



# **PGY2 Oncology Pharmacy Residency Manual**

**2019 – 2020**

## Table of Contents

<b>About Froedtert Health .....</b>	<b>3</b>
<b>Departmental Information .....</b>	<b>5</b>
Clinical Pharmacist Scope of Services .....	5
Pharmacy Leadership Team .....	10
Residency Program Leadership .....	12
<b>Residency Program Policies.....</b>	<b>14</b>
Licensure.....	14
Residency Program Completion Attendance Requirements and Extended Absences.....	14
Residency Program Completion Performance Requirements .....	14
In order to complete residency and earn a residency certificate, the resident must: .....	14
Complete all program-specific requirements as outlined in the residency manual at an acceptable level of quality .	14
Resident Disciplinary Action.....	14
PharmAcademic Evaluations .....	14
Duty Hours .....	17
Bonus Shifts.....	17
Resident Attendance Expectations .....	18
Paid Time Off .....	18
Professional Leave/Business Days .....	19
Unscheduled Absences.....	19
Professional Meeting Attendance and Funding.....	19
Expense Reports/Reimbursement .....	20
<b>Resources for Residents.....</b>	<b>21</b>
Laptops and Pagers .....	21
Remote Access .....	21
Personal Device Access.....	21
Email Expectations.....	22
Dress Code .....	22
White Coats.....	23
Scrub Request Forms .....	23
Business Cards .....	23
Wisconsin Prescription Drug Monitoring Program (ePDMP) .....	23
Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications .....	23
Parking.....	24
Project Days/Working Remotely.....	24
<b>Additional General Information .....</b>	<b>25</b>
Vizient Committee Involvement.....	25
Academia Opportunities .....	25
Medical College of Wisconsin Teaching Certificate Program .....	26
Residency Program Policies .....	28
Inpatient Pharmacy Staffing Model .....	32
Resident Staffing Requirements.....	32
Inpatient Staffing Model.....	34
<b>PGY2 ONCOLOGY PHARMACY RESIDENCY PROGRAM SPECIFIC INFORMATION .....</b>	<b>40</b>
PGY2 Oncology Residency Program Description .....	40
PGY2 Oncology Residency Program Learning Experience Structure .....	41
PGY2 Oncology Residency Pre-Learning Experience Communication (with Sample).....	43
PGY2 Oncology Residency Project Timeline Example .....	45
PGY2 Oncology Residency Requirements and Additional Expectations for Successful Completion .....	46
PGY2 Oncology Resident Graduates.....	49

## **Welcome!**

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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



