Oncology Pharmacy Residency Manual

2020 - 2021
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Welcome!

Congratulations on starting your residency at Froedtert Hospital!

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

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

Again, congratulations and welcome to the Froedtert Family!

Best regards,

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

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

Froedtert & the Medical College of Wisconsin

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

Froedtert Hospital

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

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

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

Pharmacy Department

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

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

Clinical Pharmacist Scope of Services

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

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

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

Medication Histories and Reconciliation
- Pharmacists are accountable for the following:
  - Obtain medication histories within 24 hours of patient admission
  - Complete admission medication reconciliation within 24 hours of patient admission
  - Complete transfer medication reconciliation with each level of service transfer and with transfer out of the operating room
  - Review and verification of medications ordered greater than 27 days ago
Discharge Reconciliation and Coordination
- Pharmacists are held accountable for the following:
  - Complete discharge medication reconciliation prior to patient discharge
  - Complete discharge medication counseling to patient prior to discharge
  - Facilitate access to outpatient prescriptions prior to discharge as appropriate

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

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

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

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

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

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

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

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

**Clinical Cancer Center Services**
- Pharmacy staff provide direct comprehensive pharmaceutical care in the Cancer Center
- Pharmacy staff coordinate medication use in the oncology patient population
- Pharmacy staff perform duties as outlined above in Clinical Pharmacist Practice Service and Medication Distribution and Control as applicable
- Pharmacists are responsible for verification of medication orders and perform a dual verification for all chemotherapy orders
- Pharmacists assist in the education of patients receiving chemotherapy and adjuvant medications
- Pharmacy staff work with inpatient Heme/Onc and retail pharmacy staff to ensure continuity of care
- Pharmacists are responsible for the development, maintenance and execution of Collaborative Practice Agreements with physicians
• Pharmacy staff develop, review, and maintain protocols and regimens within the oncology electronic medical record system in collaboration with members of the Department of Hematology/Oncology
• Pharmacy staff prepare and label compounded hazardous products for the entire campus in accordance with practice standards
• Pharmacy staff participate in clinical research and Investigational Drug Services
• Pharmacy staff participate as a member of multi-disciplinary and pharmacy committees in the Clinical Cancer Center

Outpatient Pharmacy Services

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

Ambulatory Pharmacy Services

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

Investigational Drug Services

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

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

Pharmacy Informatics/Epic Willow Teams

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

Prior Authorization/Patient Assistance Services

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

Kristin Hanson, BSPharm, MS
Program Director for Residency Programs

Teri Mattek
Pharmacy Education Coordinator

PGY1 Residency Programs

- Froedtert Menomonee Falls Hospital PGY1
  - Terry Audley, BSPharm, FASHP
    - Residency Program Director
  - John Muchka, PharmD, BCPS
    - Residency Program Coordinator

- Froedtert Hospital (Acute Care Focus) PGY1
  - Anne Zechlinski, PharmD, BCPS
    - Residency Program Director
  - Amanda Pilo, PharmD, BCPS
    - Residency Program Coordinator

- Froedtert Hospital (Ambulatory Focus) PGY1
  - Mickey Hart, PharmD, BCACP
    - Residency Program Director
  - Jonathan White, PharmD, BCACP
    - Residency Program Director

- Health System Pharmacy Administration and Leadership PGY1 and PGY2
  - Philip Brummond, PharmD, MS, FASHP
    - Residency Program Director
  - Justin Konkol, PharmD, BCPS
    - Residency Program Coordinator

- Medication Use Safety and Policy PGY1 and PGY2
  - Kristin Hanson, BSPharm, MS
    - Residency Program Director
  - Mary Frances Picone, PharmD, BCPS
    - Residency Program Coordinator
PGY2 Residency Programs

PGY2 Ambulatory Care
- **Amanda Mauerman, PharmD, BCACP**
  - Residency Program Director
- **Jonathan White, PharmD, BCACP**
  - Residency Program Coordinator

PGY2 Critical Care
- **Joel Feih, PharmD, BCCCP**
  - Residency Program Director
- **Kaitlin Cooper-Johnson, PharmD, BCCCP**
  - Residency Program Coordinator

PGY2 Emergency Medicine
- **Cathyyen Dang, PharmD, BCPS**
  - Residency Program Director
- **Jessica Feih, PharmD, BCCCP**
  - Residency Program Coordinator

PGY2 Infectious Diseases
- **Alison Gibble, PharmD, BCIDP**
  - Residency Program Director

PGY2 Informatics
- **Jill Zimmerman, PharmD, MS**
  - Residency Program Director
- **Brian Dekarske, PharmD**
  - Residency Program Coordinator

PGY2 Oncology
- **Melissa Rhoades, PharmD, BCOP**
  - Residency Program Director
- **Felicia Zook, PharmD, BCOP**
  - Residency Program Coordinator
Residency Program Policies

Licensure

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

Residency Program Completion Attendance Requirements and Extended Absences

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

Residency Program Completion Performance Requirements

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

Resident Performance Improvement Planning and Corrective Action

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

PharmAcademic Evaluations

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

<table>
<thead>
<tr>
<th>NI = Needs Improvement</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Requires direct and repeated supervision, guidance, intervention, or prompting</td>
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<td></td>
<td>• Make questionable, unsafe, or non-evidence-based decisions</td>
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<td>• Fails to complete tasks in a time appropriate manner</td>
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<td>• Fails to incorporate or seek out feedback</td>
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<td></td>
<td>• Acts in an unprofessional manner</td>
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<tr>
<td>Preceptor Action:</td>
<td>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.</td>
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<tr>
<th>SP = Satisfactory Progress</th>
<th>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:</th>
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<tr>
<td></td>
<td>• Requires infrequent supervision, guidance, intervention, or prompting</td>
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<tr>
<td></td>
<td>• Makes appropriate, safe, or evidence-based decisions with limited prompting or intervention from the preceptor</td>
</tr>
<tr>
<td></td>
<td>• Completes tasks in a time appropriate manner with limited prompting and guidance</td>
</tr>
<tr>
<td></td>
<td>• Incorporates feedback from preceptors with minimal prompting</td>
</tr>
<tr>
<td></td>
<td>• Acts in a professional manner</td>
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<tr>
<td>Preceptor Action:</td>
<td>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.</td>
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<tr>
<th>ACH = Achieved</th>
<th>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:</th>
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<tbody>
<tr>
<td></td>
<td>• Appropriately seeks guidance when needed</td>
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<td>• Consistently makes appropriate, safe, or evidence-based decisions on an independent basis</td>
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<tr>
<td></td>
<td>• Independently and competently completes assigned tasks</td>
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<tr>
<td></td>
<td>• Consistently demonstrates ownership of actions and consequences</td>
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<td>• Accurately reflects on performance and can create a sound plan for improvement</td>
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<td></td>
<td>• Acts in a professional manner</td>
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<tr>
<td>Preceptor Action:</td>
<td>The preceptor must document criteria-based, specific comment(s) and example(s) within PharmAcademic to justify ACH.</td>
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| 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.
Duty Hours

