



PGY2 Medication-Use Safety and Policy (MUSP) Residency Manual

2020 – 2021

Table of Contents

Welcome!	1
About Froedtert Health	2
Departmental Information	4
Clinical Pharmacist Scope of Services	4
Pharmacy Leadership Team	9
Residency Program Leadership	10
Residency Program Policies	12
Licensure	12
Residency Program Completion Attendance Requirements and Extended Absences	12
Residency Program Completion Performance Requirements	12
Resident Performance Improvement Planning and Corrective Action	12
PharmAcademic Evaluations	12
Duty Hours	15
Bonus Shifts	15
Resident Attendance Expectations	15
Paid Time Off	16
Holidays	16
Unscheduled Absences	17
Professional Leave/Business Days	17
Professional Meeting Attendance and Funding	17
Expense Reports/Reimbursement	18
Official Policy Documents	19
Resources for Residents	25
Laptops and Pagers	25
Remote Access	26
Personal Device Access	26
Workplace	27
WebEx Teams	27
Email Expectations	28
Dress Code	28
White Coats	29
Scrub Request Forms	29
Business Cards	29
Wisconsin Prescription Drug Monitoring Program (ePDMP)	29
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications	30
Parking	30
Project Days/Working Remotely	30
Additional General Information	31
Vizient Committee Involvement	31
Academia Opportunities	31
Pharmacy Society of Wisconsin Membership	31
Wellness and Resilience Resources	32
COVID19 Resources and Guidance	32
Medical College of Wisconsin Teaching Certificate Program	33
Inpatient Staffing Information	35
Resident Staffing Requirements	35
Inpatient Staffing Model	37
Inpatient Pharmacy Team Details	39
Inpatient and Oncology Team Details	40
PGY2 Resident Project	42
Timeline with Important Project Milestones	42
Expectations for Resident Involvement	43

Medication-Use Safety and Policy Residency Purpose Statement	45
Medication-Use Safety and Policy Residency Program Overview	45
Medication-Use Safety and Policy Residency Program Structure	46
Core Program Preceptors	47
PGY2 Medication-Use Safety and Policy Residency Requirements and Expectations	48
Pre-Rotation Communication Expectations	50
Resident Responsibilities – Overview	52
Appendices	53
Appendix 1. Pharmacy and Therapeutics Committee Charter	53
Appendix 2. Enterprise Medication Safety Committee Charter	55
Appendix 3. Drug Information and Other Staff Resources	57
Appendix 4. Resident Supplemental Orientation Checklist	60
Appendix 5. Resident Development Series	63
Appendix 6. Expectations for Residency Mentors	65
Appendix 7. Feedback and Rotation Experiences in PharmAcademic.....	66
Appendix 8. Residency Program Customized Development Plan Requirements.....	68
Appendix 9. Continuing Education Presentation Requirement.....	70
Appendix 10. Lexicomp Information Management System (LIMS): Video Tutorial.....	75
Appendix 11. Reporting Tools	76
Appendix 12. End-of-Year Residency Checklist.....	77

Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

About Froedtert Health

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

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

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

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

Pharmacy Department

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

Vizient Quality and Accountability Rankings

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

Departmental Information

Clinical Pharmacist Scope of Services

Safe and Effective Medication Use

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

Evaluation of Patient Profile and Medication Orders

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

Pharmacist Medication Dosing Services

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

Medication Histories and Reconciliation

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

Discharge Reconciliation and Coordination

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

Drug Information and Patient Education

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

Multidisciplinary Team Involvement

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

Communication Between Pharmacists

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

Precepting and Teaching

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

Formulary Management

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

Emergency Management

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

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

Quality and Process Improvement

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

Medication Distribution and Control

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

Clinical Cancer Center Services

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

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

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

Center for Medication Utilization

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

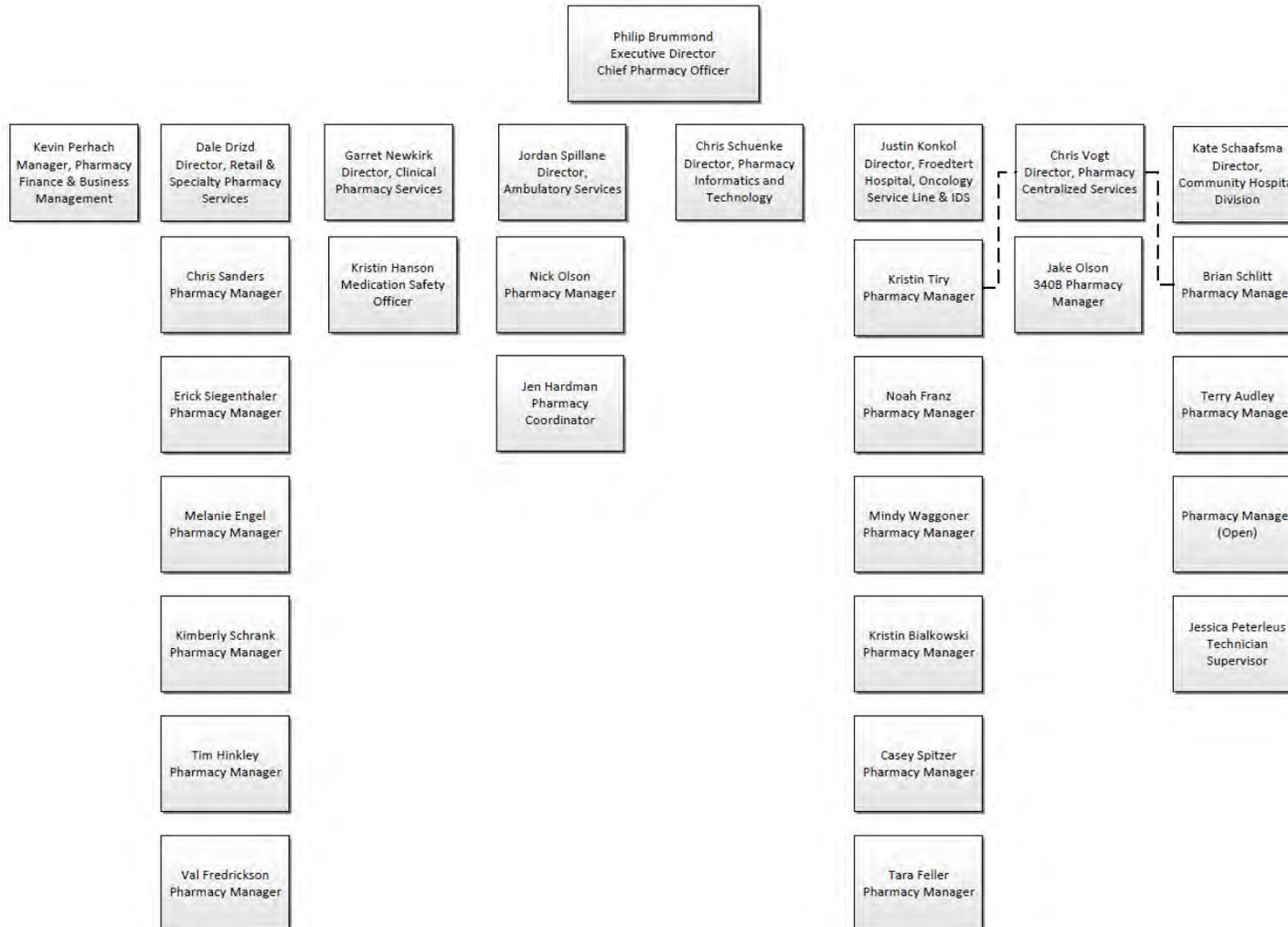
Pharmacy Informatics/Epic Willow Teams

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

Prior Authorization/Patient Assistance Services

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

Pharmacy Leadership Team



Residency Program Leadership

Kristin Hanson, BSP Pharm, MS

Program Director for Residency Programs

Teri Mattek

Pharmacy Education Coordinator

PGY1 Residency Programs

Froedtert Menomonee Falls Hospital PGY1

- **Terry Audley, BSP Pharm, 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

Health System Pharmacy Administration and Leadership PGY1 and PGY2

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

Medication Use Safety and Policy PGY1 and PGY2

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

PGY2 Residency Programs

PGY2 Ambulatory Care

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

PGY2 Critical Care

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

PGY2 Emergency Medicine

- **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

Licensure

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

Residency Program Completion Attendance Requirements and Extended Absences

- The pharmacy residency programs at Froedtert Hospital are each 52-week programs
- A minimum of 49 weeks is required to complete the program and be awarded the residency certificate of completion.
 - For combined programs, 49 weeks must be completed each year.
 - For non-traditional program, 49 weeks will be completed over 2 year period.
- In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements.
- Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate.
- Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired.
- Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with Froedtert policies specific to the situation.

Residency Program Completion Performance Requirements

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

Resident Performance Improvement Planning and Corrective Action

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

PharmAcademic Evaluations

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

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

<p>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.</p>
<p>NI = Needs Improvement Definition: Resident <u>is not meeting</u> expectations. The resident is <u>performing below</u> 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:</p> <ul style="list-style-type: none">• 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 <p>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.</p>
<p>SP = Satisfactory Progress Definition: Resident <u>is meeting</u> expectations. The resident is <u>performing at</u> the level that would be expected of a resident at this point in their training program as evidenced by meeting the following characteristics:</p> <ul style="list-style-type: none">• 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 <p>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.</p>
<p>ACH = Achieved Definition: Resident <u>is consistently meeting</u> expectations. Resident is <u>independently performing at or above</u> the level of performance expected at the conclusion of the residency program. Resident displays all of the following characteristics:</p> <ul style="list-style-type: none">• 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 <p>Preceptor Action: The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</p>

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.

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Duty Hours

- When providing patient care, it is important to be fit for duty; this means being mindful of hours worked and ensuring that residents arrive to work able to complete required duties. See Duty Hours Policy that outlines which activities count toward duty hours and the maximum allowable duty hours.
- Residents are expected to self-monitor their compliance with duty hours and complete the Duty Hours Tracking Tool on a weekly basis. The Duty Hours Tracking Tool will be submitted to their residency program director on a monthly basis. It is the resident's responsibility to notify their residency program director at any point where they are approaching 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Additional details can be found in the Froedtert & MCW Residency Training Programs Duty Hours Document.
- Duty hours tracking forms can be found at: <I:\FMLH\PHARMACY\Residency Program\2020-2021\Duty Hours 2020-2021>
- ASHP Duty Hours Guidance: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

Bonus Shifts

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

Resident Attendance Expectations

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

Paid Time Off

- Residents are allotted 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 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. Documenting PTO in Kronos

The figure consists of two screenshots of the Kronos software interface. The top screenshot shows a calendar view with columns for Date, Pay Code, Amount, Comment, Approvals, In, Transfer, Out, In, Transfer, Out, Shift, Daily, and Cumulative. A red box highlights the 'Amount' column for a specific date, and a callout bubble points to it with the text 'Remove scheduled times'. The bottom screenshot shows a similar view with a red box highlighting the 'Pay Code' column for a specific date, and a callout bubble pointing to it with the text 'Add the pay code "PTO" and the number of hours, click "Save"'. The screenshots illustrate the steps for documenting PTO in Kronos.

Holidays

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

Unscheduled Absences

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

Professional 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.
- Additionally, more days may be approved for the resident to use to attend other professional meetings; however, both approval by the resident's program director, manager and the residency steering committee must be obtained.

Professional Meeting Attendance and Funding

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

PGY1 Residents

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

PGY2 Residents

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

Expense Reports/Reimbursement

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

Figure 2: Company Codes and Accounting Units for Travel Reimbursement

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

Official Policy Documents

Title: Residency Program Completion & Extended Absences
Policy Type: Departmental
Department: Pharmacy
Policy Number: AD25.000
Origin Date: 09/13/2005
Date Revised: 06/10/2020
Supersedes: 01/9/2013
Topic(s): Administrative
Keyword(s): Residency program completion, extended absences
Scope: Froedtert Pharmacy

Policy:

Froedtert & the Medical College of Wisconsin PGY1 and PGY2 pharmacy residency programs are designed as 52-week programs. Combined PGY1/PGY2 pharmacy residency programs are designed as 104 week programs. The non-traditional residency program allows the resident to meet the residency requirements over an extended period of time.

A minimum of 49 weeks is required to complete the program and be awarded the residency certificate of completion.

Furthermore, residents are required to complete all activities as outlined for their specific program at a level of acceptable quality.

Finally, good progress must be demonstrated on all program goals as indicated by a level of "Achieved for the Residency" on at least 70% of required goals and "Satisfactory Progress" on all remaining required goals.

In the event of unforeseen extended or multiple intermittent absences, residents will be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements.

Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate.

Residents dismissed from the residency program due to absence will be allowed to reapply to the program and participate in the matching program if so desired.

Procedure:

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

Preparation: Kristin Hanson, BSP Pharm, MS
Authorization: Residency Steering Committee

FROEDTERT PHARMACY POLICY

Title: Residency Program—Resident Performance
Improvement Planning and Corrective Action

Entities Impacted: CMH (X) FMLH (X) SJH () FMCWCP ()

Effective Date: 8/10/2005

Revised Date: 06/02/2020

Procedure Number: (was policy
AD25.100)

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

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

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

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

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

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

POLICY:

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

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

PROCEDURE:

Coaching

- D. 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

- E. 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.