## About Froedtert Health

### Froedtert & the Medical College of Wisconsin

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

### Froedtert Hospital

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

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

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

### Pharmacy Department

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

## **Vizient Top 10 US Academic Medical Centers**

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

## Departmental Information

### Clinical Pharmacist Scope of Services

#### Safe and Effective Medication Use

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

#### Evaluation of Patient Profile and Medication Orders

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

#### Pharmacist Medication Dosing Services

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

#### Medication Histories and Reconciliation

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

### Discharge Reconciliation and Coordination

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

### Drug Information and Patient Education

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

### Multidisciplinary Team Involvement

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

### Communication Between Pharmacists

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

### Precepting and Teaching

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

### Formulary Management

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

### Emergency Management

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



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

### Quality and Process Improvement

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

### **Medication Distribution and Control**

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

### **Clinical Cancer Center Services**

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

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

### **Outpatient Pharmacy Services**

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

### **Ambulatory Pharmacy Services**

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

### **Investigational Drug Services**

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

## Center for Medication Utilization

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

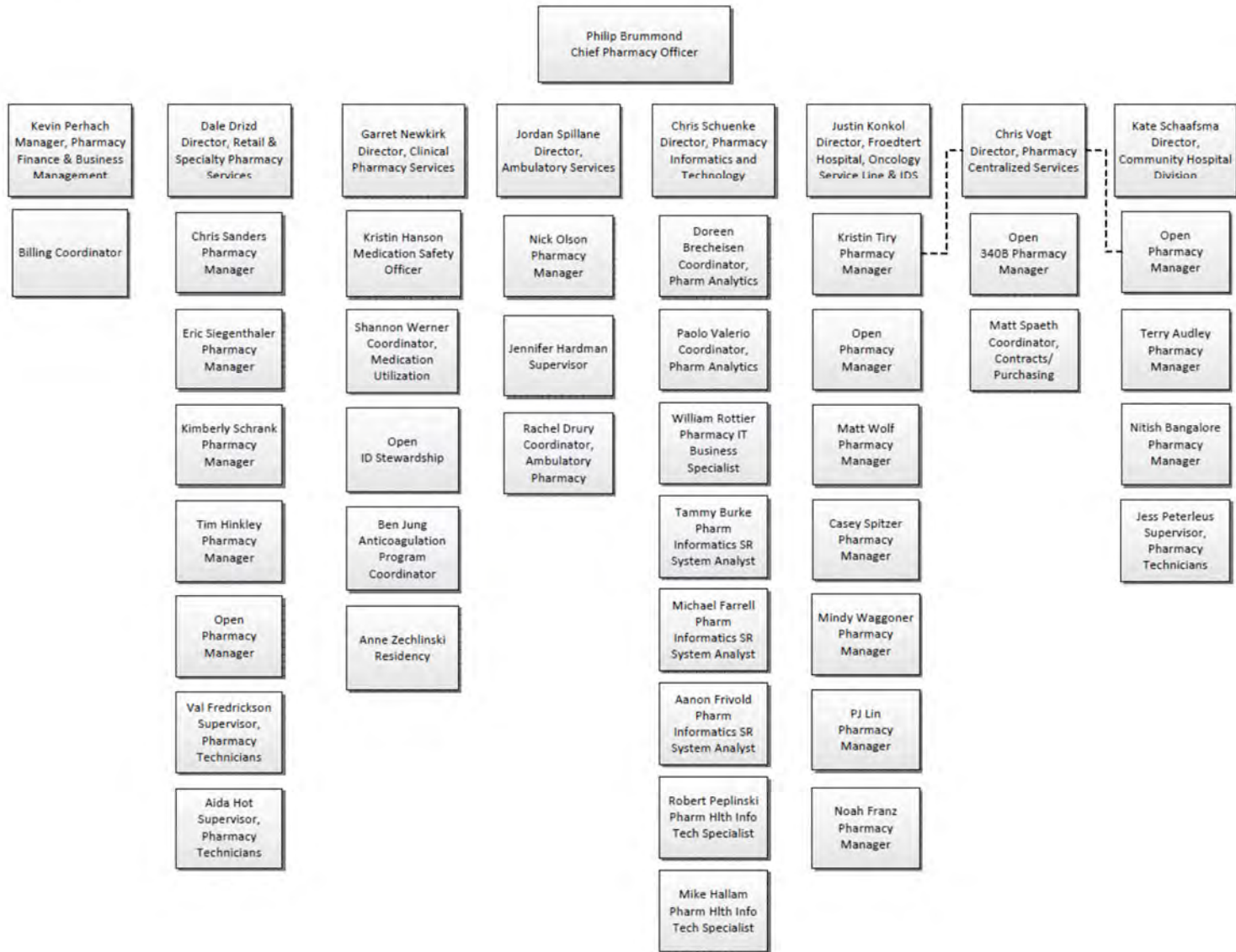
## Pharmacy Informatics

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

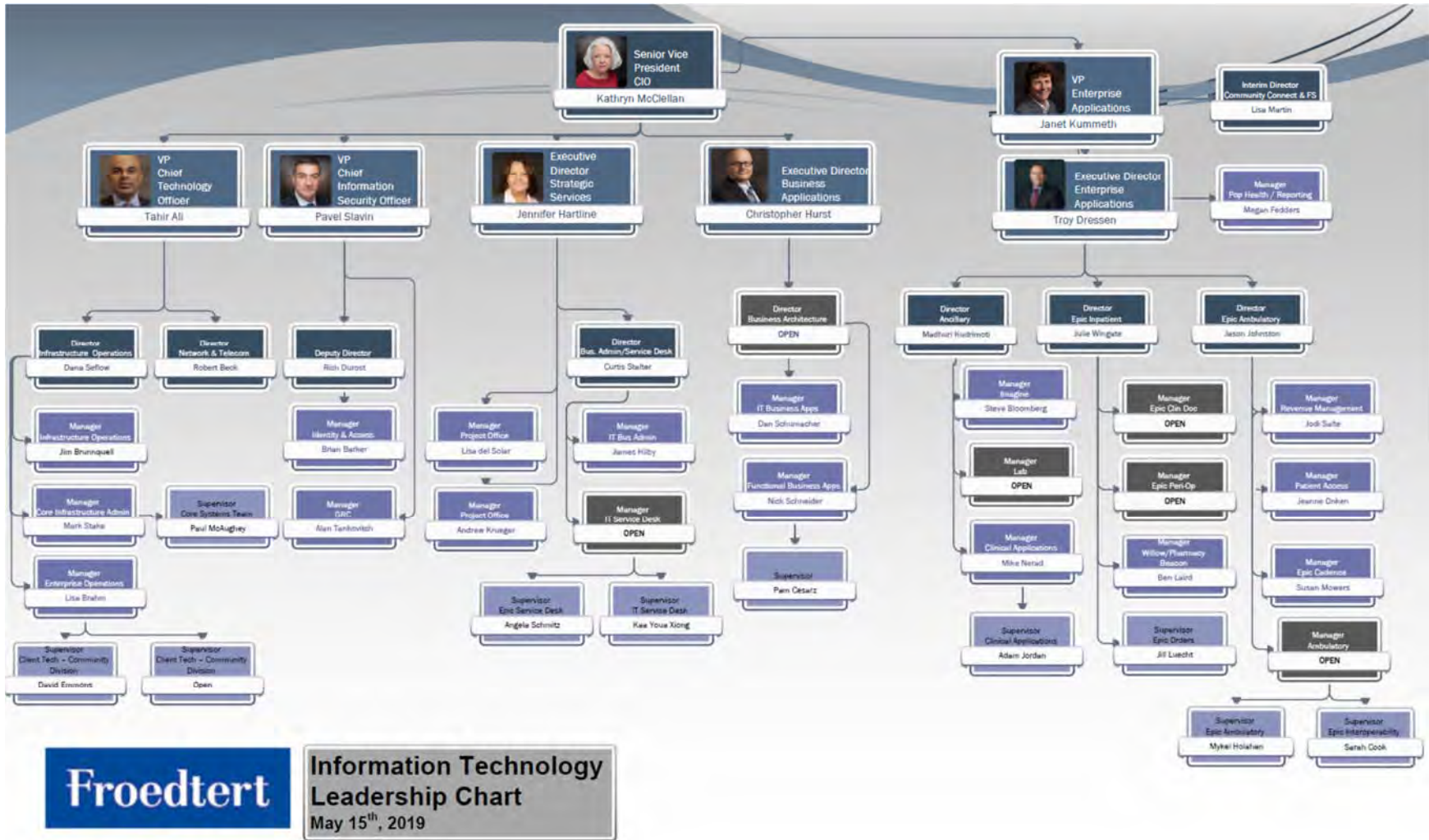
## Prior Authorization/Patient Assistance Services

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

# Pharmacy Leadership Team



# Informatics Leadership



**Froedtert** Information Technology Leadership Chart  
May 15<sup>th</sup>, 2019

## Residency Program Leadership

**Kristin Hanson, BSPHarm, MS**

Program Director for Residency Programs

**Teri Mattek**

Pharmacy Education Coordinator

## PGY1 Residency Programs

### Community Memorial Hospital PGY1

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

### Froedtert Hospital (Acute Care Focus) PGY1

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

### Froedtert Hospital (Ambulatory Focus) PGY1

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

### Health System Pharmacy Administration PGY1 and PGY2

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

## PGY2 Residency Programs

### PGY2 Ambulatory Care

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

### PGY2 Critical Care

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

### PGY2 Drug Information

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

### PGY2 Emergency Medicine

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

### PGY2 Infectious Diseases

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

### PGY2 Informatics

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

### PGY2 Medication Safety

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

### PGY2 Oncology

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

## Residency Program Policies

### Licensure

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

### Residency Program Completion Attendance Requirements and Extended Absences

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

### Residency Program Completion Performance Requirements

**In order to complete residency and earn a residency certificate, the resident must: Complete all program-specific requirements as outlined in the residency manual at an acceptable level of quality**

- Demonstrate good progress in meeting program goals as indicated by a level of “Achieved for Residency” on at least 70% of required goals and “Satisfactory Progress” on remaining required goals

### Resident Disciplinary Action

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

### PharmAcademic Evaluations

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



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

**Formal Evaluation**

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

**NI = Needs Improvement**

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

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

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

**SP = Satisfactory Progress**

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

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

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

**ACH = Achieved**

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

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

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

**ACHR = Achieved for Residency**

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

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

**Who can mark as ACHR?**

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

*Last revised 06.06.18 WJ*

## Duty Hours

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

## Bonus Shifts

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

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

## Resident Attendance Expectations

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

## Paid Time Off

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

Figure 1. Documenting PTO in Kronos

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

**Top Screenshot:** Shows a resident's schedule for the week of 6/10 to 6/22. A callout bubble says "Remove scheduled times" with arrows pointing to the 'Amount' and 'Pay Code' columns for the shift on 6/11.

Date	Pay Code	Amount	in	Transfer	Out	in	Transfer	Out	Shift	Daily	Cumulative
Fri 6/10		8.00AM			4.00PM					8.0	8.0
Sat 6/11		8.00AM			4.00PM				8.0	16.0	16.0
Sun 6/12		8.00AM			4.00PM				8.0	24.0	24.0
Mon 6/13		8.00AM			4.00PM				8.0	32.0	32.0
Tue 6/14		8.00AM			4.00PM				8.0	40.0	40.0
Wed 6/15		8.00AM			4.00PM				8.0	48.0	48.0
Thu 6/16		8.00AM			4.00PM				8.0	56.0	56.0
Fri 6/17		8.00AM			4.00PM				8.0	64.0	64.0
Sat 6/18		8.00AM			4.00PM				8.0	72.0	72.0
Sun 6/19		8.00AM			4.00PM				8.0	80.0	80.0

**Bottom Screenshot:** Shows the same resident's schedule. A callout bubble says "Add the pay code 'PTO' and the number of hours, click 'Save'" with arrows pointing to the 'Pay Code' and 'Amount' columns for the shift on 6/11.