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

Bonus Shifts

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

Resident Attendance Expectations

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

- Residents are allotted 21 vacation days (paid time off – PTO). Residents are responsible for setting aside PTO for interviews and illness. Residents must notify their program director and manager of PTO requests for approval.
- Requests for time off must not fall on staffing days. If time off is needed during a staffing day, it is the resident’s responsibility to identify coverage and communicate the switch.
- It is the responsibility of the resident to notify their rotation preceptor of days off.
- Requests for ≤ 2 days off must be made at the beginning of the rotation in which they fall.
- Residents must notify their program director and manager of PTO requests for approval.
- 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](https://goo.gl/Uzsl85).
- Residents are allowed bereavement pay per Froedtert’s policy. Time away for bereavement counts towards the 21 days away/year.

Figure 1. Documenting PTO in Kronos

Holidays

- Residents are required to staff two 10-hour holiday shifts during the residency year (described under Resident Staffing Requirements).
- Time off for holidays is subtracted from PTO.
- Residents may elect to be present on rotation (instead of taking PTO) on holidays when not assigned to “staff” with approval of preceptor and residency program director.
- For PGY2s, if an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements.
**Unscheduled Absences**

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

- **For ambulatory/retail staffing shifts/rotation:**
  - Contact the on-call manager/coordinator at least two hours prior to shift start time (if possible) to notify them of illness/unscheduled absence (pager: 414-314-1369) regardless if you are on rotation or staffing.
  - If staffing, the on-call manager/coordinator will cover your scheduled shift. Depending on the circumstances, you may be asked to work an alternate shift to make up the missed staffing day.
  - If on rotation, the manager on-call will notify your preceptor(s), RPD, and manager of the absence. The resident may also send notification if desired.

- **PTO will be used for unscheduled absence unless other arrangements are made with preceptors and your manager.**

**Professional Leave/Business Days**

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

**Professional Meeting Attendance and Funding**

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

**PGY1 Residents**

- PGY1 residents are expected to attend the ASHP Midyear meeting (including the Vizient Pharmacy Council meeting immediately prior to the ASHP meeting) and one regional residency conference.
- PGY1 residents are expected to present a poster at the Vizient Pharmacy Council meeting.
- PGY1 residents are expected to travel to the ASHP Midyear / Vizient Pharmacy Council meeting on Friday and participate at least through mid-day on Wednesday.
- The $1200 travel stipend is intended to offset the expenses related to ASHP Midyear / Vizient Council meeting.
- Any remaining balance may be utilized to offset expenses for other professional meetings.
- Separate funding is provided for the PGY1 residents to attend one regional residency conference.
PGY2 Residents

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

Expense Reports/Reimbursement

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

**Figure 2: Company Codes and Accounting Units for Travel Reimbursement**

<table>
<thead>
<tr>
<th>Company</th>
<th>Company Code</th>
<th>Accounting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1 FMF</td>
<td>2010</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (Acute Care)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (Am Care)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (Admin)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY1 (MUSP)</td>
<td>3000</td>
<td>40310</td>
</tr>
<tr>
<td>PGY2 Admin</td>
<td>3000</td>
<td>75000</td>
</tr>
<tr>
<td>PGY2 Am Care</td>
<td>3000</td>
<td>75010</td>
</tr>
<tr>
<td>PGY2 Crit Care</td>
<td>3000</td>
<td>75000</td>
</tr>
<tr>
<td>PGY2 EM</td>
<td>3000</td>
<td>75000</td>
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<tr>
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<td>PGY2 Informatics</td>
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</tr>
<tr>
<td>PGY2 Onc</td>
<td>3000</td>
<td>75020</td>
</tr>
</tbody>
</table>
Official Policy Documents

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

Policy:

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

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

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

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

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

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

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

Procedure:

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

Preparation: Kristin Hanson, BSPharm, MS
Authorization: Residency Steering Committee
PURPOSE: To provide guidance on handling situations in which pharmacy residents are not meeting or completing residency program requirements as expected.

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

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

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

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

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

POLICY: A. In order to earn a residency certificate at Froedtert & the Medical College of Wisconsin, residents must meet criteria outlined in policy AD25.000, Residency Program Completion and Extended Absences.

B. If at any point during the residency program, it is determined that a resident is consistently &/or substantially not fulfilling the expectations of the residency, a formal plan for improvement will be initiated by the Residency Program Director (RPD) and the resident’s leader. The resident’s mentor and/or advisor may be included depending on the circumstances.

C. Coaching will be used to correct deficiencies or behaviors initially unless:

1. The resident is having difficulty performing tasks required to independently staff in a pharmacist role.

2. The behavior or action would result in corrective action or dismissal for a staff member per Froedtert policies and procedures.

   i. As a Froedtert Hospital staff member, residents are expected to comply with all Froedtert Health Rules of Conduct and other Human Resource policies as outlined separately.
ii. Non-compliance with these policies will be handled by the resident's leader and the department’s Human Resource liaison.

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

PROCEDURE:

Coaching

D. When a preceptor or other member of the pharmacy department identifies that the resident is not meeting expectations, this information shall be communicated directly to the resident, the resident’s RPD and the resident’s direct leader.

1. In addition to verbal feedback, the preceptor should provide written feedback to the resident in Pharmacademic with clear direction for the improvements that are needed. “Needs Improvement” should be used to document deficiencies. The RPD and/or leader will investigate by following up with the resident’s preceptor as well as other preceptors and pharmacists who have worked with the resident.

2. The RPD and leader will schedule a meeting with the resident to initiate a coaching conversation regarding identified problem areas and issues. A list of areas for improvement and goals to be achieved will be defined at this meeting. The rotation schedule and/or learning experiences may be adjusted in order to provide the resident an opportunity to show improvement. The resident's mentor and or advisor may also be included at the discretion of the RPD and leader.

3. The RPD and leader will write a formal plan with actionable goals that has a distinct timeline using the attached template. The resident and leader will sign off on this document. The leader will add this plan to the resident’s personnel file.

4. The RPD and leader will schedule follow-up meetings with the resident at two and four weeks to discuss progress with the plan. Meetings may be scheduled sooner or more frequently if appropriate. Feedback will also be gathered from the resident’s preceptors. If sufficient progress has been made, this will be documented on the plan and updated in the file. Based on the nature of the areas for improvement, the RPD and leader will determine if additional follow-up is needed.