RELATED POLICIES/PROCEDURES:

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: The Pharmacy Leadership Team

ATTACHMENTS/APPENDICES:

Resident Coaching Documentation Template
Performance Improvement Plan Template

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

Overview

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

Process

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

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

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

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

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

Duty Hours Tracking Tool Instructions

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

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

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

Residency Duty Hours do NOT include:

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

Moonlighting / Bonus Shift Hours

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

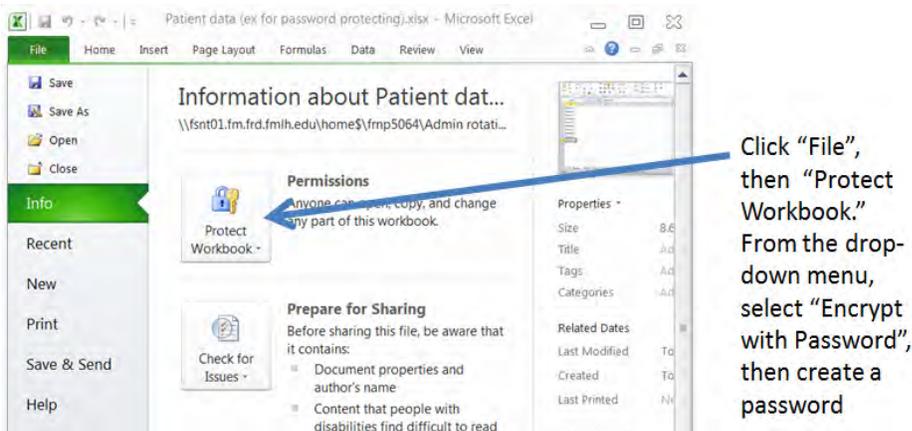
Days Free include those calendar days with no **scheduled** residency related activities (although you may still choose to work on projects, readings, etc.)

Resources for Residents

Laptops and Pagers

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

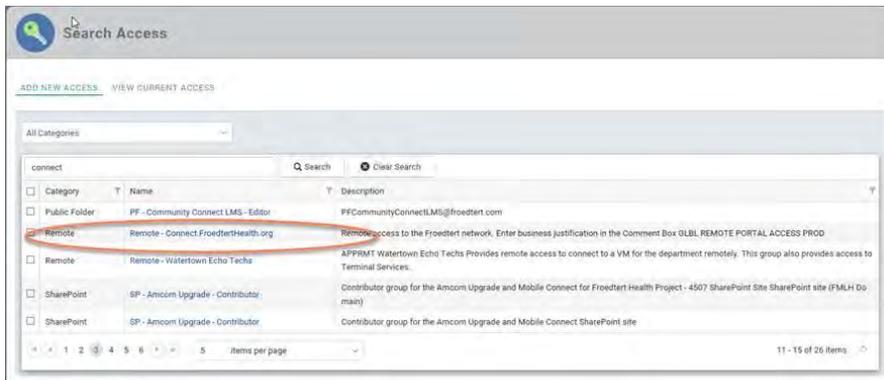
Figure 3. How to Password Protect Patient Data



Remote Access

- Residents must log into the Automate Provisioning System (APS) in order to request remote access.
 - Use Froedtert Network Credentials to log in, and select “Request for Myself” under “My Access”
 - Type in “connect” using search bar to find line item below (see screenshot). Select this item to request access. Once approved, this will give access to the remote access site: <https://connect.froedterthealth.org>.

Figure 4. How to Request Remote Access via APS

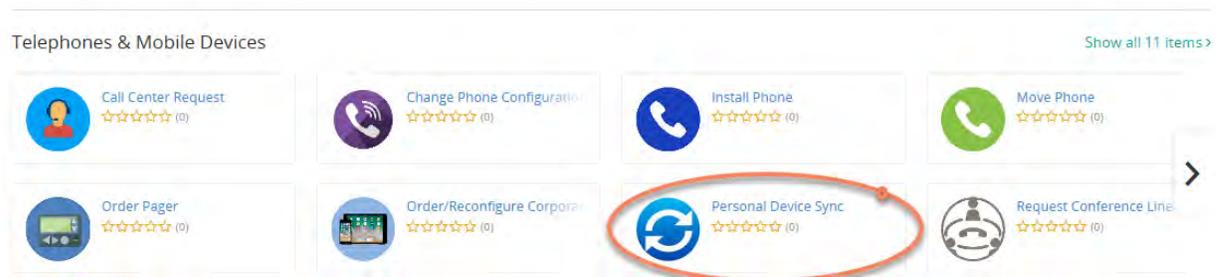


- Citrix must be downloaded on any computers used to access the Froedtert system remotely. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.
- The VIP App must be downloaded and used as a method for remote authentication. The app should be downloaded from Froedtert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

Personal Device Access

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

Figure 5: Requesting Personal Device Sync



- The device must have a password or bioID.
- Once set up, IT will have the right and ability to erase company information on the device if needed.
- Once access request has been processed, the Outlook App can be used to access email and calendar Instructions on how to use the app are available on the IT website.
 - Android: <http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Mobile%20Device%20Documents/Android%20Outlook%20Support%20Document%20for%20Personal.pdf>
 - iOS: <http://intranet.froedtert.com/upload/docs/Froedtert%20Health/Departments/Information%20Technology/Mobile%20Device%20Documents/iOS%20Outlook%20Support%20Document%20for%20Personal.pdf>

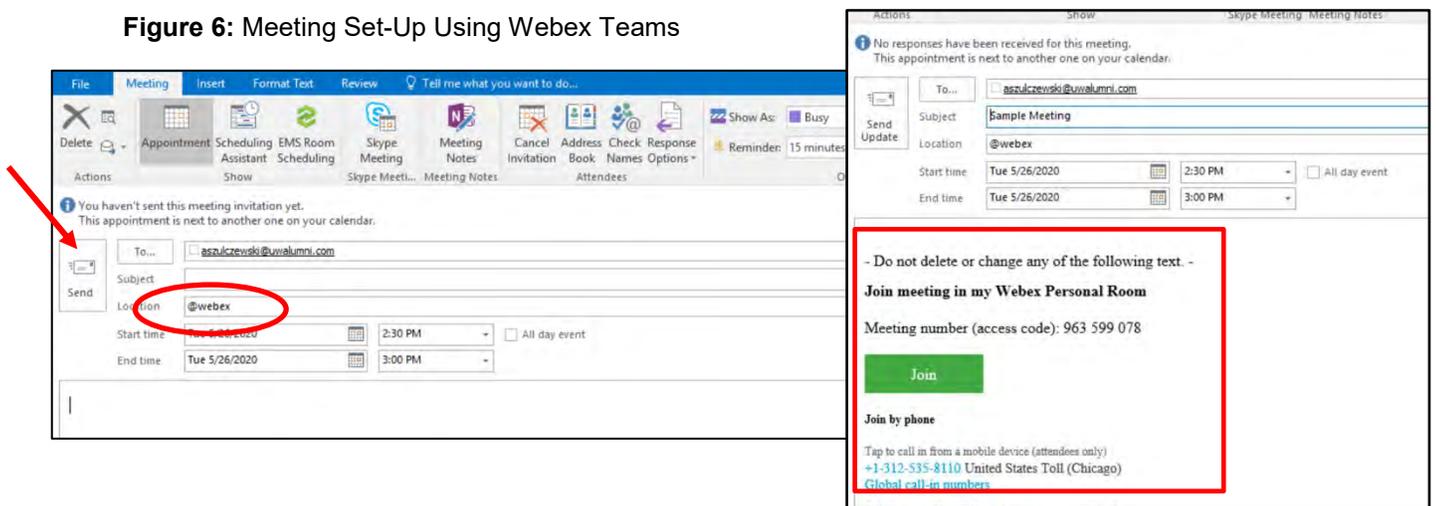
Workplace

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

WebEx Teams

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

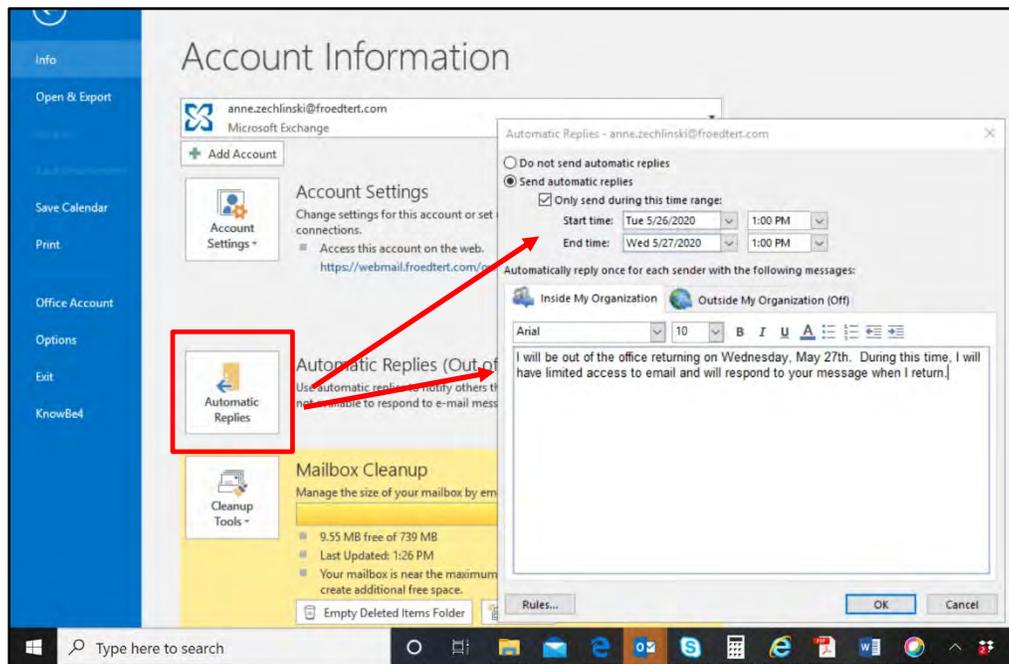
Figure 6: Meeting Set-Up Using Webex Teams



Email Expectations

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

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



Dress Code

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

White Coats

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

Scrub Request Forms

- 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”

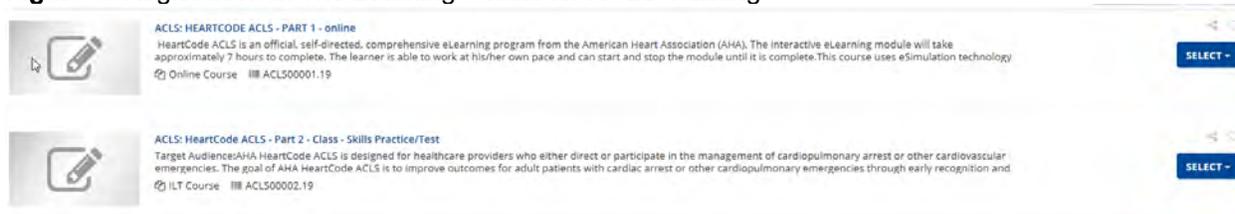
Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

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

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

Figure 8. Registration in The Learning Center for ACLS Training



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

Parking

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

Project Days/Working Remotely

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

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

Pharmacy Society of Wisconsin Membership

- One year of membership with the Pharmacy Society of Wisconsin is covered by Froedtert & the Medical College of Wisconsin for all pharmacy residents and staff
- To apply for membership:
 - Go to: <http://www.pswi.org/>
 - Log in or register for a new account
 - Click: Join or Renew Your PSW and WPQC Membership
 - Select appropriate pharmacy practice area (and practice specialty if PGY2)
 - Under affiliations, search “Froedtert” and select the appropriate location
 - Acute care PGY1 and all PGY2s: Froedtert Memorial Lutheran Hospital
 - FMF PGY1s: Froedtert Health Community Memorial Hospital”
 - Amount due upon registration completion should be zero dollars

Wellness and Resilience Resources

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

COVID19 Resources and Guidance

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

Medical College of Wisconsin Teaching Certificate Program



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

PROGRAM BENEFITS

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

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

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

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





TEACHING CERTIFICATE PROGRAM STRUCTURE

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

Residents

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



TEACHING CERTIFICATE REQUIREMENTS

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

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

Available live/online modules include:

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

PROGRAM COSTS

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

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.
- 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.

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.