Date	Pay Code	Amount	in	Transfer	Out	in	Transfer	Out	Shift	Daily	Cumulative
Fri 6/10		8.00AM			4.00PM					8.0	8.0
Sat 6/11		8.00AM			4.00PM					8.0	16.0
Sun 6/12	PTO	8.0			4.00PM				8.0	24.0	24.0
Mon 6/13		8.00AM			4.00PM				8.0	32.0	32.0
Tue 6/14		8.00AM			4.00PM				8.0	40.0	40.0
Wed 6/15		8.00AM			4.00PM				8.0	48.0	48.0
Thu 6/16		8.00AM			4.00PM				8.0	56.0	56.0
Fri 6/17		8.00AM			4.00PM				8.0	64.0	64.0
Sat 6/18		8.00AM			4.00PM				8.0	72.0	72.0
Sun 6/19		8.00AM			4.00PM				8.0	80.0	80.0

## Holidays

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

## Professional Leave/Business Days

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

## Unscheduled Absences

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

## Professional Meeting Attendance and Funding

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

## PGY1 Residents

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

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

#### PGY2 Residents

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

#### **Expense Reports/Reimbursement**

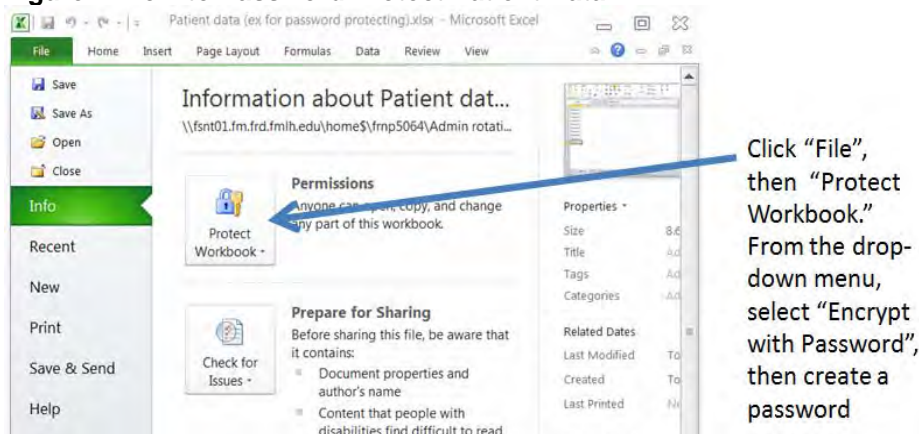
- To complete an expense report:
  - Froedtert Scout (main screen) → Departments → Finance → Expense Reimbursement  
Link: <https://fh.sp.froedtert.com/sites/1580/default.aspx>
- All expense reports for travel must be completed prior to the trip or within two weeks from the return date in order to ensure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

## Resources for Residents

### Laptops and Pagers

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

Figure 2. How to Password Protect Patient Data



### Remote Access

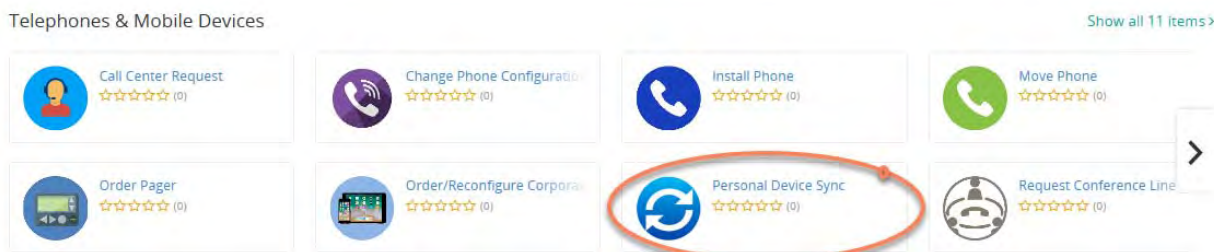
- Citrix must be downloaded on any computers used to access the Froedtert system remotely. The IT help desk may be contacted at (414) 805-2101 to assist with download if needed.
- The VIP App must be downloaded and used as a method for remote authentication. The app should be downloaded from Froedtert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

### Personal Device Access

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

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

**Figure 3: Requesting Personal Device Sync**



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

### Email Expectations

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

### Dress Code

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



## White Coats

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

## Scrub Request Forms

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

## Business Cards

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

## Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

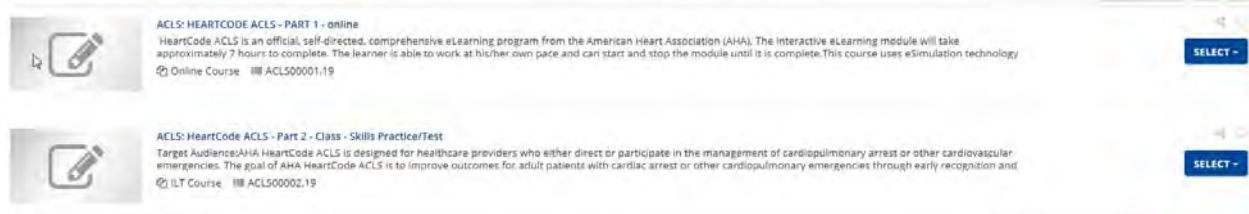
## Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications

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

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

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

**Figure 4.** Registration in The Learning Center for ACLS Training



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

## Parking

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

## Project Days/Working Remotely

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

## **Additional General Information**

### **Vizient Committee Involvement**

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

### **Academia Opportunities**

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

## Medical College of Wisconsin Teaching Certificate Program



MCW  
PHARMACY SCHOOL

TEACHING CERTIFICATE  
PROGRAM

Learn. Innovate. Engage. Advocate.

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.



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

Policy:

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

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

**Overview**

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

**Process**

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

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

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

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

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

**Duty Hours Tracking Tool Instructions**

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

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

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

Residency Duty Hours do NOT include:

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

Moonlighting / Bonus Shift Hours



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

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

## **Inpatient Pharmacy Staffing Model**

There are 2 primary staffing models in the department:

### 7/70 staff

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

### 8 hour, rotating staff

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

## **Resident Staffing Requirements**

### Weekday Staffing

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

### Weekend Staffing

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

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

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

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

*Holiday Staffing*

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

**Inpatient PGY2 Weekend Staffing**

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

**High Demand Weekends**

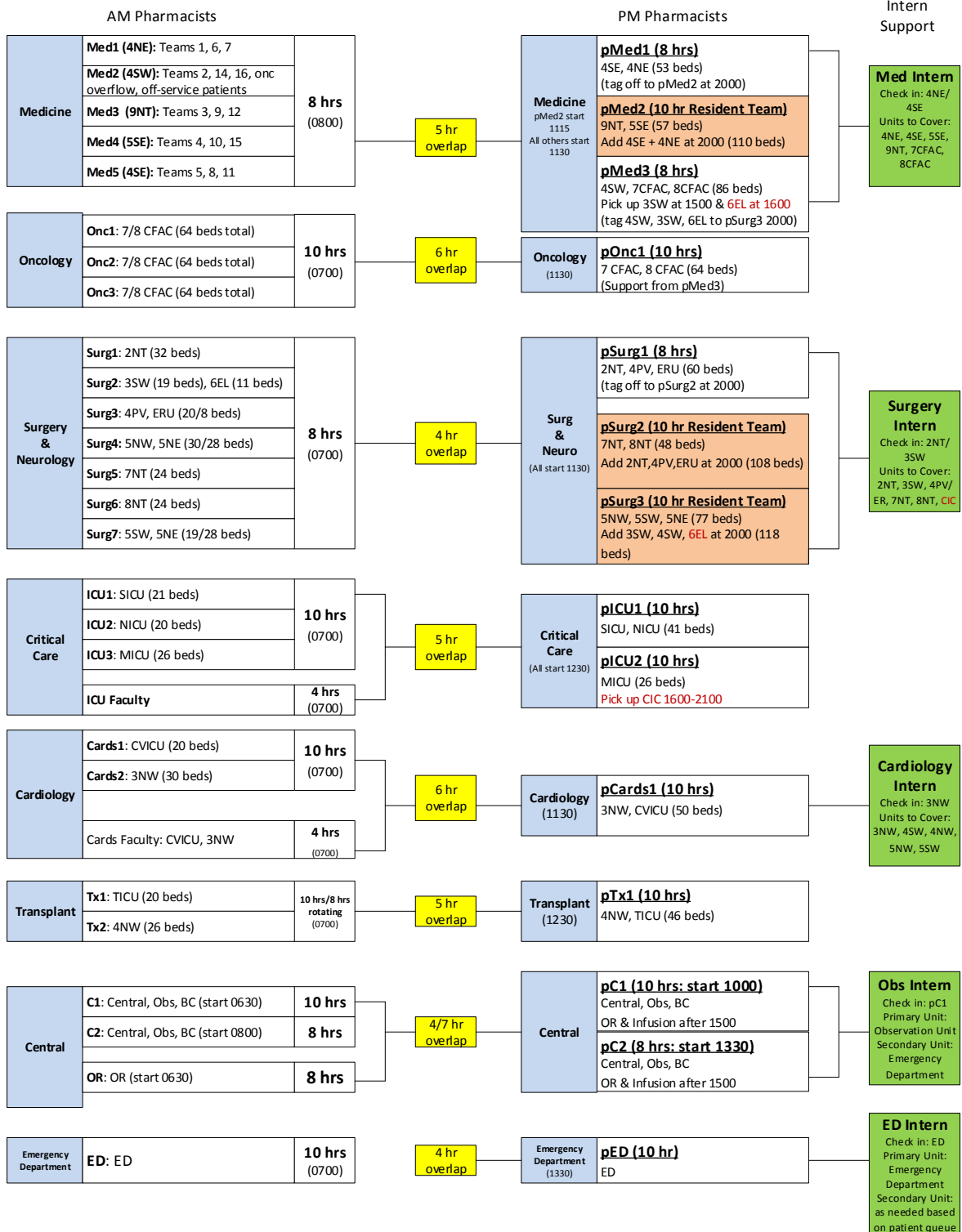
The following weekends are considered high demand weekends due to a large number of staff members requesting off. Availability requests for PGY2 residents during these weekends are not guaranteed and approval for the weekend off will not be known until schedule publication (approx. 6-8 weeks in advance).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

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

# Inpatient Staffing Model

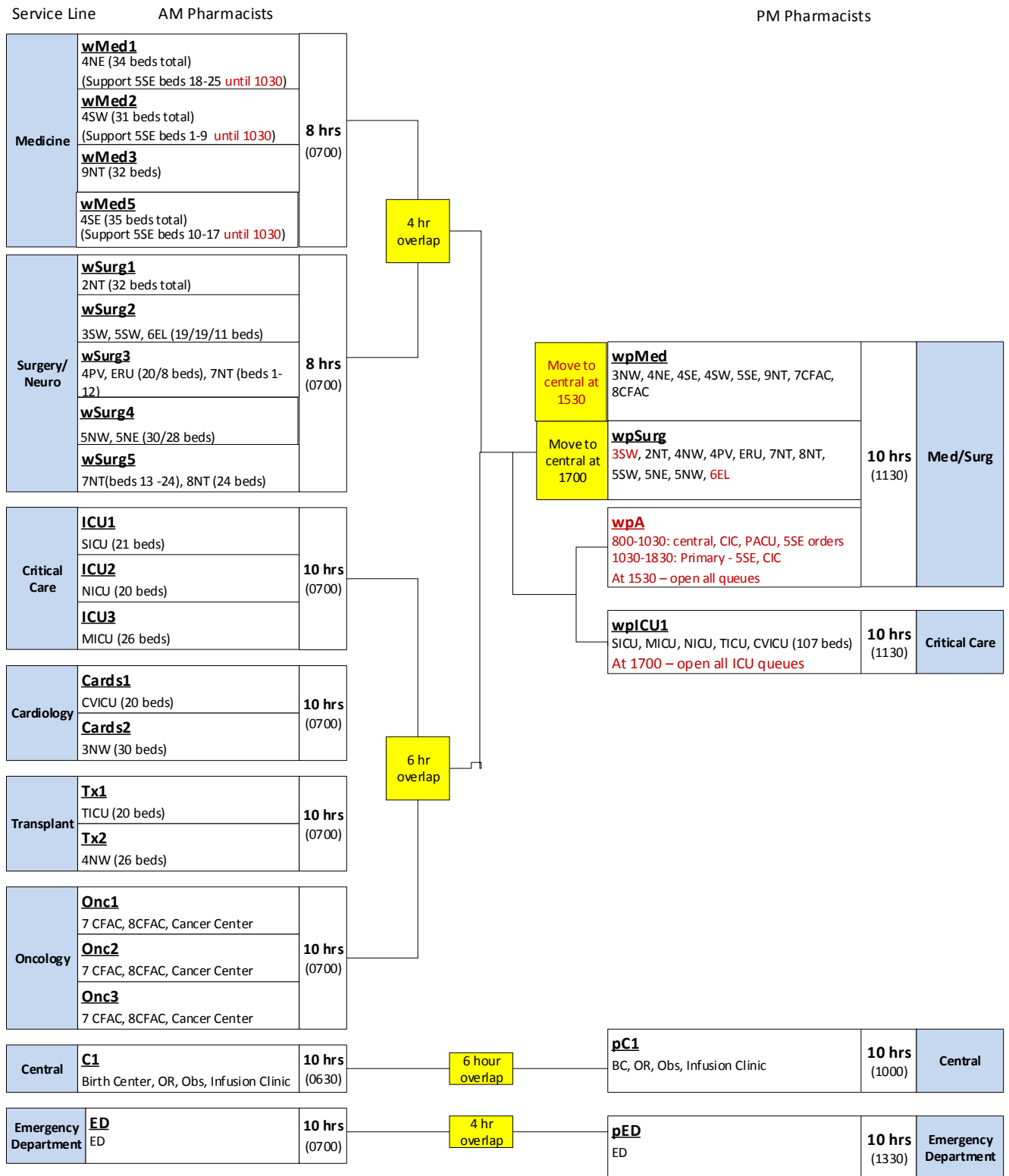
Staffing model is subject to change. Log in to <http://www.humanity.com> to find the most updated version of staffing model document – “Pharmacist and Intern Staffing Model”, which is listed under ‘Shared Files’