Formal Performance Improvement Plan

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

1. The resident’s leader will be responsible for discussing the situation with the department’s HR liaison and their Director.

2. The leader and RPD will meet with the resident to discuss all areas in which it is believed the resident is still not meeting expectations. An official Performance
Improvement Plan will be initiated based on the areas for improvement identified and timelines discussed. The leader and the resident will sign off on this document. This document and sign off will go into the resident’s file, and will also reflect the understanding that if progress is not made during the established time frame, there is a possibility of dismissal from the program that would exclude the resident from earning a residency certificate.

3. It is the responsibility of the resident to achieve the documented goals. The leader and/or RPD will schedule follow-up meetings with the resident based on the timelines established in the performance improvement plan. The resident’s mentor and/or advisor may be included in these meetings at the discretion of the resident’s RPD and leader.

4. At the end of this time frame, if it is determined that the resident has not made progress toward completion of the goals, the RPD and the resident’s direct leader shall discuss dismissal of the resident from the program and/or termination of employment.

5. The director of pharmacy, along with the resident’s leader, and the RPD will make the final decision regarding dismissal/termination in consultation with the department’s Human Resource liaison.

RELATED POLICIES/PROCEDURES:

AUTHORS: Kristin Hanson, MS, RPh

APPROVAL: The Pharmacy Leadership Team

ATTACHMENTS/APPENDICES:

Resident Coaching Documentation Template
Performance Improvement Plan Template
Overview
All Froedtert & the Medical College of Wisconsin pharmacy residency training programs abide by the requirements set forth in the ASHP Pharmacy Specific Duty Hours and Accreditation Standards. http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx

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

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

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

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

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

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

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

Residency Duty Hours do NOT include:
- Reading, studying & academic preparation time
- Travel time to & from off-site rotations
- Travel time to & from conferences
- Resident & department social activities

Moonlighting / Bonus Shift Hours
• Extra staffing hours at Froedtert (beyond normal staffing requirements)
• Hours from external moonlighting

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

Laptops and Pagers

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

- Any loss or damage to these items must be reported to the residency program director as soon as possible. The resident may be responsible for covering any fees related to loss or damage.
- If there are issues with device performance (i.e. low battery life, missing applications, etc), the resident is responsible for contacting IT for fix. Deanna Zapfel can assist with completing repair requests.

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

Click “File”, then “Protect Workbook.” From the drop-down menu, select “Encrypt with Password”, then create a password.
Remote Access

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

Figure 4. How to Request Remote Access via APS

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

Personal Device Access

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

Figure 5: Requesting Personal Device Sync
• The device must have a password or bioID.
• Once set up, IT will have the right and ability to erase company information on the device if needed.
• Once access request has been processed, the Outlook App can be used to access email and calendar. Instructions on how to use the app are available on the IT website.

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

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

Figure 6: Meeting Set-Up Using Webex Teams
Email Expectations

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

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

Dress Code

- The Froedtert Dress Code - Personal Appearance Policy is posted on the Scout page at link below: http://fhpolicy.s1.fchhome.com/Content/ViewContent.aspx?contentId=6d41f7b7-ddee-48e1-8c50-61d0ba4dd521&ContentTypeId=ccb019f2-dd72-4de5-8175-dd9629f47da0.
- In general, residents are expected to wear business casual attire when on rotation and staffing on decentral units, ambulatory clinics, outpatient pharmacies or in office environments.
- Scrubs are acceptable in the ED, OR or pharmacy operations areas (central, day hospital, etc.). In the ED and pharmacy operations areas, residents may choose to wear their own scrubs or request Froedtert issued scrubs. In the OR, residents must wear Froedtert issued scrubs.
- More formal attire will be required for special events. For example, suits are required for presentations outside the organization (i.e. Midyear posters, Great Lakes Presentations)
- White coats are strongly encouraged when on a clinical rotation or when staffing decentrally.
White Coats

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

Scrub Request Forms

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

Business Cards

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

Wisconsin Prescription Drug Monitoring Program (ePDMP)

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

- Froedtert offers certifications in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
  - PGY2 residents in Critical Care and Emergency Medicine, and PGY1 acute care PGY1 HSPA-L and PGY1 MUSP residents are required to maintain ACLS certification. Residents are expected to complete ACLS prior to starting ICU or ED rotations or staffing in these areas. ACLS is optional for other PGY2 residents
  - BLS is required for all residents who will be working in the outpatient/retail settings in order to administer immunizations.

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

**Figure 8. Registration in The Learning Center for ACLS Training**

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

**Parking**

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

**Project Days/Working Remotely**

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

Vizient Committee Involvement

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

Academia Opportunities

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

Pharmacy Society of Wisconsin Membership

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

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

COVID19 Resources and Guidance

- Information regarding COVID19 has been changing rapidly, so employees are encouraged to visit the intranet pages below for the most up-to-date information. Residents are also encouraged to carefully review organizational and departmental communications regarding this topic as they are released.
- Information from Internal Occupational Health regarding COVID19 exposure or symptoms is available here: [http://intranet.froedtert.com/IOH](http://intranet.froedtert.com/IOH)
- General information about COVID19 at Froedtert can be found here: [http://intranet.froedtert.com/?id=27904&sid=1](http://intranet.froedtert.com/?id=27904&sid=1)
- Clinical resources about COVID can be found here: [https://intranet.froedtert.com/?id=27870&sid=1](https://intranet.froedtert.com/?id=27870&sid=1)
- Froedtert residents will adhere to any Froedtert Health mandated business travel restrictions due to COVID19.
- Froedtert residents are strongly encouraged to discuss any personal travel plans with their manager and/or residency program director in advance of departure. Quarantine due to personal travel may result in the failure of the resident to finish the program by anticipated end date.
- All staff must wear a simple mask while working on the Froedtert campuses.
- There may be times throughout the year or specific rotations where residents are asked to work from home (WFH). Generally, residents may do project days and participate in academic afternoon activities from home.
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.
## PGY1 Resident Project Timeline

### March/April 2020
- Call for projects from staff
- Remind any potential project advisors to complete CITI training

### May 2020
- Resident action steps
  - Go to [https://www.citiprogram.org/](https://www.citiprogram.org/) and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators

### June 2020
- Resident action steps
  - Review available projects and prepare questions to ask project leads once on-site

### July 2020
- Project leads will present available projects to residents during orientation
- Residents submit project rankings (usually top 3)
- Projects are assigned
- Research team established
- Scoping of project and scoping presentation preparation begins

### August 2020
- Resident action steps
  - Schedule and coordinate necessary team meetings
  - Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date