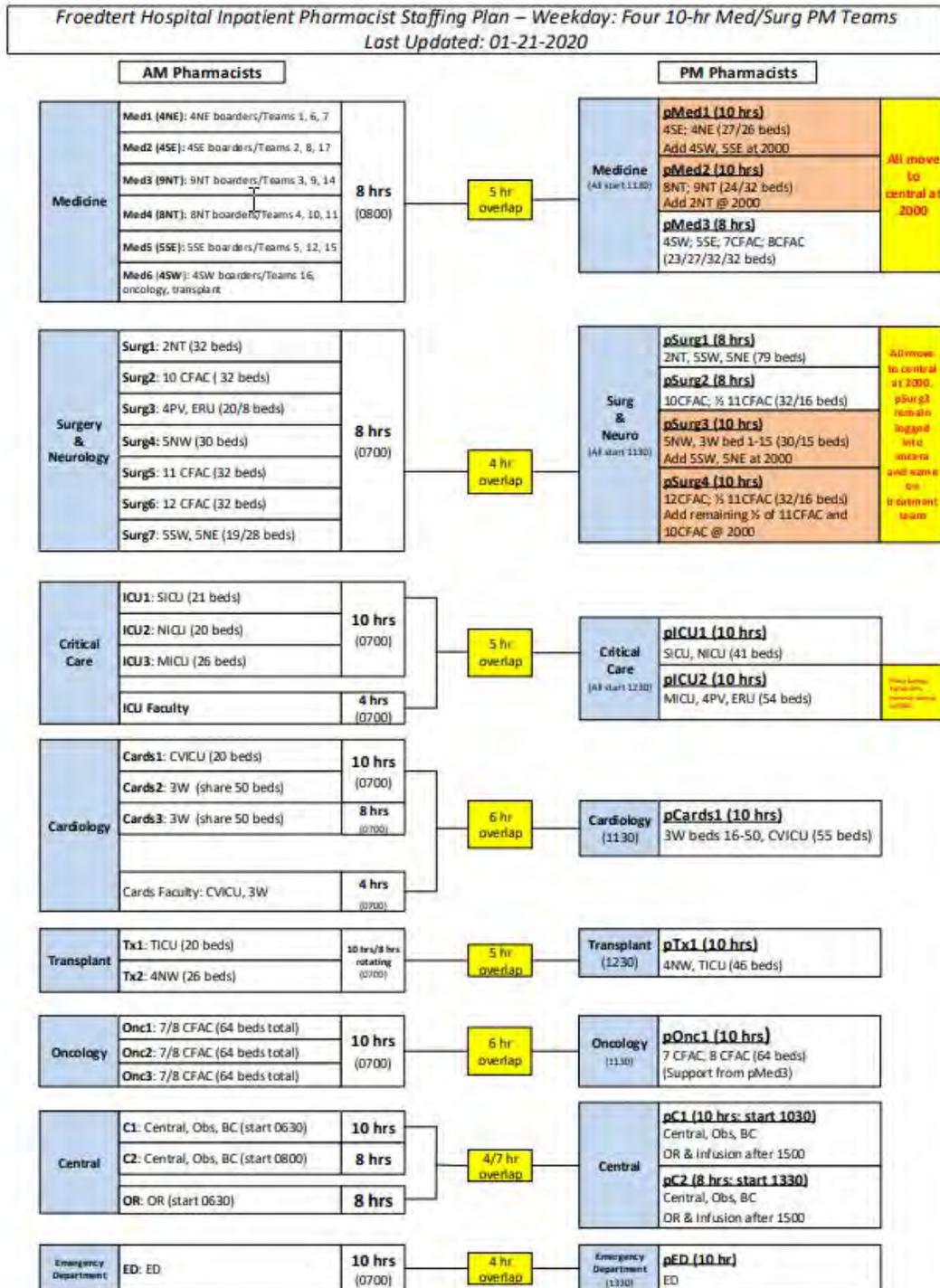
High Demand Weekends

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.

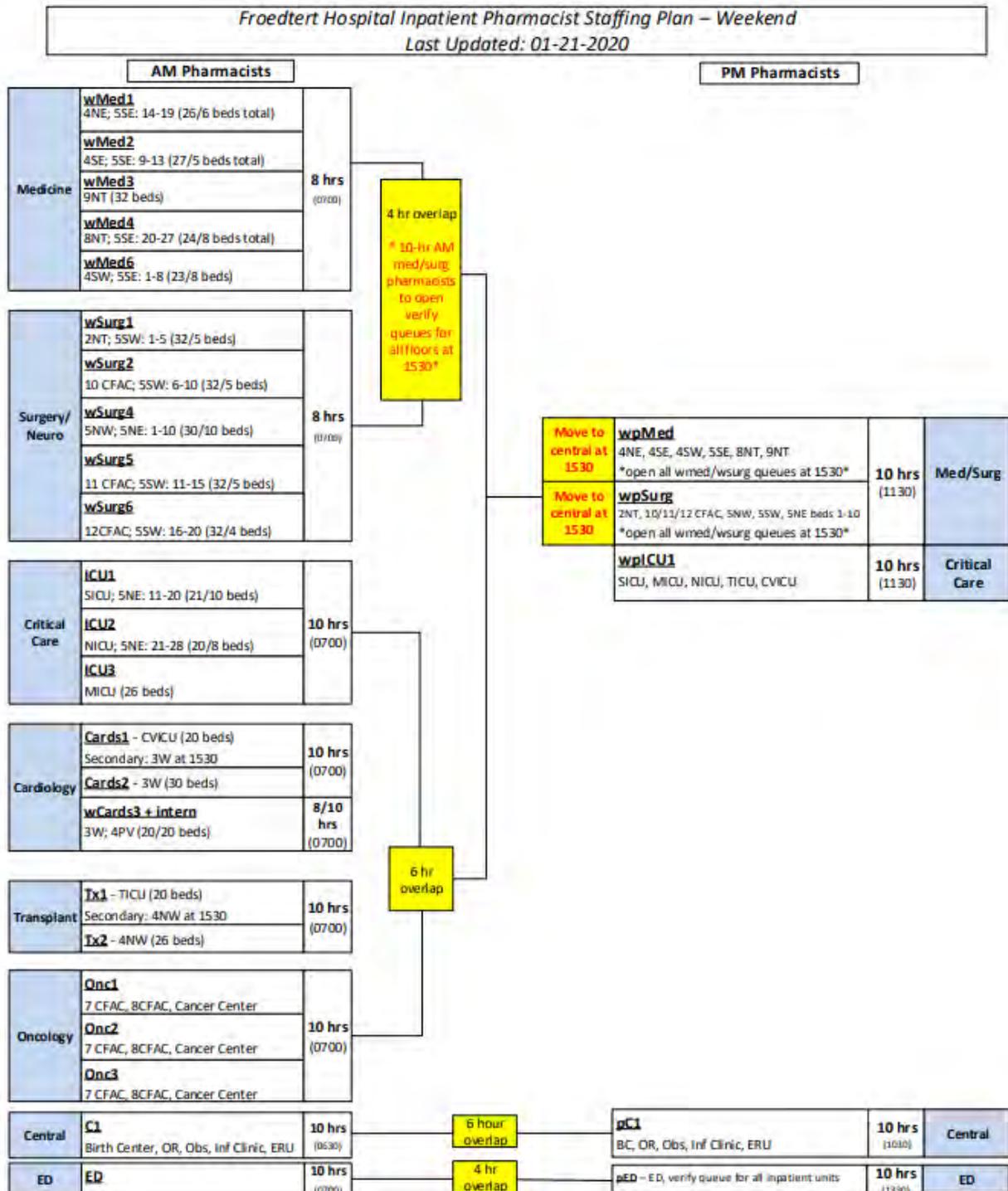
- Internal PGY2s will be available to work two July weekends (at beginning of residency year)
- Labor Day Weekend
- The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
- The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
- Spring Break/Easter weekends (March 20 and 21, March 27 and 28, April 3 and 4, April 10 and 11, April 17 and 18)
- 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’



Inpatient Staffing Model (continued)



Inpatient Staffing Model (continued)

**Froedtert Hospital
Inpatient Intern
Staffing Plan
(April 30th, 2020)**

**Weekday Condensed
Intern Model**
4 hour shift with
flexible start time between
1700-1800

Intern A
Check in: 2NT (pSurg1)
Units to Cover: 2NT, 5SW, 8NT, 9NT, 10CFAC, 11CFAC,
12CFAC, 7CFAC, 8CFAC, 9CFAC

Intern B
Check in: 3W (pCards1)
Units to Cover: 4PV, 3W, 4NE, 4NW, 4SE, 4SW, 7NT, 5SE,
5NW

- 4PV Priority List:**
1. admission histories
 2. histories for other floors
 3. admission histories on "bedded outpatient" or "observation" status

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

Intern O
Primary Unit: Observation Unit
Secondary Unit: 4PV
Pharmacists: Central 1P

<p>Intern A</p> <ul style="list-style-type: none"> -pSurg1 (2NT, 5SW) -pSurg2 (10CFAC, 11CFAC) -pSurg3 (5SW @ 2000) -pSurg4 (12CFAC, 11CFAC) -pMed2 (9NT, 8NT) -pMed3 (7CFAC, 9CFAC)
<p>Intern B</p> <ul style="list-style-type: none"> -pICU2 (4PV) -pCards1 (3W 16-50, 7NT) -pSurg1 (5NE) -pSurg3 (3W 1-15, 5NW) -pMed1 (4SE, 4NE) -pMed3 (7NT, 5SE) -pTx1 (4NW)

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 King	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	Rotating
Surg3	4PV, ERU (20/8 beds)	Rotating	Rotating
Surg4	5NW (30 beds)	Sarah Crober	Kim Knoernschild
Surg5	11CFAC (32 beds)	Rotating	Ann Birkenstock/Sarah Solano
Surg6	12CFAC (32 beds)	Debbie Kessen	Brittany Tefft
Surg7	5SW, 5NE (19/28 beds)	Stephanie Tchen	Brian Domack
Rotating team members: Aaron Lentz, 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, Jules Felsecker, Roo Bhatt*, Lindsey Verbunker			

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	7/8 CFAC (64 beds total)	<i>Rotated</i>	<i>Rotated</i>
ONc2	7/8 CFAC (64 beds total)	<i>Rotated</i>	<i>Rotated</i>
ONc3	7/8 CFAC (64 beds total)	<i>Rotated</i>	<i>Rotated</i>
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	
	Grace Clinic - 2		
	Grace Clinic – 3 (M, F)		
	Courage Clinic	Kristina Teso	
	Life Clinic	Briana Amundson	
	Faith Clinic	Carrie Oxencis	
	Breast Clinic	Elizabeth Weil	
	Hope Clinic (M, T, W, R)	Stephanie Free	
	Ambulatory Rotation	Nicole Ruffcorn	
Drexel and Moorland Cancer Center Pharmacists			
	Drexel	Tom Nowak, Zain Syed	
	Moorland	Laurie Maurer, Melissa Staats	
Investigational Drugs (IDS) Pharmacists			
		Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger	

*Denotes Pharmacist Coordinator

PGY2 Resident Project

Timeline with Important Project Milestones

March/April 2020	May 2020	June 2020
<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
<p>Resident action steps = none</p>	<p>Resident action steps</p> <ul style="list-style-type: none"> □ Go to MCW website for information on how to complete CITI training. You should complete the Biomedical Research and Good Clinical Practices modules. Refer to the CITI website for information on how to transfer your credit from a previous institution. 	<p>Resident action steps</p> <ul style="list-style-type: none"> □ Review available projects, and prepare questions to ask program leadership. Program leadership will be in communication to select your project prior to your arrival on campus, ideally by mid-June. □ Submit rank list by deadline.
July 2020	August 2020	September 2020
<ul style="list-style-type: none"> • Projects are assigned • Research team established • Scoping of project and protocol preparation begins 	<ul style="list-style-type: none"> • Work with advisor and project team to scope project and develop protocol (template available). • 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. 	<ul style="list-style-type: none"> • After PRC approval, your project will require IRB submission (eBridge). The time required to complete the submission may vary depending on the committee's decision of quality improvement versus research.
<p>Resident action steps</p> <ul style="list-style-type: none"> □ Build research team with help of project advisor. □ Plan project and begin creating protocol (template on residency SharePoint site). □ Complete eBridge registration, and send CITI certification for you and your project adviser to Mary Frances Picone (maryfrances.picone2@froedtert.com). 	<p>Resident action steps</p> <ul style="list-style-type: none"> □ Schedule and coordinate necessary team meetings. □ Distribute protocol draft to project team a minimum of 2 weeks prior to scheduled PRC presentation date. □ Send protocol draft to Mary Frances Picone 1 week prior to PRC presentation date. □ Respond to email containing feedback within 1 week to obtain final approval. 	<p>Resident action steps</p> <ul style="list-style-type: none"> □ Distribute finalized protocol to team. □ Complete e-bridge submission. □ Respond in a timely fashion to any comments or questions during Department and IRB review of your protocol. □ For quality improvement projects, you may request your data report via MyIT immediately after PRC final approval. For research projects, you must wait until you receive IRB approval.
October 2020	November 2020	December 2020
<ul style="list-style-type: none"> • Begin data collection and/or project execution after receiving protocol approval. • Draft Vizient poster abstract. • Submit Vizient poster abstract. 	<ul style="list-style-type: none"> • Begin working on Vizient poster. • Submit Vizient poster after reviewed by research team. 	<ul style="list-style-type: none"> • Midyear Meeting • Begin manuscript development
<p>Resident action steps</p> <ul style="list-style-type: none"> □ Send abstract draft to project team a minimum of 2 weeks prior to deadline. □ Submit finalized abstract by deadline (usually end of October). 	<p>Resident action steps</p> <ul style="list-style-type: none"> □ Send poster draft to project team a minimum of 2 weeks prior to proof deadline. □ Submit for proof printing by deadline (usually around Thanksgiving). □ Submit for final printing by deadline. 	<p>Resident action steps</p> <ul style="list-style-type: none"> □ Present poster at Vizient meeting. □ Create draft of background and methods for manuscript.

January 2021	February 2021	March 2021
<ul style="list-style-type: none"> •Midpoint check-in with PRC (via email) •Develop WPRC abstract, learning objective(s), and audience response questions. Refer to PSW website for more information. • WPRC abstract due. 	<ul style="list-style-type: none"> • Develop WPRC slides. 	<ul style="list-style-type: none"> • Finalize WPRC slides. • Prepare and practice oral presentation.
<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send abstract/objective/audience response questions to team a minimum of 2 weeks prior to submission deadline. <input type="checkbox"/> Submit abstract by deadline. 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send slide set draft to project team a minimum of 2 weeks prior to submission deadline. 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a minimum of 2 practice presentations prior to WPRC.
April 2021	May 2021	June 2021
<ul style="list-style-type: none"> • Continue to develop project manuscript. • WPRC Conference (<i>early April</i>) 	<ul style="list-style-type: none"> • Develop project manuscript 	<ul style="list-style-type: none"> • Manuscript submission deadline • Project wrap-up
<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attend WPRC Conference. <input type="checkbox"/> Complete remaining data collection. <input type="checkbox"/> Develop drafts of project manuscript. 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send manuscript draft to project adviser and develop review plan for project team. <input type="checkbox"/> Revise manuscript draft and share with project team. 	<p>Resident action steps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit manuscript to RPD by deadline (usually mid-June). <input type="checkbox"/> Close out study in eBridge, close out project and tag off to project advisor.