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



# Inpatient Staffing Model (continued)

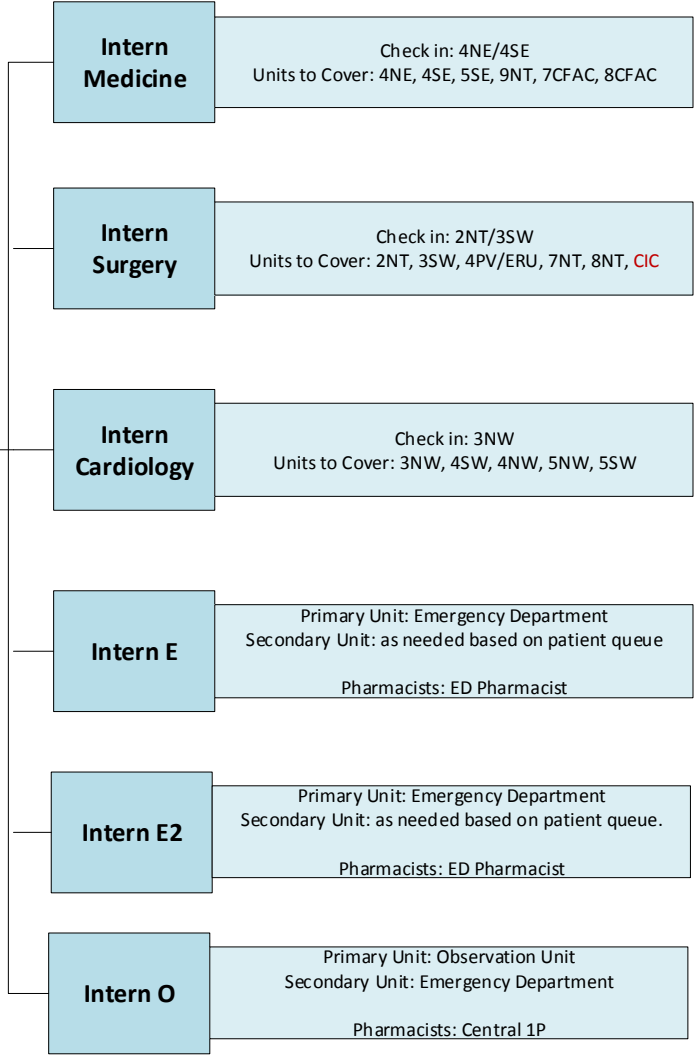
## Froedtert Hospital Inpatient Pharmacist Staffing Plan – Weekend (March 21, 2019)



**Inpatient Staffing Model (continued)**

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

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



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

### Inpatient Pharmacy Team Details

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

Team	Units	"A" Week	"B" Week
Central Pharmacy			

**Inpatient Pharmacy Team Details (Continued)**



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

\*Denotes Pharmacist Coordinator

## **PGY2 ONCOLOGY PHARMACY RESIDENCY PROGRAM SPECIFIC INFORMATION**

### **PGY2 Oncology Residency Program Description**

#### **Purpose statement**

Upon completion of this residency program, the individual will be able to demonstrate leadership skills and practice as a clinical specialist in oncology, play a role on an interdisciplinary oncology team and engage in adjunct faculty responsibilities. The individual can be expected to continue their pursuit of expertise in oncology practice and achieve board certification in oncology.

#### **Features**

- Flexible, comprehensive training in a variety of areas.
- Accredited residency training program established in 2010.
- A variety of elective learning experiences are available. Learning experiences and activities are tailored to meet the needs and interests of each resident.
- Opportunities to work with and serve as a preceptor for pharmacy student and PGY1 resident learning experiences.

#### **Dates**

The residency program year begins for PGY2 internal candidates on Monday, June 24, 2019 and continues for 52 weeks.

The residency program year begins for PGY2 external candidates on Monday, July 8, 2019 and continues for 52 weeks.

## **PGY2 Oncology Residency Program Learning Experience Structure**

### **Orientation & Training**

Residents who completed their PGY1 at Froedtert Hospital are considered “internal PGY2s”. Internal PGY2 residents will help acclimate the incoming PGY1 residents

Residents who completed their PGY1 training elsewhere are considered “external PGY2s”. External PGY2 residents spend approximately 6 weeks of the program dedicated to hospital and departmental orientation and training. This training will focus on hospital and departmental policies and guidelines, training in all pertinent computer systems, and will introduce the resident to both non-clinical and clinical resources and services. Additionally, residents will shadow pharmacists on-the-job to prepare them for their clinical practice responsibilities. Prior to initiation of learning experiences and acute care clinical practice, the RPD will verify with trainers and the resident that they are adequately prepared.

All PGY2 residents will review the PGY2 curriculum with the Residency Program Director (RPD), establish a research project topic, and review core clinical topics with preceptors to ensure each resident is adequately prepared for the oncology environment. The resident will complete oncology informatics training including; EPIC oncology solutions (BEACON), ambulatory care, and Dose Edge training and initially spend 2-3 weeks in the day hospital infusion center and oncology clinic areas and ~ 1 week in the inpatient oncology area prior to initiating clinical learning experiences.

### **Learning Experiences**

A customized learning experience schedule is developed based on the residents' self-identified strengths, weaknesses, interests, goals, and career path. Prior to residency beginning, the resident will complete the customized PGY2 –Oncology Pre-Residency Assessment-Planning Document via PharmAcademic. The RPD will review these evaluations, make comments, and cosign. The RPD will complete the initial resident development plan and solicit feedback from the resident via PharmAcademic. During the first few days of the program the resident will meet with the RPD to further discuss the aforementioned information to customize a resident-specific schedule that will facilitate meeting the resident's goals. The resident schedule will be discussed regularly throughout the year and on the quarterly developmental plans to allow for flexibility in the program to accommodate the resident's interest development and career path. The learning experience schedule is located on the Residency SharePoint site and within PharmAcademic.

Residents may request up to five project days throughout the residency year during learning experiences. These must be set up in advance with the learning experience preceptor and tracked with the resident's duty hours. Residents may not take more than one project day per learning experience. See section above on “Project Days/Working Remotely” for more information.

### **Sequence of Learning Experiences**

The oncology resident will start their core learning experiences after the completion of orientation and training. The learning experience sequence will be tailored to best meet the resident's goals and the programs staffing requirements. Core learning experiences are 4 weeks but may be adjusted based on the experience and goals of the resident. The ambulatory oncology clinic learning experiences are an exception and are 2-3 weeks in length. It is suggested that required learning experiences should be completed prior to taking elective learning experiences. This is done in an effort to go from broad to specialized oncology training to facilitate a stepwise learning process. In addition, this will fulfill a solid foundation of learning early in the year prior to attending ASHP midyear and initiating career interviews.

Additional information on each learning experience may be found in the learning experience descriptions located on the PGY2 Oncology PharmAcademic website.

<b>Learning Experience – Required</b>	<b>Duration</b>
Acute Care Oncology	4 weeks (3 weeks for internal PGY2s who have taken acute oncology during PGY1 year)
Acute Care Hematology	4 weeks
Acute Care Blood & Marrow Transplant	4 weeks
Investigational Drug Service	4 weeks
Ambulatory Care Hematology and Blood & Marrow Transplant (Grace Clinic)	4 weeks
Ambulatory Care Gastrointestinal Malignancies (Faith Clinic)	2 weeks
Ambulatory Care Gynecology and Thoracic Malignancies (Courage Clinic)	2 weeks
Ambulatory Care Breast Cancer (Breast Care Clinic)	2 weeks
Ambulatory Care Genitourinary and Sarcoma Malignancies (Life Clinic)	2 weeks
Ambulatory Care Head & Neck, Central Nervous System, Skin, and Endocrine Malignancies (Hope Clinic)	2 weeks
<b>Learning Experience –Longitudinal, Required</b>	<b>Duration</b>
Drug Policy (Collaboration with Oncology Pharmacy & Therapeutics Subcommittee)	3 months
Multidisciplinary Collaboration (Collaboration with Oncology Pharmacy and Nursing Committee)	3 months
Medication Safety (Medication Error Review and Reporting)	3 months
Pharmacogenomics (Collaboration with Molecular Tumor Board)	3 months
Practice Leadership	12 months
Research Project	12 months
Weekly Oncology Residency Discussion (WORDS)	12 months
<b>Learning Experience - Elective</b>	<b>Duration</b>
Infectious Disease – Immunocompromised Service	2-4 weeks
Pharmacy Informatics Oncology	3-4 weeks
Critical Care Oncology	2-4 weeks
Palliative Care Oncology	3-4 weeks
Advanced Academia Oncology	2-4 weeks
Benign Hematology	2-4 weeks
Advanced Ambulatory Oncology	2 weeks
Pediatric Oncology – Children's Hospital of Wisconsin	3-4 weeks
Specialty Pharmacy Practice	2-4 weeks

## PGY2 Oncology Residency Pre-Learning Experience Communication (with Sample)

Two weeks in advance of each learning experience (including longitudinal), residents should review the learning experience description in PharmAcademic and identify goals to target for the experience. Below are the elements that should be included in your communication to preceptors as well as an example of an exceptional pre-learning experience email.