### September 2020
- Resident action steps
  - Send protocol draft to Kristin Busse one week prior to PRC presentation date (kristin.busse@froedtert.com)
  - Respond to email containing feedback within one week
  - Distribute finalized protocol to team
  - Complete e-bridge registration and submission

### October 2020
- Resident action steps
  - Send abstract to project team 2 weeks prior to deadline
  - Submit finalized abstract by deadline

### November 2020
- Resident action steps
  - Send to poster draft to project team 2 weeks prior to proof deadline
  - Submit for proof printing by deadline
  - Submit for final printing by deadline

### December 2020
- Resident action steps
  - Present poster

### January 2021
- Resident action steps
  - Midpoint check-in with PRC (via email)
  - Develop Great Lakes abstract

### February 2021
- Resident action steps
  - Great Lakes abstract due

### March 2021
- Resident action steps
  - Develop Great Lakes slide set and presentation

### April 2021
- Resident action steps
  - Great Lakes slide set submission
  - Great Lakes Conference

### May 2021
- Resident action steps
  - Develop project manuscript

### June 2021
- Resident action steps
  - Manuscript submission deadline
  - Project wrap-up

### Resident action steps
- Present slide set prior to deadline
- Present at Great Lakes Conference

### Resident action steps
- Submit slide set prior to deadline
- Send to RPD, at least 3 business days prior to submission deadline

### Resident action steps
- Submit to RPD and project team prior to deadline
- Complete Great Lakes practice presentations

### Resident action steps
- Submit manuscript to RPD by deadline
- Close out study in eBridge, close out of project and tag off to project advisor
Inpatient Staffing Information

There are 2 primary staffing models in the department:

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

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

Resident Staffing Requirements

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

Weekend Staffing
- Weekend staffing will occur on different weeks from weekday staffing blocks, during rotation weeks
- These weekend staffing shifts may include working in central pharmacy, staffing a patient care team, providing med history/reconciliation help, etc. Weekend staffing shifts will also be 10 hours
- PGY1 residents will work 12 weekends (Saturday and Sunday) throughout the year
- PGY2 residents will work 10 weekends (Saturday and Sunday) throughout the year unless additional staffing weekends are required by the PGY2 program (see PGY2 program-specific information for more details).
• PGY2 residents will be assigned weekends upon schedule publication. Residents must select weekends off around their staffing weeks if a 7-day staffing stretch is not preferred. Residents typically may make schedule requests on 2 of 4 weekends per schedule period.

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

Holiday Staffing
• Each resident must work two, 10 hour holiday shifts.
• PGY1 residents will work one of the following groups of holidays:
  o New Year’s Day and Thanksgiving Day
  o Christmas Day and Memorial Day
  o 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.
  o PGY2 Admin and MUSP residents will typically work July 4th between their 1st and 2nd year.
• For PGY2s, if an assigned holiday falls on a weekend, the resident can choose to either take a day off a rotation day the week prior to or after the holiday OR count the holiday towards their weekend shift requirements.

Inpatient PGY2 Weekend Staffing
PGY2s will submit their weekend availability for each schedule when requested by the pharmacist scheduler. Residents may indicate “no availability” for up to two weekends per schedule. If a resident does not submit availability by the schedule request deadline, it will be assumed that the resident does not have a weekend preference.

High Demand Weekends
The following weekends are considered high demand weekends due to a large number of staff members requesting off. Availability requests for PGY2 residents during these weekends are not guaranteed and approval for the weekend off will not be known until schedule publication (approx. 6-8 weeks in advance). Manager approval must be obtained for extenuating circumstances.
• Internal PGY2s will be available to work two July weekends (at beginning of residency year)
• Labor Day Weekend
• The weekend after Thanksgiving (residents who are off Thx, will NOT be scheduled for this weekend unless otherwise requested)
• The weekends prior to and after Christmas (residents who are off Christmas may select to be off one of these two weekends)
• Spring Break/Easter weekends (March 20 and 21, March 27 and 28, April 3 and 4, April 10 and 11, April 17 and 18)
• Memorial Day Weekend
• Last weekend in June and 1st weekend in July (end of year for external PGY2s)
Inpatient Staffing Model

Staffing model is subject to change. Log in to http://www.humanity.com to find the most updated version of staffing model document – “Pharmacist and Intern Staffing Model”, which is listed under ‘Shared Files’
Inpatient Staffing Model (continued)
Froedtert Hospital
Inpatient Intern
Staffing Plan
(April 30th, 2020)

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

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

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

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

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

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

Intern A
- pSurg1 (2NT, 5SW)
- pSurg2 (10CFAC, 11CFAC)
- pSurg3 (5SW @ 2000)
- pSurg4 (12CFAC, 11CFAC)
- pMed2 (9NT, BNT)
- pMed3 (7CFAC, 9CFAC)

Intern B
- pICU2 (4PV)
- pCards1 (3W 16-50, 7NT)
- pSurg1 (SMP)
- pSurg3 (3W 1-15, 5NW)
- pMed1 (4SE, 4NE)
- pMed3 (7NT, 5SE)
- pTx1 (4NW)
### Inpatient and Oncology Team Details

<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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</thead>
<tbody>
<tr>
<td><strong>Medicine</strong></td>
<td></td>
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</tr>
<tr>
<td>Med1</td>
<td>4NE (MT 1, 6, 7)</td>
<td>Joanne Antonopoulos</td>
<td>Matt Zimmerman</td>
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<tr>
<td>Med2</td>
<td>4SE (MT 2, 8, 17)</td>
<td>Jory Ward*</td>
<td>Ali Katula</td>
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<tr>
<td>Med3</td>
<td>9NT (MT 3, 9, 14)</td>
<td>Alison Glienke</td>
<td>Abby Twigg</td>
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<tr>
<td>Med4</td>
<td>8NT (MT 4, 10, 11)</td>
<td>Caitlyn King</td>
<td>Laura Case</td>
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<tr>
<td>Med5</td>
<td>5SE (MT 5, 12, 15)</td>
<td>Adam Hood</td>
<td>Jess Luzi</td>
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<tr>
<td>Med6</td>
<td>4SW (MT 16, 20, TM)</td>
<td>Laurie Dworak</td>
<td>Matt Birschbach</td>
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<tr>
<td><strong>Surgery &amp; Neurology</strong></td>
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<tr>
<td>Surg1</td>
<td>2NT (32 beds)</td>
<td>Leah Holschbach</td>
<td>Sara Hubbard*</td>
</tr>
<tr>
<td>Surg2</td>
<td>10CFAC (32 beds)</td>
<td>Amber Wollenziehn</td>
<td>Rotating</td>
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<tr>
<td>Surg3</td>
<td>4PV, ERU (20/8 beds)</td>
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<td>Surg4</td>
<td>5NW (30 beds)</td>
<td>Sarah Crober</td>
<td>Kim Knoernsschild</td>
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<tr>
<td>Surg5</td>
<td>11CFAC (32 beds)</td>
<td>Rotating</td>
<td>Ann Birkenstock/Sarah Solano</td>
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<tr>
<td>Surg6</td>
<td>12CFAC (32 beds)</td>
<td>Debbie Kessen</td>
<td>Brittany Tefft</td>
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<tr>
<td>Surg7</td>
<td>5SW, 5NE (19/28 beds)</td>
<td>Stephanie Tchen</td>
<td>Brian Domack</td>
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</tbody>
</table>