Expectations for Resident Involvement

Over the course of the residency year, each resident will be responsible for planning and executing a project. Projects are selected using resident rank-lists; most residents obtain one of their top 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 resident and project advisor will collaborate to add additional members to the research team.
- Residents may be assigned a longitudinal APPE (LAPPE) student to assist with data collection and other items as necessary.
- The resident will be expected to set all deadlines, develop the project timeline, and drive the project throughout the year. Deadlines should be developed with time for a minimum of 2 drafts per deliverable. More than 2 drafts may be requested by your project advisor.

Project Management Expectations:

- The resident will be responsible for coordinating and planning all residency project team meetings.
- The resident will be responsible for setting an agenda and taking minutes (or assigning a note taker) for each meeting. A Microsoft OneNote notebook is recommended.
 - Email project team an agenda more than 1 day prior to each meeting.
 - Email project team minutes with actionable follow-up items a maximum of 1 week after each meeting.
- The resident will be responsible for coordinating LAPPE student involvement, including orienting them to the project, setting expectations for their participation, and communicating with them throughout the year.
- The resident will complete all of the items listed below throughout the year:
 - Protocol submission – template available on the Residency SharePoint site
 - Vizient abstract submission – see Vizient website
 - Vizient poster presentation during the ASHP Midyear Clinical Meeting
 - WPRC slide set submission
 - WPRC presentation
 - Manuscript
 - Major project must be summarized in a written format acceptable for publication.

- Residents are strongly encouraged to pursue publication and/or presentation of their project in a peer-review setting upon completion of their residency

Numerous resources for residency project work are on the Pharmacy Residency SharePoint site:<https://datacollectionb.sp.froedtert.com/sites/pharmacy/residency/Poster%20and%20Presentation%20Resources/Forms/AllItems.aspx>.

Medication-Use Safety and Policy Residency Purpose Statement

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

The Froedtert Hospital PGY2 Medication-Use Safety and Policy Residency is a 12-month program that helps develop advanced skills in formulary management, drug information, medication safety, and medication-use policy within an academic health system. The residency is designed to prepare the resident to practice in a variety of health care settings including health-system pharmacy, academia, industry, population health, or managed care. The program provides comprehensive training and leadership opportunities in medication utilization, formulary management, didactic and experiential teaching, medication safety, medication-use policy, budgeting, analytics, informatics, pharmacy operations and shortages, medical writing, research, and scholarly publication.

Medication-Use Safety and Policy Residency Program Overview

The PGY2 Medication-Use Safety and Policy (MUSP) resident joins a robust residency class at Froedtert Hospital that includes:

- PGY1 Pharmacy
- PGY1 Pharmacy – Ambulatory Focus
- PGY1 Pharmacy – Nontraditional
- PGY1/PGY2 Health System Pharmacy Administration and Leadership (HSPAL)
- PGY1/PGY2 Medication-Use Safety and Policy (MUSP)
- PGY2 Ambulatory Care Pharmacy
- PGY2 Critical Care Pharmacy
- PGY2 Emergency Medicine
- PGY2 Infectious Diseases Pharmacy
- PGY2 Pharmacy Informatics
- PGY2 Oncology Pharmacy

Rotations and activities are tailored to meet the needs and interests of each resident. Opportunities exist to work with and serve as a preceptor for pharmacy interns, students, and PGY1 residents. Residents also have the opportunity to participate in a teaching certificate program.

The PGY2 Medication-Use Safety and Policy resident will play a vital role in the following:

- Health-system formulary management
- Integration of evidence-based medicine into health-system practice
- Development of medication-use policy and procedures
- Smart pump programming and analytics
- Review and investigation of medication event reports
- Prospective assessment of risk points in the medication use process
- Promotion of a culture of safety across the health system
- Performance improvement and value-based care initiatives
- Regulatory compliance
- Pharmacy and hospital committees
- Optimization of medication-use practice resources
- Education of pharmacy residents and students
- Scholarly projects and publications
- Involvement in professional organizations at a state and national level

Medication-Use Safety and Policy Residency Program Structure

Learning Experience – Required	Duration
Training (if new to Froedtert)	5 weeks
Staffing	7 weeks
Drug Information	4 weeks
Advanced Drug Information	4 weeks
Medication Safety	4 weeks
Advanced Medication Safety	4 weeks
Formulary Management	4 weeks
Pharmacy Operations and Shortages	4 weeks
Pharmacy Informatics	4 weeks
Data Analytics	2 weeks
Medical Writing and Publication	2 weeks (December)
Total Weeks	44 weeks
Elective Weeks	6 weeks

Learning Experience – Longitudinal	
Research Project	All year
Staffing	All year (7 weeks, 10 weekends)
Medication-Use Policy Operations	6 months total (2 quarters)
Safety and Leadership	6 months total (2 quarters)
Precepting	4 weeks (resident); 6 weeks (student)

Learning Experience – Elective	
Academia	4 weeks or longitudinal (1 semester)
Advanced Formulary Management	4 weeks
Advanced Medical Writing	2 weeks
Advanced Operations and Technology	2 weeks
Clinical Stewardship ^a	4 weeks
Investigational Drug Services and Clinical Trial Design	2 weeks
Organizational Quality and Safety	4 weeks
Regulatory and Compliance	4 weeks
Smart Pump Analytics	2 weeks
Capstone (mastery month)	4 weeks

^a Options available in clinical stewardship include oncology, anticoagulation, antimicrobial, pain, or diabetes.

The sequence of learning experiences will vary with a few exceptions noted here. The first Drug Information and Medication Safety rotation experiences will be scheduled within the first half of the residency year, and the Advanced Drug Information and Advanced Medication Safety experiences will occur in the second half of the year. Every effort will be made to schedule Medical Writing and Publication during December and Formulary Management in the second half of the residency year. For PGY2 residents new to Froedtert, Pharmacy Informatics will likely take place early in the second half of the residency year after the resident has developed a thorough understanding of internal clinical and operational workflows. Duration of learning experiences may vary slightly based on the resident's interests and abilities. Elective learning experiences will be developed, as practical, to meet the resident's interests.

Core Program Preceptors

Program Leadership

Kristin Hanson, BSPHarm, MS
Medication Safety Officer
PGY1/2 and PGY2 MUSP Program Director

Mary Frances Picone, PharmD, BCPS
Medication Utilization Pharmacist
PGY1/2 and PGY2 MUSP Program Coordinator

Other Primary Preceptors

Taylor Mancuso, PharmD
Clinical Pharmacist, Center for Medication Utilization

Shannon Werner, PharmD
Coordinator, Center for Medication Utilization

Kristin Tiry, PharmD, MHA
Pharmacy Manager, Froedtert Hospital

Tina Wagner, PharmD
Information Technology, Epic Willow Analyst Senior

Chris Schuenke, PharmD, MBA, MIS
Director, Pharmacy Informatics and Analytics

Garret Newkirk, PharmD, BCPS
Director, Clinical Pharmacy Services

Adam Biggs, PharmD, BCPS, BCCCP
Clinical Pharmacist, Center for Medication Utilization

PGY2 Medication-Use Safety and Policy Residency Requirements and Expectations

In addition to the expectations outlined in the residency completion policies included above; satisfactory completion of the following are intended as minimum expectations for the resident to be awarded a Residency Certificate for the PGY2 Medication-Use Safety and Policy Residency Program.

Learning Experiences

- All required Learning Experiences must be completed.
- Self-evaluations as well as learning experience and preceptor evaluations must be completed as assigned in PharmAcademic.

Committee Responsibilities

- Regular attendance at Pharmacy and Therapeutics (P&T) Committee meetings is expected as scheduled. The resident will be responsible for meeting minutes per the schedule.
- Completion of post-P&T activities (eg, formulary maintenance via Lexicomp, publication of the Pharmacy Phacts newsletter, publication of approved documents to intranet website) is expected per the schedule.
- Regular participation at the Froedtert Hospital and Enterprise Medication Safety Committee meetings is expected as scheduled. The resident will be expected to lead the committee as scheduled during the second half of the year.
- Attendance throughout the year at an assigned committee is expected. Leadership of that committee (eg, Medication Warnings and Alerts, Infusion Pump Steering, Innovative Therapies, Ambulatory Therapeutics) is expected during the second half of the year.
- Participation in an external committee is expected. Typically, residents participate with a preceptor sitting on a Vizient committee (eg, Supply Chain Optimization, Quality and Safety). If interested, the resident could suggest an alternative external committee (eg, Pharmacy Society of Wisconsin).

Publications and Presentations

- Manuscript completion for residency project is required.
- Poster presentation is expected at a professional meeting, typically Vizient Pharmacy Network Meeting in December.
- Oral presentation of the research project is expected at a professional meeting, typically the Wisconsin Pharmacy Residency Conference hosted by the Pharmacy Society of Wisconsin in April.
- Submission of a final electronic profile (ie, development plan) with hyperlinks to final projects for **each** rotation and longitudinal experience.
- A 60-minute accredited continuing education presentation is required ([Appendix 9](#)).

Resident Participation

- Active participation in journal club as assigned is expected. During the second half of the year, the resident will have the opportunity to gain journal club precepting experience, including pearl presentations for specific statistics and study design aspects.
- Participation in residency activities (all programs) is expected when communicated (eg, Midyear preparation, poster preparation).
- Resident recruitment activities are expected.
- Attendance at Tuesday Inpatient Pharmacist Meetings (rotating staff meetings, grand rounds, and Morbidity and Mortality presentations) is expected as able, depending on the rotation.
- Completion of monthly medication unit inspections is required.
- Attendance at ASHP Midyear (and associated activities) is expected unless special circumstances exist.

Precepting

- As an academic medical center, pharmacy team members precept interns, IPPE, and APPE students, as well as PGY1 and PGY2 pharmacy residents. The PGY2 MUSP resident will be incorporated into these precepting responsibilities as a part of completion of the residency program.
- PGY1 Resident precepting may take place in the following situations:
 - Center for Medication Utilization rotation
 - Elective, 4-week rotation for inpatient PGY1 Pharmacy residents
 - Required, 4-week rotation for PGY1 Pharmacy – Ambulatory Focus, PGY1/PGY2 HSPAL, and PGY1/PGY2 MUSP residents.
 - Monograph rotation
 - Required, 4-week experience for PGY1 Pharmacy residents overlapping with the PGY1 resident's required administrative rotation
 - Medication Use Evaluation rotation
 - Required, 12-week longitudinal experience for all PGY1 Pharmacy residents at Froedtert Hospital and Froedtert Menomonee Falls Hospital
 - Medication Safety rotation
 - Selective, 4-week administrative rotation for PGY1 Pharmacy residents
 - Required, 4-week experience for PGY1/PGY2 MUSP resident during the first year
 - Medication Error Review rotation
 - Required, 12-week longitudinal learning experience for all PGY1 level residents
- Learner rotation materials are available on the I: drive and will be discussed prior to the resident taking a learner.

Additional Expectations

- Completion of MCW Patient Safety Elective course
- Preparation and delivery of at least one lecture for MCW or CUW
 - Medical College of Wisconsin lecture opportunities typically occur in October and November.
 - CUW lecture opportunities are available throughout the year.
 - These opportunities will be discussed and assigned by program leadership early in the year.
- Participation as a facilitator in a minimum of 2 MCW Patient Care Labs.
 - Each resident will be required to help facilitate at minimum of four patient care labs
 - Resident is expected to attend prelab planning meeting 1 week in advance, either in person or via phone.
 - Typically occur from 8 am through 1 pm once a week, and residents are expected to arrive 30 minutes prior to the start of lab (schedule during non-staffing weeks).
 - Residents are responsible for reviewing all material prior to prelab planning meeting.
 - Patient Care Lab dates and topics list will be distributed to residents within first two months of residency. Residents are to rank dates based on their availability and topic interest. Residents are then notified of assigned dates.
 - MCW Patient Care Lab Contact: Rachel Kavanaugh, PharmD, BCACP; Assistant Professor, Co-Director of Professional Labs; Phone: 414-955-2868; Email: rkavanaugh@mcw.edu.

Pre-Rotation Communication Expectations

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

Goals:

- In order for residents and preceptors to adequately prepare for the rotation, residents must provide preceptors with rotations goals. Residents need to have at least 3 to 4 goals that they would like to work toward. Goals should be specific and appropriate for the time assigned to the rotation. For 1 to 2 week rotations, residents may only have 1 to 2 goals.
- Example good goal: Complete a drug information question independently with minimal preceptor guidance.
- Example poor goal: Improve drug information skills - **too broad**
- Example good goal: Increase comfort and confidence in project management and collaborating with other team members.
- Example poor goal: Increase confidence - **too broad**

Learning Style:

- Additionally, it is helpful if residents provide information about their learning style. Residents should be able to provide a general description of what is most effective for them to learn.
- 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.
- Consider sharing results of personality (eg, Color Code, 16 Personalities) and learning style (eg, Pharmacist Inventory of Learning Styles) assessments.

Schedule:

- Preceptors should be notified with any meetings, staffing days, and if a project day will be scheduled during the rotation. Since schedules are likely to change, residents should provide preceptors with any updates on the first day and throughout the rotation.

Strengths and Opportunities for Improvement:

- The goal for this portion is for residents to incorporate feedback from previous rotations and communicate it forward to the next preceptors.
- Example: My identified strengths on my previous rotation were solid baseline literature searching and medical writing skills. Opportunities for improvement were my time management in completing longitudinal projects, increased communication by explaining how I conduct my literature searches, and asking more questions upfront prior to starting a new project.