### Goals:

- In order for you and your preceptor to adequately prepare for your learning experience, you must provide your preceptors with your goals for the learning experience. You need to have at least 3-4 goals that you would like to work toward. Make sure that your goals are specific and appropriate for the time assigned to the learning experience. For 1-2 week learning experiences, you may only have 1-2 goals.
- Example good goal: Become familiar with the selection and narrowing of antibiotic therapy and overall treatment of community acquired vs. hospital acquired pneumonia in the ICU setting
- Example poor goal: Improve knowledge of antibiotics - **too broad**
- Example good goal: Increase comfort and confidence in making recommendations and interacting with physicians during patient care rounds
- Example poor goal: Increase confidence - **too broad**

### Learning Style:

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

### Schedule:

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

### Strengths and Opportunities for Improvement:

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

## Exemplary Pre-Learning Experience Email

Hello!

I'm looking forward to working with you starting in 2 weeks. Below are my goals and expectations for the learning experience that I would like to share with you. I have also included some of my known appointments and conflicts during the learning experience. Please let me know if you have any questions or comments. I plan to review the learning experience in PharmAcademic prior to the learning experience to prepare.

Goals:

1. Be able to **analyze** a complex patient and make drug therapy plans and interventions as needed.
2. Gain **confidence** in making recommendations to the team; enhance my **communication** skills.
3. Better understand the pharmacology and appropriate use of **antiepileptic drugs** in the critical care setting (indications, appropriate orders, side effects, therapeutic drug levels, etc.)
4. Better understand therapies for **common disease states** seen in the NICU (i.e., TBI, SAH, status epilepticus, CNS infections, brain tumors, stroke, neurological disorders, and common neurosurgical procedures).
5. Become more familiar with **neurosurgical procedures** and related medication use issues:
  - a. Which meds to hold, which meds are unnecessary/necessary (med rec)
  - b. Which meds are necessary to use with certain procedures or devices and which to avoid
6. Broaden and deepen my understanding of the appropriate use of **antibiotics**, especially in the NICU patient population and be able to recognize **pharmacokinetic** changes which occur in patients with traumatic brain injury, CNS infections, and other neurological states.
7. Become familiar with **NICU-specific orders** and better understand which drugs can/cannot be used on the regular hospital floors.
8. Gain a better understanding of **emergent situations** where certain meds are truly needed STAT; learn which meds need to come from central, and which are usually prepared in the ICU.

Expectations:

- Feedback on a daily basis if possible and warranted.
- Wrap-up on **Thursday 2/26** with some sort of feedback/evaluation of the week.
- Constructive criticism is ok (and helpful most of the time)!
- Decision on a NICU **project** early on so I have time to work on it while still in the NICU learning experience.
- If there is something you think I should be doing and I'm NOT, please let me know right away so I can change/correct it!

Learning Style:

- Repetition.
  - I like to be able to WRITE things down and go back to them later, so if I take a lot of notes, that's why. I like to be able to see things later to remind me of what was talked about earlier.
  - If asked a question, I like to have time to look into things I don't know or am not sure about.

Schedule:

- Monday, 2/23: No scheduled meetings
- Tuesday, 2/24:
  - 1200-1300 Resident Candidate Interview Lunch
  - **DONE ON LEARNING EXPERIENCE BY 1615/1630** (central PM shift @ 1700)
- Wednesday, 2/25:
  - 1130-1230 Resident Discussion
  - 1230-1300 Rounding with Kristin Hanson
- Thursday, 2/26: 1330-1430 Med Error Committee Meeting
- **Friday, 2/27: NOT ON LEARNING EXPERIENCE (Staff 8p/weekend)**
- **NOTE: Project Full Day will be Monday, March 2<sup>nd</sup>**

Strengths:

- Thorough profile review
- Precepting students

Areas for Improvement:

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

<b>PGY2 Oncology Residency Project Timeline Example</b>		
<b>April 2019</b>	<b>May 2019</b>	<b>June 2019</b>
<ul style="list-style-type: none"> <li>• Call for projects from staff</li> <li>• Remind any potential project advisors to complete CITI training</li> </ul>	<ul style="list-style-type: none"> <li>• Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training</li> </ul>	<ul style="list-style-type: none"> <li>• Finalized project list distributed to incoming residents</li> <li>• Residents submit project rankings (usually top 3)</li> <li>• Projects are assigned</li> </ul>
<b>Resident action steps = none</b>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Go to <a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a> and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review available projects and prepare questions to ask project leads</li> <li><input type="checkbox"/> Submit rank list by deadline</li> </ul>
<b>July 2019</b>	<b>August 2019</b>	<b>September 2019</b>
<ul style="list-style-type: none"> <li>• Research team established</li> <li>• Work with advisor and project team to scope project and develop protocol (template available)</li> </ul>	<ul style="list-style-type: none"> <li>• Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback</li> <li>• PRC submits feedback that resident must respond to and return in order to obtain protocol approval</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection and project implementation steps</li> <li>• Committee approvals, as necessary</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Build research team with help of project advisor</li> <li><input type="checkbox"/> Schedule and coordinate biweekly team meetings for Wed afternoons</li> <li><input type="checkbox"/> Plan project and begin creating scoping presentation (template on residency SharePoint site)</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date</li> <li><input type="checkbox"/> Send protocol draft to Kristin Busse one week prior to PRC presentation date (<a href="mailto:kristin.busse@froedtert.com">kristin.busse@froedtert.com</a>)</li> <li><input type="checkbox"/> Respond to e-mail containing feedback within one week</li> <li><input type="checkbox"/> Distribute finalized protocol to team</li> <li>Complete e-bridge registration and submission</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> May begin data collection after receiving protocol (and IRB) approval through e-Bridge</li> <li><input type="checkbox"/> Request agenda time for any committee approvals necessary</li> </ul>
<b>October 2019</b>	<b>November 2019</b>	<b>December 2019</b>
<ul style="list-style-type: none"> <li>• Draft Vizient poster abstract</li> <li>• Submit Vizient poster abstract</li> </ul>	<ul style="list-style-type: none"> <li>• Begin working on Vizient Poster</li> <li>• Submit Vizient Poster after reviewed by research team</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ASHP Midyear and Vizient Meeting</b></li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send abstract to project team 2 weeks prior to deadline</li> <li><input type="checkbox"/> Submit finalized abstract by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send to poster draft to project team 2 weeks prior to proof deadline</li> <li><input type="checkbox"/> Submit for proof printing by deadline</li> <li><input type="checkbox"/> Submit for final printing by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Present poster</li> <li><input type="checkbox"/> Data collection timeline check in-confirm roles of project members</li> </ul>
<b>January 2020</b>	<b>February 2020</b>	<b>March 2020</b>
<ul style="list-style-type: none"> <li>•Midpoint check-in with PRC (via email)</li> <li>•Develop HOPA abstract</li> </ul>	<ul style="list-style-type: none"> <li>• HOPA abstract due</li> </ul>	<ul style="list-style-type: none"> <li>• Develop HOPA Poster</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send abstract to team 2 weeks prior to submission deadline</li> <li><input type="checkbox"/> Send to RPD, at least 3 business days prior to submission deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit abstract by deadline</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit slide set to RPD and project team prior to deadline</li> <li><input type="checkbox"/> Complete HOPA Poster Online submission for consideration of "Top 10" presentations</li> </ul>
<b>April 2020</b>	<b>May 2020</b>	<b>June 2020</b>
<ul style="list-style-type: none"> <li>• HOPA Annual Conference</li> <li>• Present Poster Session at HOPA</li> </ul>	<ul style="list-style-type: none"> <li>• Develop project manuscript</li> </ul>	<ul style="list-style-type: none"> <li>• Manuscript submission deadline</li> <li>• Project wrap-up</li> </ul>
<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bring posters to HOPA</li> <li><input type="checkbox"/> Present at HOPA's poster session</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine publication for targeting submission with project team</li> <li><input type="checkbox"/> Complete 1<sup>st</sup> draft</li> <li><input type="checkbox"/> 1<sup>st</sup> draft due to project team (sufficient for 2 rounds of feedback prior to final deadline)</li> </ul>	<b>Resident action steps</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit manuscript to RPD by deadline</li> <li><input type="checkbox"/> Submit written project for publication– if unable to submit, send projected timeline and goals to RPD with manuscript deadline</li> <li><input type="checkbox"/> Close out study in eBridge, close out of project and tag off to project advisor</li> </ul>