Rotating team members: Aaron Lentz, Julie Haase, Olivia Millis, Kasey Schmidt, Kaytie Weierstahl, Brittney Duewell, Brian Pella, Libby Sutton

| **Critical Care/ED** |                          |                              |                              |
| ICU1 | SICU (21 beds)         | Sara Farrell                 | Dave Herrmann                |
| pICU1| SICU, NICU (41 beds)   | Elizabeth Scanlon            | Lindsey Dailey               |
| ICU2 | NICU (20 beds)         | Danielle Mabrey*             | Kim Haldeman                 |
| pICU2| MICU (26 beds)         | Kaitlin Cooper Johnson       | Patti Rouman                 |
| ICU3 | MICU (26 beds)         | Carla Karczewski             | Mike Katz                    |
| ED   | Emergency Department   | Jessica Cowell,              | Cathyyen Dang, Matt Stanton, |
|      |                        | Ryan Feldman                | Chetna Patel                 |
| N3/N4| 3rd shift ICU          | Katie Ewert, Alyssa          | Kelly Richardson, Chris      |
|      |                        | Meixelsperger                | Viesselmann                  |
| ICU Faculty | MICU                      |                              | Sarah Peppard                |

| **Cardiology** |                          |                              |                              |
| Cards1 | CVICU (20 beds)         | Joel Feih                    | Greg Stilin                  |
| Cards2 | 3W (50 beds)            | Ashley Stromich              | Melissa Tan                  |
| Cards3 | 3W (50 beds)            | Amanda Pilo                  | Amanda Pilo                  |
| pCards1| 3W (beds 1-35), CVICU (20 beds) | Bethanne Held-Godgluck | Janelle Juul* |
| Cards Fac | CVICU, 3W (heart failure team) |                             | Joe Rinka                    |

| **Transplant** |                          |                              |                              |
| Tx1  | TICU (20 beds)          | Rotated                      | Rotated                      |
| Tx2  | 4NW (27 beds)           | Rotated                      | Rotated                      |
| pTx1 | 4NW, TICU (46 beds)     | Rotated                      | Rotated                      |

Transplant Team Members: Carolyn Haupert, Jules Felsecker, Roo Bhatt*, Lindsey Verbunker
<table>
<thead>
<tr>
<th>Team</th>
<th>Units</th>
<th>&quot;A&quot; Week</th>
<th>&quot;B&quot; Week</th>
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<td>C1</td>
<td>Central, Obs, BC (0630)</td>
<td>Ben Knapp</td>
<td>Mike Morris</td>
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<tr>
<td>C2</td>
<td>Central, Obs, BC (0800)</td>
<td></td>
<td>Phil Olley*</td>
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<tr>
<td>pC1</td>
<td>Central, Obs, BC, OR after 1500 (1000)</td>
<td>Phu Cao</td>
<td>Aina Lasky</td>
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<tr>
<td>N</td>
<td>3rd shift central</td>
<td>Mark Owens</td>
<td>Lynn Buss</td>
</tr>
<tr>
<td>N2</td>
<td>3rd shift central</td>
<td>Danielle Corrin</td>
<td>Lisa Weinzatl</td>
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<td><strong>Specialty Areas</strong></td>
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<tr>
<td>OR</td>
<td>Perioperative Service</td>
<td></td>
<td>David Eberle*</td>
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<tr>
<td>PAT</td>
<td>Pre-Admission Testing</td>
<td></td>
<td>Liz Thimm</td>
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<tr>
<td>INF</td>
<td>Infusion Clinic</td>
<td></td>
<td>Nikki Masse</td>
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<tr>
<td>Diab</td>
<td>DAART (Glucose surveillance)</td>
<td></td>
<td>Linda Guddie</td>
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<td><strong>Froedtert Inpatient Oncology</strong></td>
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<tr>
<td>Onc1</td>
<td>7/8 CFAC (64 beds total)</td>
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<tr>
<td>Onc2</td>
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<tr>
<td>Onc3</td>
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<tr>
<td>Oncology Team Members: Lisa Olson, Emilie Aschenbrenner*, Nan Tong, Cole McCoy, Aaron Lorge, Lisa Samanas, Michael Schmidt, Cole Lightfoot, Nicole Pearl</td>
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<td><strong>Froedtert Day Hospital</strong></td>
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<td>DH630</td>
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<td>Christy Regan</td>
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<td>DH6</td>
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<td>Brooke Fraser, Julie Difonzo, Stacy Laird*, Michelle Schroeder, Marie Parish, Erin Turk</td>
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<td>DH7</td>
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<td>DH8</td>
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<td><strong>Froedtert Ambulatory Oncology Clinics</strong></td>
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<tr>
<td>Grace Clinic - 1</td>
<td></td>
<td>Felicia Zook/Angie Canadeo/Erin McGurty</td>
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<td>Grace Clinic - 2</td>
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<td>Grace Clinic – 3 (M, F)</td>
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<td>Courage Clinic</td>
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<td>Kristina Teso</td>
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<tr>
<td>Life Clinic</td>
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<td>Briana Amundson</td>
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<tr>
<td>Faith Clinic</td>
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<td>Carrie Oxencis</td>
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<tr>
<td>Breast Clinic</td>
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<td>Elizabeth Weil</td>
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<tr>
<td>Hope Clinic (M, T, W, R)</td>
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<td>Stephanie Free</td>
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<tr>
<td>Ambulatory Rotation</td>
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<td>Nicole Ruffcorn</td>
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<td><strong>Drexel and Moorland Cancer Center Pharmacists</strong></td>
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<td>Drexel</td>
<td></td>
<td>Tom Nowak, Zain Syed</td>
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<tr>
<td>Moorland</td>
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<td>Laurie Maurer, Melissa Staats</td>
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<tr>
<td><strong>Investigational Drugs (IDS) Pharmacists</strong></td>
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<tr>
<td></td>
<td></td>
<td>Angela Urmanski, Karie Gielow, Elizabeth Madrzyk, Emma Carroll, James LaTourette, Kallie Grassinger</td>
<td></td>
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</tbody>
</table>

*Denotes Pharmacist Coordinator
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 22, 2020
The residency program year begins for PGY2 external candidates on Monday, July 6, 2020
PGY2 Oncology Residency Program Orientation & Training Structure

Orientation & Training
Internal PGY2 residents have completed their PGY1 residency year at Froedtert Hospital. External PGY2 residents have completed PGY1 residency year outside of Froedtert Hospital.