Example Pre-Rotation Email

Rotation Dates: 4-week rotation (8/10/20 - 9/4/20)

Goals (These should be measurable and specific; 3 to 4 goals are appropriate):

- Become familiar with the System P&T structure at Froedtert and better understand key concepts of formulary management.
- Complete a thorough literature search to answer a complex drug information question.
- Independently lead a topic discussion related to precepting.

Strengths:

- Thorough literature searching
- Precepting students

Areas for Improvement:

- Efficiency
- Confidence
- Looking up information before going to preceptor for answers

Schedule (be sure to specify any staffing or PTO days):

- Tuesday, 2/24:
 - 1200-1300 Resident Candidate Interview Lunch
 - **DONE ON ROTATION BY 1615/1630** (central PM bonus shift @ 1700)
- Thursday, 2/26:
 - 1300-1400: Quality Review Committee Meeting
- **Friday, 2/27: NOT ON ROTATION, staffing pMed2**

Learning Style and Feedback:

- Repetition
 - I like to be able to WRITE things down and go back to them later, so if I take a lot of notes, that's why. I like to be able to see things later to remind me of what was talked about earlier.
 - If asked a question, I like to have time to look into things I don't know or am not sure about.
- Daily feedback is appreciated, especially if I am not meeting expectations
- Working on self-reflection skills so would like the opportunity to assess my performance before getting feedback.

Resident Responsibilities – Overview

Activity	Frequency	Months Resident Responsible												
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Pharmacy Responsibilities														
Staffing (clinical or pharmacy operations)	Per schedule	X	X	X	X	X	X	X	X	X	X	X	X	X
Medication Inspections	Monthly	X	X	X	X	X	X	X	X	X	X	X	X	X
Committees														
System P&T Meeting – Attend and Minutes	Monthly (2 quarters)				X	X	X				X	X	X	
System P&T Subcommittees – Attend ^a	Monthly (2 quarters)				X	X	X				X	X	X	
Enterprise Medication Safety Committee – Attend	Monthly (2 quarters)	X	X	X				X	X	X				
Froedtert Hospital Med Safety Committee – Attend	Monthly (2 quarters)	X	X	X				X	X	X				
Froedtert Hospital Med Safety Committee – Lead	Monthly (1 quarter)							X	X	X				
Medication Warnings and Alerts Workgroup – Member	Monthly (all year)	X	X	X	X	X	X	X	X	X	X	X	X	X
Medication Warnings and Alerts Workgroup – Lead	Monthly (2 quarters)							X	X	X	X	X	X	X
Vizient Committee – Attend and Minutes (if needed) ^b	Monthly (all year)	X	X	X	X	X	X	X	X	X	X	X	X	X
Formulary Management Responsibilities														
Formulary Database Updates	Per schedule				X							X		
Pharmacy Phacts Newsletter	Per schedule					X							X	
Scout Document Posting	Per schedule							X						X
CMU Mailbox ^c	Per schedule				X							X		
Medication Safety Responsibilities														
Medication Error Reports – Review	Daily (2 quarters)	X	X	X					X	X	X			
Medication Error Reports – Coordinate Review	Daily (1 quarter)								X	X	X			
Froedtert Hospital Safety Huddle	Daily (2 quarters)	X	X	X					X	X	X			
Residency Development														
Residency Program Required Meetings	Per schedule	X	X	X	X	X	X	X	X	X	X	X	X	X
Milwaukee Residency Citywide Conferences	Per schedule		X	X							X			
Resident Recruitment Material Update	Annually					X	X							
ASHP Midyear Recruitment / Preparation	Annually					X	X	X						
Resident Candidate Interviews	Annually							X	X					
Incoming Resident Liaison	Annually												X	X
Resident Manual Updates	Annually						X							X

^a The resident will have the opportunity to rotate through each available P&T subcommittee, which include Antimicrobial Stewardship Workgroup, Hematology/Oncology Subcommittee, Transplant Taskforce, Ambulatory Therapeutics, Innovative Therapies, and others.

^b Another external committee (eg, Pharmacy Society of Wisconsin) may be substituted for Vizient committee involvement depending on the resident's interest.

^c Mailbox coverage will be part of dedicated rotation activities during Drug Information, Advanced Drug Information, and possibly other select rotations with CMU team members.

Appendices

Appendix 1. Pharmacy and Therapeutics Committee Charter

Purpose

The purpose of the Froedtert & the Medical College of Wisconsin (F&MCW) Pharmacy and Therapeutics (P&T) Committee is to ensure the safe, effective, and fiscally responsible stewardship of medications across the enterprise.

The Committee will carry out this purpose in an effort to:

1. Improve the safety, quality, and value of patient care provided
2. Establish evidence-based, consistent clinical care among F&MCW entities
3. Improve the financial performance of the organization

Scope

All decision-making pertaining to medication utilization for the enterprise, including:

1. Determination of optimal medication selection and use
2. Implementation of policies, procedures and restrictions related to medication management
3. Defining electronic health record functionality as it relates to medication management and other related functions

Enterprise inpatient and outpatient environments shall include:

1. Froedtert Hospital
2. Froedtert Menomonee Falls
3. Froedtert West Bend
4. Froedtert South Hospitals and Clinics
5. Medical College of Wisconsin Physician and Community Physician Clinics
6. Froedtert Neighborhood Hospitals
7. Bluemound Hospital

Operating Principles

1. Collaborate with key stakeholders on medication use decisions (eg, formulary additions, denials, restrictions) and other formulary management strategies
2. Ensure medication use decisions take into account safety, efficacy, and cost

Structure

The Committee will be comprised of physician, pharmacy, and nursing leadership with representation from multiple enterprise entities. Key stakeholders and subject matter experts will be consulted and asked to participate in meetings based on the topic(s) being discussed.

The committee will utilize the various subcommittees for subject matter expertise and practical implications of agenda items being discussed. The subcommittees will help identify and develop opportunities for medication utilization improvement.

Authority

The F&MCW System P&T Committee has the authority to approve, deny, or amend medication use recommendations brought forth by the subcommittees or other enterprise stakeholders.

The F&MCW System P&T Committee reports to the entity-level Medical Executive Committees and Quality Collaborative Committee. The Committee meeting minutes shall be distributed to the Medical

Executive Committees for approval. Approved recommendations shall be implemented through collaboration with enterprise leadership and the individual hospital site Medical Executive Committees.

Membership Appointment

Members are appointed on an annual basis by the Chairs of the Committee.

Voting and Meetings:

The Committee shall meet monthly or more frequently at the prerogative of the Committee Chairs. Voting rights are restricted to voting members of the Committee. Each member shall have one vote on any matter. Voting may be conducted during the live meeting, by electronic vote sent after the live meeting, or both. Fifty percent (50%) of the physician membership must participate for a meeting quorum and meeting motions are carried with a simple majority.

Members must comply with standards established in the Froedtert Health Conflict of Interest for Providers Policy (FH-COM.005). A member with a conflict of interest related to an agenda item or having requested a medication for formulary inclusion shall abstain from voting on that recommendation.

Members

Table 2. F&MCW System P&T Committee – Voting Members and Committee Role

Executive Administration	
Dr. Patrick Gardner (<i>Chair</i>) <i>Chief Medical Officer, St. Joseph's Hospital;</i> <i>VP, Medical Affairs</i>	Jim Klauck <i>VP, Ancillary Services</i>
Medical Physicians	
Dr. Panayotis Fasseas <i>Cardiology, Froedtert Hospital</i>	Dr. David Letzer <i>Medical Director, Infectious Disease</i>
Dr. Njeri Wainaina <i>Chair, Antimicrobial Stewardship</i>	Dr. Christopher Sobczak <i>Regional Medical Director, Community Physicians</i>
Dr. Lisa Baumann <i>Medical Director, Anticoagulation</i>	<i>Open</i>
Dr. Harvey Woehlick <i>Anesthesiology, Froedtert Hospital</i>	<i>Open</i>
Dr. Matthew Weston <i>Anesthesiology, St. Joseph's Hospital</i>	<i>Open</i>
Dr. Greg Van Winkle <i>Orthopedics, Community Memorial Hospital</i>	<i>Open</i>
Pharmacy	
Garret Newkirk (<i>Co-Chair</i>) <i>Director, Clinical Pharmacy Services</i>	Phil Brummond <i>Chief Pharmacy Officer</i>
Terry Audley <i>Manager, Community Memorial Hospital</i>	
Nursing	
Katie Brown <i>Clinical Nurse Specialist, Neurosciences</i>	Mary Benson <i>Chief Nursing Officer, Community Hospital Division</i>
Pamela Scherff <i>Director of Nursing, Patient Care Services, Froedtert Hospital</i>	

Appendix 2. Enterprise Medication Safety Committee Charter

PURPOSE

To steer and direct medication safety efforts across Froedtert & the Medical College of Wisconsin through a collaborative, systematic approach to preventing, identifying, evaluating and mitigating the risk of adverse medication events.

REPORTING STRUCTURE

The Enterprise Medication Safety Committee reports to the System Pharmacy and Therapeutics Committee and Quality Collaborative. The Froedtert Hospital and Community Hospital Division Medication Safety Committees report to the Enterprise Medication Safety Committee as well as the site based Quality Committees. Additionally, Pharmacy Quality Committee, Medications, Warnings and Alerts Committee and Infusion Pump Steering Committee report through and support the work of the Enterprise Medication Safety Committee

FUNCTIONS

- Lead proactive assessments of the safety of current medication use systems
- Identify inconsistencies in high risk medication practices and align the practices
- Work with entity medication safety groups to ensure standard safety processes and reporting
- Monitor external information about medication safety and applicability to F&MCW
- Increase awareness of medication safety initiatives at F&MCW among leadership, staff, patients and colleagues promoting a culture of safety
- Ensure compliance with The Joint Commission National Patient Safety Goals and Medication Management standards related to medication safety.
- Review trends in adverse medication events and implement actions to mitigate unfavorable trends
- Collaborate with system level quality groups to ensure alignment of safety and quality goals

*The functions will be carried out in close collaboration with the operational leader dyad/triads to ensure these leaders are aware and informed; and any new processes can be embedded into their practice.

MEETINGS

Monthly at 9am on the 2nd Friday of the month

EXECUTIVE SPONSORS

Enterprise CMO – Dr. Jonathon Truwit
Enterprise VP of Quality – Sue Huerta

COMMITTEE MEMBERSHIP

Table 3. F&MCW Enterprise Medication Safety Committee – Voting Members and Committee Role

Physicians	
Dr. Tim Klatt (Co-Chair) <i>Medical Director, Patient Safety Medical College Physicians and Froedtert Hospital</i>	Dr. Dave Goldberg <i>Chief Medical Officer and VP Medical Affairs Community Hospital Division</i>
Pharmacy	
Kristin Hanson (Co-Chair) <i>Medication Safety Officer</i>	Phil Brummond <i>Chief Pharmacy Officer</i>
Garret Newkirk <i>Director, Clinical Pharmacy Services</i>	Taylor Mancuso <i>Pharmacist, Center for Medication Utilization</i>
Nitish Bangalore <i>Pharmacy Manager Community Hospital Division</i>	Kate Schaafsma <i>Director of Pharmacy Community Hospital Division</i>
Brian Morton <i>Director of Pharmacy Froedtert South</i>	Christine Smith <i>Director of Pharmacy Froedtert South</i>
Amanda Mauerman <i>Ambulatory Pharmacist Froedtert Hospital</i>	
Nursing	
Rose Gaskell <i>Director of Special Projects Froedtert Hospital</i>	Mary Benson <i>Chief Nursing Officer Community Hospital Division</i>
MaryAnn Moon <i>Director of Advanced Practice Nursing Froedtert Hospital</i>	Jennifer Welter <i>Clinical Nurse Specialist Froedtert Hospital</i>
Quality and Patient Safety	
Annette Gagnon <i>Executive Director Quality, Patient Safety and Performance Improvement Community Hospital Division</i>	Liz Behrens <i>Vice President, Quality, Patient Safety & Performance Improvement Froedtert Hospital</i>
Sue Huerta <i>Vice President, Quality, Patient Safety & Performance Improvement</i>	
Informatics	
Ben Laird <i>Pharmacy Informatics Manager</i>	
Leadership	
Cheryl Jenks <i>Director of Clinical Operations Community Physicians</i>	

Appendix 3. Drug Information and Other Staff Resources

Electronic and hardbound references available across the Froedtert enterprise will be covered during the boarding process or Drug Information rotations.

Medication Information Scout Page

Internal resources for pharmacists are located on the Medication Information Scout Page. Below is a selected list of core resources that the PGY2 MUSP resident will utilize during their residency year:

- *Lexicomp* (orange box): tertiary drug database that houses Froedtert Health Formulary; of note, Lexicomp subscription is very robust, so many different databases (eg, AHFS Drug Information) are available here.
- *Core Reference Library* (black box): detailed list of resources available to staff by disease state or specialty area
- *Micromedex* (orange box): tertiary drug database available to pharmacy staff; of note, the Micromedex subscription is limited, and thus, other references are more appropriate for comprehensive drug information.
- *Medical College of Wisconsin Clinical Resources* (red box): see next section.

Figure 9. Medication Information Scout Page

The screenshot shows the 'Medication Information' page. On the left is a navigation menu with items like 'Alaris Smart Pump Information', 'Center for Medication Utilization', and 'Collaborative Practice Agreements'. The main content area is titled 'Medication Information' and contains text about the Froedtert & MCW Center for Medication Utilization (CMU) team. A list of resources is provided, with several items highlighted by colored boxes and arrows: 'Lexicomp Online - F&MCW System Medication Formulary' (orange box), 'Core Reference Library - F&MCW Center for Medication Utilization' (black box), 'Micromedex' (orange box), 'Johns Hopkins Antibiotic Resource' (orange box), 'Natural Medicines Comprehensive Database' (orange box), and 'MCW Clinical Resources' (red box). On the right side, there is a sidebar with links to 'Formulary', 'Anticoagulation Management', 'Antimicrobial Stewardship', 'Cancer Medication Resources', and 'Parenteral Medication Administration Guidelines'. The page also includes a 'Subscribe to this Page' button and a font size selector.