## **PGY2 Oncology Residency Requirements and Additional Expectations for Successful Completion**

In addition to requirements for individual learning experiences, satisfactory completion of the below list is required to earn a Froedtert Hospital PGY-2 Oncology Residency certificate.

### Clinical and Operations Practice (On-Site Staffing) Requirements

- Includes 20 weekend shifts (10 weekends), 7 staffing weeks (Mon-Fri), 2 holiday shifts, and up to 4 additional weekday shifts.
  - Weekends are prioritized to be staffed in oncology areas, however, residents may take non-oncology shifts as available in cross-trained areas
  - Residents may also be required to staff up to four additional ten-hour shifts distributed throughout the year without bonus pay.
  - Resident staffing beyond the above requirements are eligible for bonus pay (see section on bonus shifts)

### Investigational Drug Service (IDS) Call for PGY2 Oncology Residents

- Training: Didactic session during orientation reviews drug study database, study folder, Primex, not including Vestigo
- Schedule Expectations:
  - Residents are expected to take call during on-site staffing weekends and holidays in addition to filling gap weekends in IDS Pharmacist call schedule (approximately one weekend per month).
  - Scheduling for IDS call should be completed within two weeks of Humanity posting for each schedule.
  - Prior to each weekend call, the PGY2 resident will reach out to IDS team member (lync or call) on Friday for weekend handoff including who is available to call for help from IDS team.
- Scheduling Process:
  - When schedule is posted in Humanity, PGY2 Onc resident (TBD) will communicate resident staffing weekends to IDS Pharmacist (Emily H).
  - IDS Pharmacist team will schedule themselves as appropriate (when residents are not already staffing) and Emily H will communicate back to PGY2 Onc residents what remaining weekends require coverage on the posted schedule.
  - PGY2 residents will self-schedule the remaining weekend gaps. Any concerns with the schedule should first be brought to Emily H and then if unable to be resolved, forward to RPD/RPC.

### Student Precepting Opportunities

- May serve as primary preceptor for IPPE students, based on scheduled learning experiences
- Assist with precepting responsibilities for APPE students during learning experiences, including longitudinal
- Assist with precepting PGY-1 residents completing oncology based learning experiences

### Committee Opportunities and Responsibility

- Longitudinal responsibilities: Attend and complete small projects, prepare and take minutes for each of the following committees during related longitudinal learning experiences
  - Froedtert Oncology Pharmacy & Therapeutics Subcommittee (OP&T)
  - Froedtert Oncology Pharmacy & Nursing Committee (OPNC)
  - Froedtert Molecular Tumor Board (MTB)
- Optional Opportunities
  - Vizient Pharmacy Cancer Care Committee
  - Froedtert Institutional Review Board Meeting- coordinate with IDS learning experience

### Department Meeting Attendance



Residents are expected to be present at the meetings below that occur during learning experience time. It is acceptable to miss a meeting if patient care demands warrant; however, the situation should be communicated to the residency program director or coordinator. During clinical staffing, meeting attendance is not required. If the workload permits, residents may attend meetings at the discretion of their staffing preceptor. The resident should not schedule additional meetings during staffing shifts (ie. mentor meetings, project team meetings, etc).

- Weekly Oncology Residency Discussions
- Weekly Hematology & Oncology Fellow's Core Education
- Weekly Resident Academic Half-Day Discussions – optional based on topic and past participation (internal PGY2s)
- Monthly Pharmacy Grand Rounds
- Monthly Oncology Pharmacy Grand Rounds
- Monthly Inpatient Staff Meetings
- Monthly Oncology Staff Meetings

#### Professional Organization Membership

Professional organizations offer residents additional resources and education opportunities as well as access to networking outside of Froedtert & the Medical College of Wisconsin. Residents are highly encouraged to engage in active membership in at least one professional organization during residency and to continue to build upon membership into their careers.

- Hematology & Oncology Pharmacy Association (HOPA)
- American Society of Blood & Marrow Transplant (ASBMT) Pharmacy SIG
- American Society of Health-System Pharmacists (ASHP)
- Pharmacy Society of Wisconsin (PSW)
- American College of Clinical Pharmacy (ACCP)

#### Professional Conference Attendance

- Required
  - HOPA Annual Meeting
  - Greater Milwaukee College of Clinical Pharmacy (GMCCP) Resident Research Symposium
- Optional
  - Vizient Clinical Meeting (required if attending ASHP Midyear Clinical Meeting)
  - ASHP Midyear Clinical Meeting
  - Milwaukee Residency Conferences
  - BMT Tandem Annual meeting
  - Pharmacy Society of Wisconsin (PSW) Annual Meeting or Educational Conference
  - HOPA Practice Management Meeting

#### Formal Presentations

- Required
  - Major Project Poster Presentations
    - Vizient Clinical Meeting (if attending ASHP Midyear Clinical Meeting)
    - HOPA Annual Meeting
  - Two Froedtert Oncology Grand Rounds (with continuing education for pharmacists)- each presented twice for A/B weeks
  - Resident Research Project Close Out Presentation to Staff
- Optional
  - HOPA National Journal Club Presentation
  - Oncology care support group meeting
  - Froedtert/Aurora Potluck Journal Club

#### Resident Research Project

Residents will choose a longitudinal research project at the beginning of the year, and will form a project team. Residents are required to complete the following throughout the year:

- CITI / GCP Training
- Pharmacy Research Committee Protocol Approval
- IRB submission (if applicable)
- UHC December Council meeting – Abstract and Poster
- HOPA Annual Meeting –Abstract and Poster
- Manuscript
  - Resident research project must be summarized in a written format acceptable for publication. Residents are expected to pursue publication and/or presentation of their project in a peer-review setting.