Both internal and external residents will be oriented and trained in oncology practice at Froedtert for infusion, inpatient, and ambulatory settings. Internal PGY2 residents will be involved in some onboarding of Froedtert's incoming PGY1 residents.

All PGY2 residents will be onboarded to the PGY2 curriculum with the residency program director (RPD) and/or residency program coordinator (RPC), establish a research project topic, and review core clinical topics with preceptors to ensure each resident is adequately prepared for the oncology environment.

For infusion training, both internal and external residents spend approximately three weeks in patient care training while completing various checklists for competency as signed off by infusion pharmacist trainers. This is when the resident is responsible for completing virtual EPIC Beacon Pharmacist training modules in Froedtert's learning center, which is approximately 4 hours.

For inpatient training, internal residents spend approximately one week of PM shifts in patient care training while completing various checklists for competency as signed off by inpatient pharmacist trainers. External residents spend approximately three weeks of AM/PM shifts in patient care training while completing various checklists for competency as signed off by inpatient pharmacist trainers. This is when the resident is responsible for completing virtual EPIC Willow Pharmacist training modules in Froedtert’s learning center, which is approximately 8 hours.

For ambulatory training, both internal and external residents spend approximately one week in patient care training while completing various checklists for competency as signed off by clinic pharmacist trainers. This week is built in to the first required clinic block rotation experience. This is when the resident is responsible for completing virtual EPIC Ambulatory Pharmacist training modules in Froedtert’s learning center, which is approximately 8 hours.

Training in the various areas includes opportunities for direct job shadowing, hands on demonstration of competency, review of Froedtert Hospital, Cancer Center, and Pharmacy department policies and guidelines. Residents are trained in all pertinent computer systems. The timeline and order of training in each area will vary per resident. Successful completion of orientation and training is evaluated by the resident and RPD using PharmAcademic. Completion of orientation and training expectations is required prior to independent direct patient care/clinical practice responsibilities (exception for inpatient weekend staffing subsequent to completion of inpatient training). Residents may be scheduled to complete clinical rotation experiences prior to completing training in all of the areas outlined above.

PGY2 Oncology Residency Program Learning Experience Structure

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 required self-assessments as assigned via PharmAcademic. The RPD will review these evaluations, make comments, and cosign. 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 development 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.

Based on the entering interests and self assessment submitted prior to residency and entering discussion with the RPD and resident, the RPD will complete the initial resident development plan, solicit feedback from the resident, and share to PharmAcademic prior to completion of the resident’s orientation and training as directed by ASHP’s guidance.

The oncology resident will start their core learning experiences after the completion of orientation and training. The learning experience sequence is tailored to best meet the resident’s goals and the programs staffing requirements. Core learning experiences timelines are listed in the table below but may be adjusted based on the experience and goals of the resident. It is suggested that required learning experiences should be completed prior to taking elective learning experiences. This is to promote a stepwise learning approach from broad to specialized oncology training. 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’s description, expectations, goals, objectives, and activities is in within PharmAcademic's website.
<table>
<thead>
<tr>
<th>Learning Experience – Required</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Oncology</td>
<td>3 weeks (2 weeks for internal PGY2s who have taken acute oncology during PGY1 year)</td>
</tr>
<tr>
<td>Acute Care Hematology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Acute Care Blood &amp; Marrow Transplant</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Investigational Drug Service</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Ambulatory Care Hematology and Blood &amp; Marrow Transplant (Grace Clinic)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Ambulatory Care Gastrointestinal Malignancies (Faith Clinic)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ambulatory Care Gynecology and Thoracic Malignancies (Courage Clinic)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ambulatory Care Breast Cancer (Breast Care Clinic)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ambulatory Care Genitourinary and Sarcoma Malignancies (Life Clinic)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ambulatory Care Head &amp; Neck, Central Nervous System, Skin, and Endocrine Malignancies (Hope Clinic)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Learning Experience – Longitudinal, Required</td>
<td>Durations</td>
</tr>
<tr>
<td>Drug Policy (Collaboration with Oncology Pharmacy &amp;</td>
<td>3 months</td>
</tr>
<tr>
<td>Therapeutics Subcommittee)</td>
<td></td>
</tr>
<tr>
<td>Multidisciplinary Collaboration (Collaboration with Oncology Pharmacy</td>
<td>3 months</td>
</tr>
<tr>
<td>and Nursing Committee)</td>
<td></td>
</tr>
<tr>
<td>Medication Safety (Medication Error Review and Reporting)</td>
<td>3 months</td>
</tr>
<tr>
<td>Pharmacogenomics (Collaboration with Molecular Tumor Board)</td>
<td>3 months</td>
</tr>
<tr>
<td>Practice Leadership</td>
<td>12 months</td>
</tr>
<tr>
<td>Research Project</td>
<td>12 months</td>
</tr>
<tr>
<td>Weekly Oncology Residency Discussion (WORDs)</td>
<td>12 months</td>
</tr>
<tr>
<td>Learning Experience - Elective</td>
<td>Durations</td>
</tr>
<tr>
<td>Infectious Disease – Immunocompromised Service</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Pharmacy Informatics Oncology</td>
<td>3-4 weeks</td>
</tr>
<tr>
<td>Critical Care Oncology</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Palliative Care Oncology</td>
<td>3-4 weeks</td>
</tr>
<tr>
<td>Pain Stewardship</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Advanced Academia Oncology</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Benign Hematology</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Advanced Ambulatory Oncology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Pediatric Oncology – Children’s Hospital of Wisconsin</td>
<td>3-4 weeks</td>
</tr>
<tr>
<td>Specialty Pharmacy Practice</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Medical Writing</td>
<td>1-2 weeks</td>
</tr>
</tbody>
</table>
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.
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:
  o 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.
  o 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:
  o 1200-1300 Resident Candidate Interview Lunch
  o DONE ON LEARNING EXPERIENCE BY 1615/1630 (central PM shift @ 1700)
- Wednesday, 2/25:
  o 1130-1230 Resident Discussion
  o 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 2nd

Strengths:
- Thorough profile review
- Precepting students

Areas for Improvement:
- Efficiency
- Confidence
- Looking up information before going to preceptor for answer
### PGY2 Oncology Residency Project Timeline Example