Medical College of Wisconsin Clinical Resources

The MCW Clinical Resources link, located on the Medication Information Scout page, directs users to the most robust collection of drug information resources available to pharmacists at Froedtert & MCW. Select core references that will be utilized by the PGY2 M USP resident are listed below:

- PubMed (use PubMed LinkOut to access PubMed with the MCW subscription)
- Ovid (Medline)
- Access Pharmacy
- Access Medicine
- Clinical Key
- Medical Letter

Figure 10. MCW Clinical Resources

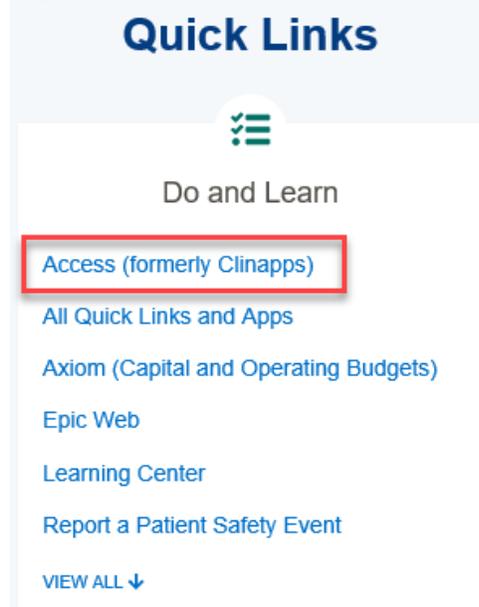
The screenshot displays the 'Clinical Resources: Home' page of the Medical College of Wisconsin Libraries. At the top, there is a navigation bar with the library logo and the text 'Medical College of Wisconsin Libraries / LibGuides / Clinical Resources / Home'. A search box is located on the right side of the page. Below the navigation bar, there are two tabs: 'Home' and 'Clinical Mobile Apps'. The main content area is titled 'About Clinical Resources' and contains a disclaimer: '*An asterisk means that this is a subscription resource and users must access it from an institutional network of by logging into the proxy server.' Below this, it states 'This page is maintained by MCW Libraries. Send suggestions/feedback to LibraryTW@mcw.libanswers.com.' The page is organized into three columns of resource lists:

- Quick Links:** A list of links including 'All Databases *', 'Connect from Off-Campus', 'D2L', 'FH & CHW & VA Intranet', 'InfoScope', 'Library on Request', 'MCW Doctor Directory', 'MCW E-Books *', 'MCW E-Journals *', 'MCW HIPAA website (on-campus access only)', 'Nursing Resources', 'Ovid (Medline) *', 'PubMed LinkOut', and 'Library Catalog *'. The items 'All Databases *', 'Ovid (Medline) *', and 'PubMed LinkOut' are highlighted with red boxes.
- Literature Search:** A list of search engines including 'BadgerLink', 'ClinicalKey *', 'LILACS', 'Ovid (Medline) *', 'PDQ', 'PubMed/MEDLINE via PICO', 'PubMed LinkOut', 'PubMed Single Citation Matcher', 'SUMSearch 2', 'TOXNET', and 'Web of Science *'. The item 'ClinicalKey *' is highlighted with a red box.
- E-Books:** A section header for a list of e-books, which is currently empty.
- Evidence Based Medicine Databases:** A list of databases including 'ACCESSSS', 'ACP Journal Club *', 'Clinical Overviews/First Consult *', 'Cochrane Library *', 'Epistemonikos', 'Essential Evidence Plus *', 'MCW Libraries' Evidence-Based Practice E-Resources', 'PEDro Physiotherapy Evidence Database', 'PubMed Clinical Queries', 'PubMed/MEDLINE via PICO', 'SUMSearch 2', 'Trip', and 'UpToDate *'.

Citrix

The Citrix receiver is used to access a variety of applications (eg, Microsoft Visio, MS Access, Google Chrome) even if the computer application is not installed on your computer. Citrix may be accessed through the Froedtert Scout page. Citrix is also the application used to remotely access the Froedtert intranet and other resources (eg, Epic, MyIT Portal, Infor-Lawson) when off campus via www.connect.froedterthealth.org.

Figure 11. Quick Links to Access Citrix



Appendix 4. Resident Supplemental Orientation Checklist

Program leadership will work with you through the following checklists to ensure that appropriate orientation and onboarding topics have been covered. Please keep track on your own of what has been covered and when.

Pharmacy Orientation and Training

Name: _____ Position Title: PGY2 MUSP Resident

Trainer(s): Residency Program Leadership

TOPIC / TASK	Topic Explained By (Trainer Initials)	I feel Competent (Employee Initials)
General		
1. Learning Center Modules Scout Class		
2. Policy Overview MedWorxx Department Policies		
3. Logistics Work Areas Restroom Locations to work Breakroom Mailboxes and Communication Tools Bulletin Boards, Dept, Newsletter, email CMU meetings – Tuesday afternoons		
4. Parking Froedtert Hospital Froedtert Menomonee Falls Hospital Froedtert West Bend Hospital Integrated Service Center Woodland Prime		
5. Communications Telephone and voicemail set up Fax Email (personal) Phone lists		
6. Office Equipment Copiers – location and how to work → PDF scanning Printers – setting up		
7. Keys and Access		
8. Dress Code		
9. Institutional Logistics Medical College of Wisconsin Libraries Remote Access		

TOPIC / TASK	Topic Explained By (Trainer Initials)	I feel Competent (Employee Initials)
Training and Education – Drug Information Specific		
1. Computer Basics Microsoft Word Microsoft Excel Microsoft PowerPoint Microsoft Visio		
2. Training Modules Froedtert Resources		
3. Mailbox Day and Drug Information Questions How to Take a History Classifying Requests Template		
4. Reports EPIC BI LaunchPad --Anon Charge Lookup --Drug Shortage Name --Drug Shortage eRX --Override Report		
5. Restricted Access P&T Information (shared folder) Residency Folder (Pharmacy folder) Formulary Management Medication Warnings and Alerts P&T – System Meetings Pharmacy Phacts Recalls REMS Programs		
6. Learner Rotation Materials (shared folder) Schedules Templates Rotation Overviews		

TOPIC / TASK	Topic Explained By (Trainer Initials)	I feel Competent (Employee Initials)
Training and Education – Medication Safety Specific		
1. Safety Intelligence Reporting an event Event review and investigation Event categorization Adding drugs Searches and queries Reports and exports		
2. Medication Safety Scorecard Data sources Maintenance expectations Report-out expectations		
3. BD CareFusion Alaris Infusion Pumps Pump programming Dataset development Knowledge Portal reports Interoperability reports Smart pump resources on Scout		
4. SharePoint Sites Site-based Medication Safety Committees Enterprise Medication Safety Committee Pharmacy Quality Committee Medication Warnings and Alerts Subcommittee		
5. Joint Commission Standards Key standards overview Electronic access Intracycle tools Assessment tool		

Appendix 5. Resident Development Series

The purpose of the Resident Development Series is to cover selected core topics related to professional development, precepting, career development, drug information, or medication safety to supplement what is already covered during rotations throughout the year. Pre-residency assessments will be used to tailor the topics to each residency class; sessions will occur for 1 hour each month on a Friday. The resident is expected to prepare for the discussion by doing the discussed readings and preparing discussion questions or clarifying points. The residents will lead the discussion for these topics with the preceptor available to offer additional commentary and insight. Materials for these sessions will be located in the residency I: drive folder. The resident is encouraged to peruse the readings supplied in their Residency Development Series folder to identify additional topics as desired and discuss with residency program leadership.

	Readings	Topic Discussions
Quarter 1		
July	<ul style="list-style-type: none"> <input type="checkbox"/> Transitioning from PGY1 to PGY2 <input type="checkbox"/> Personality Assessments: Color Code, 16 Personalities <input type="checkbox"/> Learning Style Assessment: Pharmacist Inventory of Learning Styles 	<ul style="list-style-type: none"> <input type="checkbox"/> Core References and ILL – Orientation <input type="checkbox"/> Development Series Introduction <input type="checkbox"/> Personality Assessment Results
August	<ul style="list-style-type: none"> <input type="checkbox"/> Managing and Leading: Ch. 29 <input type="checkbox"/> Time Management Tips <input type="checkbox"/> Book: Eat That Frog! 	<ul style="list-style-type: none"> <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Project and Time Management
September	<ul style="list-style-type: none"> <input type="checkbox"/> Book: Gallup Strengths Finder <input type="checkbox"/> Review Citation Manager materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Gallup Strengths/Self-Reflection <input type="checkbox"/> Citation Managers
Quarter 2		
October	<ul style="list-style-type: none"> <input type="checkbox"/> Managing and Leading: Ch. 32, Ch. 34 <input type="checkbox"/> Review materials in Meeting Management folder 	<ul style="list-style-type: none"> <input type="checkbox"/> Customized Plan – Quarter 1 <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Meeting Management
November	<ul style="list-style-type: none"> <input type="checkbox"/> Swap CVs and review/critique, bring for discussion <input type="checkbox"/> Review materials in Curriculum Vitae Development folder 	<ul style="list-style-type: none"> <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Curriculum Vitae Development
December	<ul style="list-style-type: none"> <input type="checkbox"/> Off Month – Midyear 	<ul style="list-style-type: none"> <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Midyear Planning and Networking
Quarter 3		
January	<ul style="list-style-type: none"> <input type="checkbox"/> Managing and Leading: Ch. 17 <input type="checkbox"/> AJPE: Your Role and Responsibilities in the Manuscript Peer Review Process 	<ul style="list-style-type: none"> <input type="checkbox"/> Customized Plan – Quarter 2 <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Publishing and Peer Review
February	<ul style="list-style-type: none"> <input type="checkbox"/> Review materials in Interviewing and Job Offers folder 	<ul style="list-style-type: none"> <input type="checkbox"/> Customized Plan – Quarter 3 <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Interviewing and Job Offers
March	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Preceptor's Handbook</i>: pages 106-111, 99-103 <input type="checkbox"/> <i>The Effective Preceptor</i>: pages 29-35, 69-80 <input type="checkbox"/> Providing Effective Feedback 	<ul style="list-style-type: none"> <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Precepting: Developing a Learning Experience and Constructive Feedback

Quarter 4		
April	<input type="checkbox"/> Review materials in Burnout folder	<input type="checkbox"/> Customized Plan – Quarter 3 <input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Burnout, Moral Injury, and Resiliency
May	<input type="checkbox"/> Review materials in Career Development folder	<input type="checkbox"/> Academic Afternoon (<i>as assigned</i>) <input type="checkbox"/> Career and Professional Development
June	<input type="checkbox"/> Review materials in Career Planning folder	<input type="checkbox"/> Career Planning <input type="checkbox"/> Customized Plan – Quarter 4 <input type="checkbox"/> Yearly Wrap-Up <input type="checkbox"/> Project Pass-Off

Appendix 6. Expectations for Residency Mentors

Residency mentors are pharmacists assigned to each resident. Their primary purpose is to provide guidance throughout the year with an emphasis on overall professional development, education throughout the program, and career advancement.

Residents and mentors are expected to meet on a monthly basis at minimum.

Guidelines for Residency Mentors

Expectations and Responsibilities

- Communicate with the resident's RPD and RPC on an ongoing basis.
- Verify that rotation evaluations are completed on a timely basis.
- Briefly summarize resident's progress at preceptor meetings (alternate with RPC).
- Complete quarterly evaluations and discuss with resident (development plan) – revise plan as needed (RPD or RPC creates initial development plan; resident creates first through fourth quarter in collaboration with mentor).
- Meet with the resident at least monthly and as needed to accomplish the following:

Review and Discuss Rotation Evaluations

- Indicate when a particular goal is accomplished.
- Identify goals requiring additional attention.
- Alert RPD or RPC to any issues with progress.

Assist as needed with time management and balance of responsibilities and stress management

- Midyear
- Research project
- Rotation responsibilities
- Evaluations

Verify that deadlines are met and participate in reviewing

- Abstract submissions
- Poster and slide presentations

Provide oversight and direction for staffing component

- Identify concerns and additional training needs.
- Work with RPD or RPC to facilitate additional training.
- Answer questions as available.