#### Academia Opportunities

- MCW program is considered the primary teaching certificate program.
- Residents in PGY1 level programs interested in a teaching certificate will complete their teaching certificate through MCW
- Teaching certificates for PGY2 level programs, as well as other academia opportunities may be pursued through CUW at discretion of program director
- Residents can do an elective academia rotation at either CUW or MCW
- MCW & CUW offer both block academia rotations and longitudinal academic rotations
- PGY2 Oncology Residents are required to participate in two oncology-focused student labs with MCW School of Pharmacy

#### Recruitment

- PGY2 Residents have an active role in recruitment for incoming PGY2 Oncology pharmacy residency class
- Responsibilities vary based on availability and scheduling, may include:
  - ASHP Personnel Placement Service Interviews
  - Networking events with candidates (i.e. ASHP residency showcase)
  - Developing interview schedules, questions, logistics
  - Coordinating, transitioning, directing on interview days
  - Candidate lunch and tours for interview days

#### Mentorship Experiences

##### *Residency Mentor*

- Residency mentors are pharmacists assigned to each resident. Their primary purpose is to provide residents guidance throughout the year with an emphasis on self-assessment growth, review and provide feedback on major projects, monitor progress with residency expectations, and facilitate communication between rotations
- Residents and mentors are expected to meet approximately monthly

##### *Residency Advisor*

- Residency advisors are pharmacists assigned to each resident. Their primary purpose is to provide guidance throughout the year with an emphasis on overall professional development and career advancement.
- Residents and advisors are expected to meet approximately monthly

## PGY2 Oncology Resident Graduates

- 2010-2011 Janelle Mann, PharmD, BCOP  
Clinical Oncology Pharmacist, Investigational Drug Services  
Washington University Infusion Center Pharmacy  
Adjunct Assistant Professor, Department of Pharmacy Practice, St. Louis College of  
Pharmacy  
St. Louis, MO  
*Assessing Breast Cancer Patient Adherence to Adjuvant Endocrine Therapy through  
Pharmacist Interventions via Mail-Order Services*
- 2011-2012 Felicia Zook (Falvo), PharmD, BCOP  
Clinical Oncology Pharmacist  
PGY2 Oncology Residency Program Coordinator  
Froedtert Hospital & the Medical College of WI  
Milwaukee, WI  
*Impact of Comprehensive Pharmacy Services on Patient Adherence and Readmission  
Rates in Blood and Marrow Transplant Patients*
- 2012-2013 Melissa Rhoades (Handcock), PharmD, BCOP  
Clinical Oncology Pharmacist Coordinator  
PGY2 Oncology Residency Program Director  
Froedtert Hospital & the Medical College of WI  
Milwaukee, WI  
*Implementing Best Practice Safety Standards with Oral Anticancer Agents at a Tertiary  
Care Academic Medical Center and Ambulatory Cancer Center*
- 2013-2014 Elizabeth Dow, PharmD, BCPS, BCOP  
Clinical Pharmacy Specialist in Hematology/Oncology  
University Hospital; UW Health  
Madison, WI  
*Assessment of Risk Factors for In-Hospital Venous Thromboembolism in a Solid Tumor,  
Malignant Hematology, and Hematopoietic Stem Cell Transplant Population*
- Danielle Maila, PharmD, BCOP  
Pharmacy Practice Faculty – Oncology  
Roseman University of Health Sciences School of Pharmacy  
South Jordan, UT  
Oncology Pharmacist  
Intermountain Medical Center  
Murray, UT  
*The Development of an Oral Anticancer Agent Program at Froedtert Hospital Clinical  
Cancer Center*
- 2014-2015 Aaron Lorge, PharmD, BCOP  
Clinical Oncology Pharmacist  
Froedtert Hospital & the Medical College of WI  
Milwaukee WI  
*Impact of Inhaled vs. Oral Ribavirin Treatment on Outcomes in High Risk Oncology  
Patients with Respiratory Syncytial Virus Infections*
- Elizabeth Weil, PharmD, BCOP  
Clinical Oncology Pharmacist  
Froedtert Hospital & the Medical College of WI  
Milwaukee WI  
*Evaluation of the Pharmacokinetics and Efficacy of a Busulfan Test Dose*

- 2015-2016 Nicole Gunderson, PharmD  
Clinical Oncology Pharmacist  
ThedaCare Regional Cancer Center Appleton, WI  
*Carboplatin hypersensitivity reactions: analysis of overall incidence and evaluation of extended infusion protocol for prevention*
- Rachel Emerton (Pritchett), PharmD  
Clinical Oncology Pharmacist  
Columbus Regional Health  
Columbus, IN  
*Safety, Efficacy, and Dosing Practices of Direct Oral Anticoagulants in Cancer Patients: A Retrospective Cohort Review*
- 2016-2017 Allison Martin, PharmD, BCOP  
BMT Pharmacist Clinical Coordinator  
Levine Cancer Institute of Carolinas HealthCare System  
Charlotte, NC  
*Not All Tumors Are Created Equal: Evaluating the Impact of an Interdisciplinary Molecular Tumor Board*
- Thomas Nowak, PharmD  
Clinical Oncology Pharmacist, Drexel Town Square  
Froedtert Hospital & the Medical College of WI  
Oak Creek, WI  
*Implementation and Evaluation of High-Dose Methotrexate Administration Guidelines*
- Puja Patel, PharmD, BCOP  
Assistant Professor  
Marshall B. Ketchum University – College of Pharmacy  
Fullerton, CA  
*Evaluation of Ciprofloxacin Prophylaxis in Acute Leukemia and Hematopoietic Stem Cell Transplantation*
- 2017-2018 Stephanie Free, PharmD  
Clinical Oncology Pharmacist  
Froedtert Hospital & the Medical College of WI  
Milwaukee, WI  
*Immune-Related Adverse Events: The Effect of Clinical Management on Patient Outcomes*
- Cole Lightfoot, PharmD  
Clinical Internal Medicine & Oncology Pharmacist  
Froedtert Hospital & the Medical College of WI  
Milwaukee, WI  
*Effect of HER2 Receptor Expression on Cardiac Ejection Fraction in Cancer Patients Treated with Trastuzumab*
- Erin McGurty, PharmD, BCOP  
Clinical Oncology Pharmacist  
Froedtert Hospital & the Medical College of WI  
Milwaukee, WI  
*Evaluation of a Pharmacist-Driven Therapeutic Drug Monitoring Program for Triazole Antifungals*
- 2018-2019 Monica Chintapenta, PharmD

Clinical Specialist I - Oncology  
Houston Methodist Hospital  
Houston, TX

*PARP Inhibitors: Review of Tolerance and Defining Selection Criteria*

Sara Harstad, PharmD  
Inpatient Clinical Oncology Pharmacist- Pediatric and Adult Populations  
Wilmot Cancer Institute - University of Rochester Medical Center  
Rochester, NY

*Retrospective Review of Changes in Bone Density of Adjuvant Breast Cancer Patients and Non-Metastatic Prostate Cancer Patients Receiving Denosumab 60mg versus Zoledronic Acid*

Melika Fini, PharmD  
Clinical Oncology Staff Pharmacist  
Rush University Medical Center  
Chicago, IL

*Utilizing Digital Patient Engagement to Support an Oral Anticancer Therapy Management Program for Patients with Chronic Myeloid Leukemia*

Katelyn Patterson, PharmD  
Ambulatory Hematology and Oncology Pharmacist  
Henry Ford Hospital - Henry Ford Health System  
Detroit, MI

*Implementing Febrile Neutropenia Risk Stratification with Intermediate Risk Chemotherapy Regimens*