<table>
<thead>
<tr>
<th>April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
</tr>
</thead>
</table>
| • Call for projects from staff  
• Remind any potential project advisors to complete CITI training | • Incoming residents to complete Collaborative Institutional Training Initiative (CITI) training | • Finalized project list distributed to incoming residents  
• Residents submit project rankings (usually top 3)  
• Projects are assigned |
| **Resident action steps = none** | **Resident action steps** | **Resident action steps** |
| | □ Go to [https://www.citiprogram.org/](https://www.citiprogram.org/) and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators | □ Review available projects and prepare questions to ask project leads  
□ Submit rank list by deadline |
| July 2020 | August 2020 | September 2020 |
| • Research team established  
• Work with advisor and project team to scope project and develop protocol (template available) | • Present protocol to Pharmacy Research Committee (PRC). Each resident is allotted 30 minutes to present their protocol and receive feedback  
• PRC submits feedback that resident must respond to and return in order to obtain protocol approval | • Data collection and project implementation steps  
• Committee approvals, as necessary |
| **Resident action steps** | **Resident action steps** | **Resident action steps** |
| □ Build research team with help of project advisor  
□ Schedule and coordinate biweekly team meetings for Wed afternoons  
□ Plan project and begin creating scoping presentation (template on residency SharePoint site) | □ Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date  
□ Send protocol draft to Kristin Busse one week prior to PRC presentation date (kristin.busse@froedtert.com)  
□ Respond to e-mail containing feedback within one week  
□ Distribute finalized protocol to team  
Complete e-bridge registration and submission | □ May begin data collection after receiving protocol (and IRB) approval through e-Bridge  
□ Request agenda time for any committee approvals necessary |
| October 2020 | November 2020 | December 2020 |
| • Draft Vizient poster abstract  
• Submit Vizient poster abstract | • Begin working on Vizient Poster  
• Submit Vizient Poster after reviewed by research team | • ASHP Midyear and Vizient Meeting |
| **Resident action steps** | **Resident action steps** | **Resident action steps** |
| □ Send abstract to project team 2 weeks prior to deadline  
□ Submit finalized abstract by deadline | □ Send to poster draft to project team 2 weeks prior to proof deadline  
□ Submit for proof printing by deadline  
□ Submit for final printing by deadline | □ Present poster  
□ Data collection timeline check-in: confirm roles of project members |
| January 2021 | February 2021 | March 2021 |
| • Midpoint check-in with PRC (via email)  
• Develop HOPA abstract | • HOPA abstract due  
• Develop HOPA Poster | • \*ASHP Midyear and Vizient Meeting* |
| **Resident action steps** | **Resident action steps** | **Resident action steps** |
| □ Send abstract to team 2 weeks prior to submission deadline  
□ Send to RPD, at least 3 business days prior to submission deadline | □ Submit abstract by deadline | □ Submit slide set to RPD and project team prior to deadline  
□ Complete HOPA Poster Online submission for consideration of “Top 10” presentations |
| April 2021 | May 2021 | June 2021 |
| • HOPA Annual Conference  
• Present Poster Session at HOPA | • Develop project manuscript  
• Manuscript submission deadline  
• Project wrap-up | **Resident action steps** |
| **Resident action steps** | **Resident action steps** | **Resident action steps** |
| □ Bring posters to HOPA  
□ Present at HOPA’s poster session | □ Determine publication for targeting submission with project team  
□ Complete 1st draft  
□ 1st draft due to project team (sufficient for 2 rounds of feedback prior to final deadline) | □ Submit manuscript to RPD by deadline  
□ Submit written project for publication— if unable to submit, send projected timeline and goals to RPD with manuscript deadline  
□ Close out study in eBridge, close out of project and tag off to project advisor |

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**Resident action steps**

- Go to [https://www.citiprogram.org/](https://www.citiprogram.org/) and complete all modules for Group 1 - Biomedical Investigators, Co-Investigators and Study Coordinators.
- Review available projects and prepare questions to ask project leads.
- Submit rank list by deadline.
- Build research team with help of project advisor.
- Schedule and coordinate biweekly team meetings for Wed afternoons.
- Plan project and begin creating scoping presentation (template on residency SharePoint site).
- Distribute protocol draft to project team two weeks prior to scheduled PRC presentation date.
- Send protocol draft to Kristin Busse one week prior to PRC presentation date.
- Respond to e-mail containing feedback within one week.
- Distribute finalized protocol to team.
- Complete e-bridge registration and submission.
- May begin data collection after receiving protocol (and IRB) approval through e-Bridge.
- Request agenda time for any committee approvals necessary.
- Begin working on Vizient Poster.
- Submit Vizient Poster after reviewed by research team.
- Submit abstract to project team 2 weeks prior to proof deadline.
- Submit for proof printing by deadline.
- Submit for final printing by deadline.
- Present poster.
- Data collection timeline check-in: confirm roles of project members.
- HOPA abstract due.
- Develop HOPA Poster.
- Submit abstract to team 2 weeks prior to submission deadline.
- Submit to RPD, at least 3 business days prior to submission deadline.
- Submit abstract by deadline.
- Submit slide set to RPD and project team prior to deadline.
- Complete HOPA Poster Online submission for consideration of “Top 10” presentations.
- Develop project manuscript.
- Manuscript submission deadline.
- Project wrap-up.
- Submit manuscript to RPD by deadline.
- Submit written project for publication— if unable to submit, send projected timeline and goals to RPD with manuscript deadline.
- Close out study in eBridge, close out of project and tag off to project advisor.
PGY2 Oncology Residency Requirements and Expectations for Successful Completion

In addition to requirements for individual learning experiences and program requirements outlined previously in the manual, 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 up to 20 weekend shifts (10-20 hours per weekend), seven staffing weeks (Mon-Fri), two holiday shifts, and up to four 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 are required to cover 13 weekend half shifts on Saturday and Sunday (5 hours per shift, 10 hours total per weekend). This will be rotated among the four PGY2 oncology residents in an every 4th week pattern, with exceptions for training and end of year.
  - Residents are also required to staff up to 7 weekend full shifts (10 hours per shift) ad hoc as coverage for the inpatient oncology service line
  - Residents may also be required to staff up to four additional ten-hour weekday 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 (TBD).
  - IDS Pharmacist team will schedule themselves as appropriate (when residents are not already staffing) and IDS Pharmacist (TBD) 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 IDS Pharmacist (TBD) and then if unable to be resolved, forward to RPD/RPC.