Offer personal and career development suggestions (in conjunction with RPD and RPC)

Appendix 7. Feedback and Rotation Experiences in PharmAcademic

Evaluation Principles: Be specific; be concrete

- The resident will complete the self-evaluation component of PharmAcademic **before** the preceptor completes the summative evaluation portion

Resident Program Director/Coordinator

Custom Evaluation (quarterly and as needed)

Resident Program Director/Coordinator required to address:

- Progress in achieving goals and objectives
- Status of evaluations (are any outstanding?)
- Status of presentations
- Progress of teaching certificate (if applicable)
- Project status
- Status of staffing requirements
- Strengths
- Progress in areas identified for development
- Areas for development for this quarter
- Specific recommendations to implement
- Are any program adjustments needed at this time?
- Career planning issues

Resident Program Director/Coordinator

Reasons for sending evaluations back for further comments

Required comments:

- Does not meet the required comments
- Does not offer specific comments
- Provides no suggestions for the growth and development of the resident
- Did not address a key development issue that has been identified on previous rotations

Preceptors

Preceptor Summative Evaluation

Required comments:

- Resident Strengths – include overall summary in addition to specific comments on goals
- Areas for Development – include overall summary in addition to specific comments on goals
- Gaps between self-evaluation and preceptor evaluation
- Specific feedback to take to next rotation (be sure to include strategies to address areas for development)
- Any additional comments welcomed

Residents and Preceptors

Summative Evaluation General Comments

Comments required on each goal: (You do not need to comment on every objective but do need to give a clear picture of rotational development)

- Include how completing the goal was accomplished
- Specific feedback on what was done well
- Specific feedback on areas for development
- Things to do in future experiences to build on this rotation's experience

Residents

Resident Learning Experience Evaluation

Required comments:

- Strengths of this rotation
- Things that would make this rotation better
- What could be done differently to get the most from this rotation
- Any additional comments are welcomed

Residents

Resident Preceptor Evaluation

Required comments:

- Preceptor strengths
- Preceptor areas for development
- What would be useful for this preceptor to change in order to provide residents with a better experience?
- Any additional comments are welcomed

Residents

Resident Self-Evaluation

Required comments:

- Strengths – address in comments section if not addressed in goal comments
- Areas for development – address in comments section if not addressed in goal comments
- What will I do on my next rotation to continue to develop my skills, knowledge, and abilities? (comments section)
- If I had this rotation to do over, what would I do differently so I could get the most from the rotation? (comments section)

Include if applicable: These are the additional goals I specifically worked on during this rotation (include comments on the accomplishment of these goals)

Example of optional questions or comments to include (it is recommended to pick 1 or 2 to discuss)

- Could I function independently in this practice area?
- What do I now understand best in this practice area?
- What do I still need to learn about in this practice area?
- What was the emotional or professional growth that I experienced during this rotation?
- The accomplishment that I am most proud of on this rotation is _____.
- I will improve _____ by doing _____.
- The transformations that I made on this rotation are _____.
- I will be sure to discuss with my next preceptor _____.
- I went above and beyond on this rotation when I _____.
- The most important intervention that I made was _____.
- I managed the stress of this rotation by _____.
- I managed conflict on this rotation by _____.
- I can go to the next level of my practice by _____.
- I grew on this rotation by _____.

Appendix 8. Residency Program Customized Development Plan Requirements

1. The resident shall maintain a residency portfolio electronically as part of the Customized Development Plan; this plan should be a complete record of the resident's program activities. Residents are to maintain the Customized Development Plan throughout the year; updates will be reviewed quarterly in conjunction with mentor and program leadership.
2. The Customized Development Plan shall be submitted to the Residency Program Director at the conclusion of the residency program and shall be a requirement for successful completion of the program.
3. The residency program portfolio shall include the following items:
 - a. Documentation of activities, projects, presentations, and edited documents for each rotation and longitudinal learning experience.
 - b. A record of all in-services, presentations, or seminars given (evaluations will be included for CE presentations)
 - c. Project proposals
 - d. Grant/funding proposal if applicable
 - e. Final manuscript
 - f. A list of all seminars/meetings attended
 - g. Committee meetings (including professional associations)
 - h. Educational presentations (eg, grand rounds)
 - i. Departmental staff development/pharmacy grand rounds
 - j. State/local continuing education
 - k. Regional/national meetings
 - l. A current curriculum vitae
4. An electronic folder will be kept for each PGY2 Medication-Use Safety and Policy resident on the I: drive. All residency projects and documents should be collected and stored in this folder throughout the year. The document should list projects and hyperlink to appropriate folders or final documents.

Figure 12. Location of Electronic Program Portfolio on I: Drive and Example Portfolio Contents

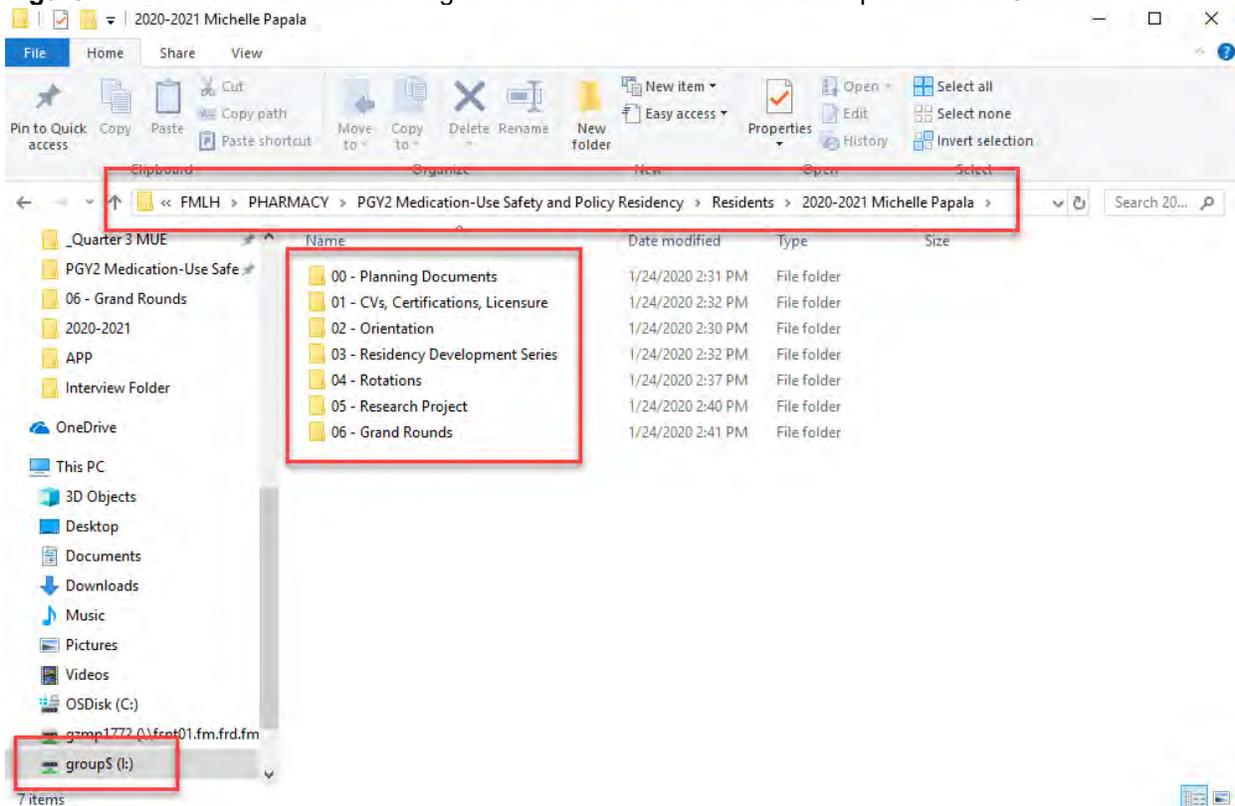
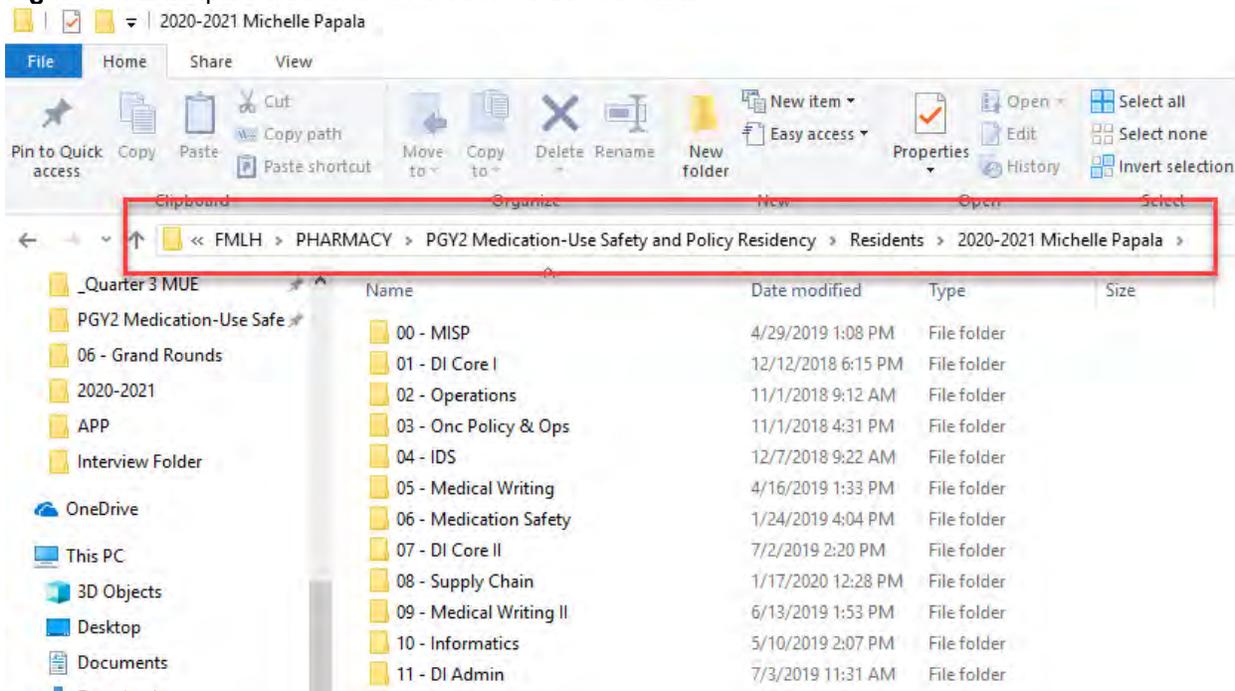


Figure 13. Example Folder within Portfolio Folder Contents



Appendix 9. Continuing Education Presentation Requirement

Topic and Content: The first step in preparing for the continuing education (CE) presentation is to identify an appropriate topic. An appropriate topic for CE is one that covers a new or controversial area of pharmacy practice, or if not a new topic, one in which recent literature has provided evidence to support a change in practice. The subject of your CE presentation should be chosen to ensure that you are able to critically evaluate selected pieces of literature to help your audience walk away with a better understanding of the topic and how the literature supports a particular recommendation. Finally, an appropriate topic by this definition may NOT be suitable if a similar topic was covered in the past residency year. Past CE presentations can be viewed on the [SharePoint site](#). Your selected topic must be approved by the residency program leadership prior to beginning to prepare your presentation.

Selecting an Adviser: If you have identified a topic, the next step is to identify a CE adviser. If you need additional help in identifying an appropriate topic, consider talking with your residency adviser, residency program director, or other preceptors. Ideally, you should select an adviser that is knowledgeable in your topic area and can offer insight into nuances of the literature or particularly pertinent literature that you should be sure to include. In selecting your adviser, it is also important to discuss expectations; there are minimum standards for what you are expected to provide to your adviser and what you can expect from your CE adviser (detailed later in this Appendix). If at any time in this process, you feel that your adviser is not meeting these standards, it is appropriate to discuss this with your residency program director, residency program coordinator, or mentor.

Goals and Learning Objectives: Your presentation should have clearly-defined goals and learning objectives. For a 1-hour presentation, you should prepare 4 learning objectives (~1 objective per 15 minutes of lecture). Objectives should be SMART – specific, measurable, achievable, realistic, and time bound, and they should describe what you hope the audience will take away from your presentation. The table below shows Bloom’s Taxonomy with examples of action verbs to use in writing your objectives. If you are seeking CE credit for both pharmacists and technicians, you need to develop objectives for both audiences, as one set of objectives would likely not be appropriate for these separate audiences.

Table 4. Bloom’s Taxonomy

Category	Key Words
Remembering	choose, define, describe, find, identify, know, label, list, match, name, omit, outline, recall, recognize, relate, reproduce, select, show, spell, state, tell
Understanding	classify, compare, comprehend, contrast, convert, defend, demonstrate, distinguish, estimate, explain, extend, generalize, give an example, illustrate, infer, interpret, outline, paraphrase, predict, relate, rephrase, rewrite, show, summarize, translate
Applying	apply, build, change, choose, compute, construct, demonstrate, develop, discover, experiment with, identify, interview, make use of, manipulate, model, modify, operate, organize, plan, predict, prepare, produce, relate, select, show, solve, use, utilize
Analyzing	analyze, categorize, classify, compare, contrast, deconstruct, diagram, differentiate, discover, discriminate, dissect, distinguish, divide, examine, identify, illustrate, infer, inspect, list, outline, relate, select, separate, simplify, survey, test for, theme
Evaluating	agree, appraise, assess, award, choose, compare, conclude, contrast, criticize, critique, decide, deduct, defend, determine, discriminate, disprove, estimate, evaluate, explain, importance, influence, interpret, judge, justify, mark, measure, perceive, prioritize, prove, rate, recommend, relate, rule on, select, summarize, support, value
Creating	adapt, categorize, change, choose, combine, compile, compose, construct, create, delete, design, develop, devise, discuss, elaborate, estimate, explain, formulate, imagine, improve, invent, maximize, minimize, modify, organize, plan, predict, propose, rearrange, reconstruct, relate, revise, rewrite, solve, summarize, tell, test, write

Table adapted from www.bloomstaxonomy.org; Anderson LW, Krathwohl DR, Bloom BS. *A taxonomy for learning, teaching, and assessing: a revision of Bloom's taxonomy of educational objectives*. Allyn & Bacon; 2001.; and ASHP Helpful Hints on Session Development (<https://www.ashp.org/-/media/assets/meetings-events/docs/helpful-hints-for-session-development.ashx?la=en>).

Supportive and Supplemental Instructional Materials: Supplemental materials or handouts are welcome but not required for your CE presentation. Discuss with your adviser if it would be appropriate to provide handout materials and in what manner. If you do develop supplemental materials, these need to be reviewed by the CE office along with your slides.

