Resident action steps <input type="checkbox"/> Send to project team prior to deadline <input type="checkbox"/> Send to mentor/advisor by deadline <input type="checkbox"/> Update WPRC/GLs slide to include final data and analysis | Resident action steps <input type="checkbox"/> Submit manuscript to RPD by deadline <input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor |

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 |
| Non-Longitudinal <ul style="list-style-type: none"> • Orientation • Electronic Health Records Inpatient • Automation and Operational Administration • Clinical Decision Support • Electronic Health Records Ambulatory • Electronic Health Records Oncology • Medication Management and Smart Pump Analytics • Informatics Administration • Capstone Longitudinal <ul style="list-style-type: none"> • Informatics On Call and End User Support • Longitudinal Research Project • Staffing and Electronic Health Record Optimization | <ul style="list-style-type: none"> • Operational Reporting • Analytics • Design and Human Factors • Medication Safety Applied to Technology • Academia (developed based on resident need) |

- Medication Event Reporting and the EHR

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:

<https://datacollectionrb.sp.froedtert.com/sites/pharmacy/EpicRx/rotationmaterials/Rotation%20Descriptions/Forms/AllItems.aspx>

Example rotation sequence/duration:

<https://datacollectionrb.sp.froedtert.com/sites/pharmacy/EpicRx/rotationmaterials/Document%20Library12/1/Example%20PGY2%20Informatics%20Schedule.xlsx?Web=1>

Program structure may be customized by resident as deemed appropriate by Residency Program Director and Residency Program Coordinator.

Rotations may be located onsite, hybrid (part onsite, part work from home), or fully work from home. Preceptors will inform residents of the learning experience's work location in the weeks prior to the rotation.

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.

Required Activity Checklist

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.

| | | | |
|-----------------|--|------------------|--|
| 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) | | | | |

| 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 (eg. Product integration, P&T, IT governance, Willow Triad) | Committee name(s): | <input type="checkbox"/> |
| Administrative responsibility requirement (as assigned) | Title: | <input type="checkbox"/> |
| Attend \geq 1 recruitment events | Site(s): | <input type="checkbox"/> |
| Deliver Pharmacy Grand Rounds in May | Teri Mattek is point of contact | |

| Other Requirements |
|---|
| Assist with APPE student, or resident from another program while they are on informatics rotation (if applicable) |

| |
|--|
| 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) or alternate |

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 (or virtual if on campus classes closed) 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 to PRC – template available on the Residency SharePoint site
 - Vizient Abstract Submission – see Vizient website
 - Vizient Poster Submission during the ASHP Annual Midyear Clinical Meeting
 - Epic Conference (or Wisconsin Pharmacy Residency Conference) slide set submission
 - Epic Conference (or Wisconsin Pharmacy Residency Conference) 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](#)

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

- During the review of medication error reports (through Vizient), 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 Vizient 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 and PGY1/PGY2 residents on informatics rotation

- Learner 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.
- Pharmacist preceptors will be the preceptor of record, but may delegate a large portion of precepting to PGY2 Pharmacy Informatics resident.

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
- Additional Meeting responsibilities may be required based on rotation.

Longitudinal Responsibility

- Quarterly Release Cycle as assigned by preceptor

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
- ASHP Midyear Clinical Meeting
- Froedtert Recruiting Events

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

Conferences

Vizient/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)

Wisconsin Pharmacy Residency Conference (WPRC)

- Occurs in April
- A statewide conference that offers opportunities for residents to present their research projects to peers and colleagues.
- Attendance at XGM is preferred over attendance WPRC
- Activities:
 - Project presentation (15 minute presentation and time 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, ask residency program leadership or PharmAcademic learning description.
- **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.*