Quarterly Development Planning

- Quarterly Development Planning Meetings
  - Attendance – RPD, RPC, resident, mentor, advisor, project advisor (optional - may provide feedback to RPD/RPC and resident in advance)
  - Goals
    - Update development plan with progress towards graduation requirements including competencies, duty hours tracking, appendix completion, project manuscript submission
  - Plan
    - RPD to schedule 30 minute meetings in October, January, April, June
    - Resident to prepare development plan in advance of meeting to share with group
• RPD/RPC to prepare duty hours sign off, progression toward graduation requirements
• RPD to cosign and track PharmAcademic progression toward Achieved status for residency
• Mentor/Advisor to review previous quarter feedback in PharmAcademic
• Project Advisor to come prepared with feedback on project management skills and progress/roadblocks

Mentors and Advisors
• Expectations Document [I:\FMLH\PHARMACY\PGY2 Oncology Residency\Preceptor Materials\Mentor Folder]

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

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 (if attending ASHP Midyear Meeting)
• HOPA Annual Meeting – Abstract and Poster
• Summative Presentation for Froedtert Staff
• Manuscript
  o 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.

Professional Conference Attendance (required)
• HOPA Annual Meeting
• Greater Milwaukee College of Clinical Pharmacy (GMCCP) Resident Research Symposium (external residents)

Formal Presentations (required)
• Major Project Poster Presentations
  o Vizient Clinical Meeting (if attending ASHP Midyear Clinical Meeting)
  o 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

ASHP Required Competency Areas, Goals, and Objectives for PGY2 Oncology Pharmacy Residencies
• 70% ACHR and all remaining goals/objectives SP
• Completion of Appendix Checklist
Committee Opportunities and Responsibility

- Longitudinal responsibilities: Attend committee meetings, complete projects, prepare and take minutes for each of the following committees during related longitudinal learning experiences (descriptions and expectations per PharmAcademic)
  - Froedtert Oncology Pharmacy & Therapeutics Subcommittee (OP&T)
  - Froedtert Oncology Pharmacy & Nursing Committee (OPNC)
  - Froedtert Molecular Tumor Board (MTB)

Academia Opportunities (required)

- PGY2 Oncology Residents are required to participate in two oncology-focused student labs with MCW School of Pharmacy

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 for patient care needs; however, the situation should be communicated to the RPD or RPC. During staffing, meeting attendance is not required and the resident is exempt unless workload permits and the resident confirms with their staffing colleagues. The resident should not schedule additional meetings during staffing shifts (i.e. mentor meetings, project team meetings, etc).

- Weekly Oncology Residency Discussions (WORDS)
- Weekly Resident Academic Half-Day Discussions – optional based on topic and past participation (internal PGY2s)
- Weekly Hematology & Oncology Fellow’s Core Education on Fridays
- Monthly Oncology Pharmacy Grand Rounds (required to attend one of the two presentations per month)

PGY2 Oncology Residency Additional Opportunities and Information

Program Feedback Expectations

- Residents are an integral component to the continuing development and improvement of the residency program
- Meet with RPD/RPC to provide formal feedback throughout year
  - Orientation
  - Midpoint
  - Final

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

Student and PGY1 Resident 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
- Preceptor development series discussions
- Borrow and read ASHP’s “The Effective Pharmacy Preceptor”

Committee Opportunities and Responsibility
• Optional Opportunities
  o Vizient Pharmacy Cancer Care Committee
  o Froedtert Institutional Review Board Meeting- coordinate with IDS learning experience

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)
  • National Comprehensive Cancer Network (NCCN)- free guideline access with email

Professional Conference Attendance (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
  • Local/Regional Oncology Pharmacy Conferences

Formal Presentations (optional)
  • HOPA National Journal Club Presentation
  • American Society for Transplantation and Cellular Therapy (ASTCT) Pharmacy SIG Education Committee Journal Club
  • Oncology care support group meeting
  • Froedtert/Advocate Aurora Potluck Journal Club

Academia Opportunities (optional)
  • PGY2 Oncology Residents are required to participate in two oncology-focused student labs with MCW School of Pharmacy

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
<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Title</th>
<th>Institution</th>
</tr>
</thead>
</table>
| 2012-2013  | Melissa Rhoades (Handcock), PharmD, BCOP | Impact of Comprehensive Pharmacy Services on Patient Adherence and Readmission Rates in Blood and Marrow Transplant Patients | Clinical Oncology Pharmacist Coordinator  
PGY2 Oncology Residency Program Director  
Froedtert Hospital & the Medical College of WI  
Milwaukee, WI |
| 2013-2014  | Elizabeth Dow, PharmD, BCPS, BCOP   | Implementing Best Practice Safety Standards with Oral Anticancer Agents at a Tertiary Care Academic Medical Center and Ambulatory Cancer Center | Clinical Pharmacy Specialist in Hematology/Oncology  
University Hospital; UW Health  
Madison, WI |
| 2014-2015  | Danielle Maila, PharmD, BCOP   | The Development of an Oral Anticancer Agent Program at Froedtert Hospital Clinical Cancer Center | Pharmacy Practice Faculty – Oncology  
Roseman University of Health Sciences School of Pharmacy  
South Jordan, UT  
Oncology Pharmacist  
Intermountain Medical Center  
Murray, UT |
| 2015-2016  | Aaron Lorge, PharmD, BCOP     | Impact of Inhaled vs. Oral Ribavirin Treatment on Outcomes in High Risk Oncology Patients with Respiratory Syncytial Virus Infections | Clinical Oncology Pharmacist  
Froedtert Hospital & the Medical College of WI  
Milwaukee WI |
Froedtert Hospital & the Medical College of WI  
Milwaukee WI |

Note: The text includes the name of the author, the title of the presentation or study, and the institution associated with the presentation or study.
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 Spitzer (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 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
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Utilizing Digital Patient Engagement to Support an Oral Anticancer Therapy Management Program for Patients with Chronic Myeloid Leukemia

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Implementing Febrile Neutropenia Risk Stratification with Intermediate Risk Chemotherapy Regimens

2019-2020

Briana Amundson, PharmD
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Steroid Refractory Immune Related Adverse Effects: Guideline Development & Management

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Solid Tumor Clinical Coordinator Pharmacist in CNS/GU Clinic
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Tolerance of Molecularly Targeted Agents in Patients with Renal Cell Carcinoma and Renal Impairment or End-Stage Renal Disease on Dialysis

Maggie Nelson, PharmD
Clinical Oncology Pharmacist for Bone and Marrow Transplant
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Risk Factors for Vancomycin-Associated Nephrotoxicity in Hematopoietic Stem Cell Transplant Population

Julia Stevens, PharmD
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Pharmacist-Driven Patient-Centered Deprescribing in a Palliative Oncology Population

2020-2021

Kate Berlin, PharmD
Residency In Progress

Jane McCullough, PharmD
Residency In Progress

Bradley Mayer, PharmD
Residency In Progress

Michael Robles, PharmD
Residency In Progress