Contact Hours: Your CE presentation will be accredited for 1 hour of CE credit (0.1 CE units) that is knowledge-based. For a 60-minute activity, the goal is to provide 45 to 50 minutes of content and allow 10 to 15 minutes for questions at the end.

- *Knowledge-based CE activity: 15 minutes or longer and transmits knowledge based on evidence in the literature*
- *Application-based CE activity: 60 minutes or longer and applies information learned based on evidence presented*

Audio-Visual Aids: CE presentations should utilize PowerPoint slides at a minimum. Discuss with your adviser if it would be appropriate to utilize additional audio-visual aids, such short videos or handouts. It is recommended that you preview your slides using the technology available on the day of your presentation to ensure readability and overall appearance.

Slides (PowerPoint) Requirements: Your slides must be arranged in the order below.

Slide One: Program title with speaker's name and credentials.

Slide Two: Learning objectives.

Slide Three: Disclosure statement. If you have nothing to disclose, please state this on the slide.

Slide Four—end: Program content, including references at the bottom of each slide.

No copyrighted material is to be used on slides. It is okay to use diagrams and figures if they are able to be cited from a journal article, but do not take figures from the internet. Be sure to reference all diagrams, charts, tables, and other content on your slides.

Active Learning and Learning Assessment: It is **mandatory** that every accredited program contain interactivity (active learning) between the speaker and the participants. Each program objective must be taught utilizing an active-learning strategy and evaluated using an appropriate learning-assessment exercise. At a minimum, your presentation should incorporate active learning with assessment questions, but there are other methods that could be used to enhance the interactivity. Discuss with your adviser how it might best work to incorporate active learning into your CE presentation.

- *Knowledge-based CE activity: Must include assessment questions structured to determine a recall of facts*
- *Application-based CE activity: Must include case studies structured to address application of principles learned*

It is recommended to include at least 1 question per objective and a minimum of 4 questions so that attendees can pass the assessment (administered via QR code link to SurveyMonkey). Attendees need 70% to pass and receive credit.

The Accreditation Council for Pharmacy Education Continuing Education (ACPE) and the American Society of Health-System Pharmacists (ASHP) offer some guidance regarding how to incorporate active-learning techniques based on the type of CE activity and the type of verb used in each learning objective. The table below is adapted from these resources and provides some examples of active-learning techniques and associated learning-assessment exercises based on the type of CE activity and level of Bloom's Taxonomy for each objective.

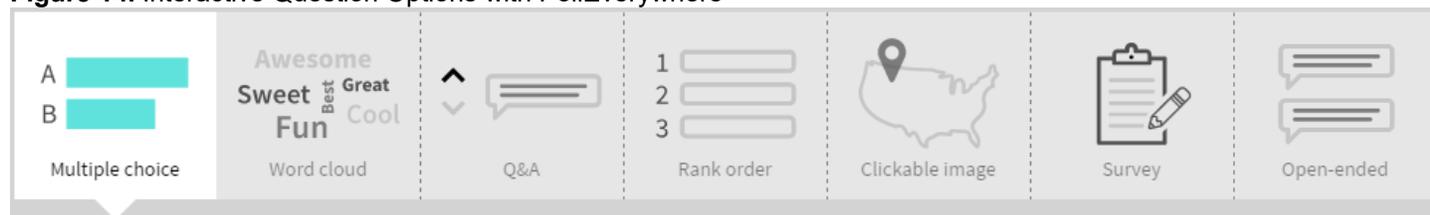
Table 5. Active-Learning Techniques and Learning-Assessment Exercises

CE Activity	Bloom's Taxonomy Category	Suggested Active-Learning Technique	Suggested Learning-Assessment Exercise
Knowledge based	Remembering	Lecture with questions Visuals Examples Illustrations Analogies Games and quizzes to practice recall	Memory Matrix Minute Paper Muddiest Point Background Knowledge Probe Audience Response Systems (eg, PollEverywhere, Color Cards, raising hands)
	Understanding	Test/Assessment Review Writing Presentations Matching questions/answers Questions Discussion Report	
Application based	Applying	Role play Simulations Practice exercises Demonstrations Projects	Defining Features Matrix Pro and Con Grid Problem Recognition Task Directed Paraphrasing Application Cards
	Analyzing	Interactive case study or scenario Problems Discussion Pro/con grids Application exercises	
	Evaluating	Case studies Problem exercises Projects Critiques Simulations	

Table adapted from ACPE Tools and Resources (https://www.acpe-accredit.org/pdf/Learning_Assessment_Exercises.pdf and https://www.acpe-accredit.org/pdf/Active_Learning.pdf) and ASHP Helpful Hints on Session Development (<https://www.ashp.org/-/media/assets/meetings-events/docs/helpful-hints-for-session-development.ashx?la=en>).

One option for interactivity is to utilize an interactive audience response system, such as PollEverywhere (www.poll Everywhere.com). This is a resource that can be utilized for free with certain limitations (eg, maximum of 25 responses per poll). This service offers multiple types of interactive questions (Figure 14), ranging from multiple choice, survey, open-ended, or rank order, and they provide templates for use of the questions in PowerPoint or Google slides.

Figure 14. Interactive Question Options with PollEverywhere



Evaluation: As part of ACPE accreditation, participants will complete an evaluation within 60 days after completion of your CE presentation to collect the CE credit for your presentation. You are responsible for offering printed copies of the CE instruction sheet at the beginning of your presentation.

Timeline: In developing your presentation, it is **required** that you utilize the timeline below.

- **60 days before presentation:**
 - Identify topic and adviser.
 - Receive approval from program leadership to use chosen CE topic.
 - Devise a timeline and submit it to your presentation preceptor for approval.

- **45 days before presentation:**
 - Begin process for CE approval.
 - Develop and finalize a Needs Assessment with your presentation adviser. The Needs Assessment includes the title of your presentation, name of presenter along with their title, dates/times/location of presentation, learning objectives, proposed active learning strategies for each objective, and brief justification of the need for this CE programming.

- **30 days before presentation:**
 - Send Teri Mattek the Needs Assessment.
 - Disclosure form must be completed at this link:
<https://www.surveymonkey.com/r/VHFTYQN>.
 - Anyone else who is helping to develop this learning activity should complete a disclosure form (mentor, adviser). Please be sure to let Teri know of anyone providing assistance with the content to ensure we have the appropriate disclosure of documentation.
 - Consider sending Microsoft Outlook invitations for your presentation date/time to your program preceptors, adviser, and program leadership.
 - Submit a minimum of 2 drafts to your presentation adviser for review.

- **2 weeks prior to presentation:**
 - Send Anne Zechlinski and Teri Mattek the following:
 - Completed slides
 - Handouts (if applicable) – Teri can help coordinate printing requests
 - Learning assessment questions – use the Word template provided and be sure to provide the questions, answers, and rationale for correct answer and each incorrect answer.
 - Teri will create activity announcement, online evaluation form, and the assessment question information handouts. These will be sent to the presenter for final approval. Once approved, Teri will add the announcement to the Outlook calendar invite.
 - Teri will contact presenter to coordinate the number of Assessment Question Information Handouts needed.
 - Presenter is responsible for picking up copies of the Assessment Question Information Handout; they will be on the counter in the Admin Office by Deanna's desk when ready.

- **Variable:**
 - Practice a minimum of 1 time in the room where your CE presentation will be held (if possible, otherwise any room would be acceptable).

- **Day of presentation:**
 - Bring Assessment Question Information Handouts. The handout will provide a QR code to an online assessment.
 - Make sure you know how to log in to and set up the presentation room. You should arrive to your presentation room about 15 minutes early to set up your presentation and any associated technology (eg, Skype meeting). **The resident will NOT be allowed to utilize presenter mode during the presentation;** printed notes are acceptable.

- Remind attendees that they will need their NABP number and date of birth when completing the online assessment. If they do not have a smart phone, let participant know that they should request the link from Teri for the online survey.
 - Answers to the assessment questions will be provided to the participants when they complete the online assessment.
- **After your presentation:**
- Teri will grade and process online evaluation forms.
 - Credit will be processed within 60 days.
 - Compiled evaluation feedback will be provided to the presenter.
 - Your preceptors will provide verbal and/or written feedback (PharmAcademic).

****IF YOU MISS ANY OF THE ABOVE DEADLINES, CONTACT YOUR ADVISER IMMEDIATELY TO DISCUSS A PLAN, AND INFORM YOUR RPD/RPC AND ADVISER IF THERE ARE ANY ISSUES THAT MAY RESULT IN YOU MISSING ANY FUTURE DEADLINES****

Expectations of the Resident-Adviser Relationship: In selecting an adviser, it is the resident's responsibility to review the below expectations and confirm that the preceptor is willing and able to adhere to these expectations.

The resident agrees to:

- Follow all requirements as outlined in this document.
- Initiate contact with adviser for the majority of exchanges.
- Request preceptor advise on his or her CE presentation at least 90 days prior to scheduled CE presentation date.
- Develop a plan for how often to meet with adviser (if desired) and a timeline for when things will be submitted to adviser and when they will be expected back. Calculate timeline dates assuming a minimum of 7 days' turnaround time for draft review by adviser.
- Submit a minimum of 2 drafts to CE adviser for review 30 days prior to scheduled presentation date.
- Practice a minimum of 1 time in the room where your CE presentation is scheduled (if possible, otherwise any room would be acceptable).
- Invite adviser to practice session with a minimum of 7 days' notice.

The presentation adviser agrees to:

- Respond in a timely fashion to emails.
- Offer feedback regarding clinical content and visual presentation of material.
- Ensure that literature identified by the resident is appropriate for the topic and critically evaluated in the presentation. It is left to the adviser's discretion how many pieces of literature need to be critically evaluated (would consider 3-5 large clinical trials or 8-10 smaller cohort studies or case reports/series).
- Review and return CE presentation drafts within 5 business days. Respond to all other email communication within 2 business days.
- Be available to meet in person a minimum of 2 times to review drafts with resident or discuss presentation outline.
- Be available to attend a practice session scheduled at least 7 days in advance of scheduled presentation date with at least 7 days' notice.
- Make all efforts to attend presentation in person. If unable to attend due to emergent reasons, it is the adviser's responsibility to identify another preceptor to take his or her place.
- Provide written and verbal feedback in a timely fashion following presentation completion, ideally within 5 business days.
- If unable to meet these requirements at any time, current adviser is responsible for identifying a new adviser to take his or her place moving forward, as well as for alerting the appropriate people to this change (eg, residency mentor, residency program coordinator, residency program director).

Appendix 10. Lexicomp Information Management System (LIMS): Video Tutorial

Purpose: The Lexicomp Information Management System [video tutorial](#) supplements the written handout for CMU staff.



Topics Covered:

- Overview and Loading the System Formulary
- 1:04 Menus and Record Searching
- 2:00 Adding a New Medication
- 3:25 Non-Modifiable Content
- 4:16 Default Content
- 4:28 Dosage Forms
- 7:55 Brand Names
- 8:25 Adding Historical P&T Review Information
- 10:23 Configuring Therapeutic Interchanges
- 13:43 Adding Restriction Information
- 15:37 Linking Medication Guidelines
- 18:05 Charts & Special Topics: Denied Formulary Medications

Link: https://youtu.be/oTcmC_ew3yo

Appendix 11. Reporting Tools

[Crystal Reports \(BI Launchpad\) and Document Portal](#)

- Review this document for instructions on how to gain access to BI Launch Pad and Document Portal and how to run and pull utilization reports.

[Epic Reporting Tools](#)

- Review this document for instructions on how to access pharmacy medication lists (useful for finding ERX numbers and NDCs), determining active orders for a given medication, and locating order sets containing a medication for questions related to medication shortages.

[Pyxis and MedSelect Counts](#)

- Review this document for instructions on how to access MedSelect counts for questions related to medication shortages.

[RxWorks Jaspersoft](#)

- Review this document for instructions on how to access data from RxWorks Jaspersoft for questions related to medication shortages.

Appendix 12. End-of-Year Residency Checklist

Resident Office – Froedtert Hospital
<input type="checkbox"/> Remove all personal belongings from workspace (leave keys in drawer)
<input type="checkbox"/> Wipe down desk surface and computer

Year-Long Project
<input type="checkbox"/> Close out project or complete Continuing Progress Report in eBridge
<input type="checkbox"/> Turn in manuscript
<input type="checkbox"/> Complete gap analysis/tag off project, if applicable
<input type="checkbox"/> Upload Vizient abstract, Vizient poster, Great Lakes abstract (if applicable), Great Lakes presentation (if applicable), and manuscript to SharePoint

PharmAcademic
<input type="checkbox"/> Complete all evaluations and cosigns

Human Resources/Department of Pharmacy
<input type="checkbox"/> Turn in pager, laptop, and nurse server keys to Deanna Zapfael or RPD
<input type="checkbox"/> Update residency SharePoint and pharmacy SharePoint with contact information
<input type="checkbox"/> Complete staff notice of resignation at the Exit Interview (date of notice should be listed as 4 weeks prior to end date)
<input type="checkbox"/> Complete corporate compliance questionnaire at the Exit Interview
<input type="checkbox"/> Complete additional documentation as required by Human Resources

CMU / Safety
<input type="checkbox"/> Store all project documents worked on this year in respective I-drive locations in a hyperlinked portfolio format
<input type="checkbox"/> Return CMU office keys
<input type="checkbox"/> Complete gap analysis/tag off on other projects

Other
<input type="checkbox"/> Turn in ID to security or RPD
<input type="checkbox"/> Update Residency Manual and instructions for incoming resident
<input type="checkbox"/> Complete end-of-year feedback session with RPD

