DEPARTMENT OF PHARMACY

Pharmacy Residency

GENERAL MANUAL

2020 - 2021

UWHealth

CONTENTS

Section I

Residency Structure

Advising

The Senior Director of Pharmacy has ultimate responsibility for all residency programs. The Residency Program Directors (RPD), along with the members of the Residency Advisory Committees (RAC), work together to ensure that program goals and objectives are met, training is optimized, and preceptors are heavily involved. In addition, the RPD, RAC, and staff pharmacists conduct routine evaluations with the resident to track their progress throughout the program. This ensures pre-established learning objectives are being met and the resident is on-track.

Residency Program Director

Each program has a designated Residency Program Director who is responsible for the design and implementation of the residency year. The Residency Program Director selects residency candidates, maintains customized learning plans, coordinates all evaluations, determines rotation schedules, sets expectations of residents / preceptors, provides feedback, oversees all learning experiences, ensures continuous improvement of the program and provides a learning environment that meets the needs of the organization and the resident.

Residency Advisor

Each resident is assigned an advisor to facilitate feedback throughout the year. Advisors review the resident's goals and assist them in developing a customized plan. Advisors meet with residents after each program-specific Residency Advisory Committee meeting to provide feedback, mentorship, and career counseling. The advisor should request to have rotation preceptors provide specific feedback directly to resident if feedback was not provided to resident during rotation. They also guide residents as they move through their year-long project, provide insight on how to navigate the institution, and assist with career planning. They should also attend rotation handoff meetings whenever possible to ensure progress throughout the year on areas of strength and areas of opportunity.

Preceptors

Each rotation has a preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives with consideration for the resident's goals, interests and skills. The preceptor periodically reviews the resident's performance and performs evaluations throughout the rotation as prescribed by the residency program including a final summative written evaluation at the conclusion of the learning experience.

Major Project Advisor

A major project advisor is assigned with each resident project from the approved project list. Their role is to guide the resident in completing the required project by defining the scope, time frame, and design of the project. The major project advisor is also part of the final approval of the manuscript.

All Residency Advisory Committee (All-RAC)

The All Residency Advisory Committee is a standing committee that coordinates and develops standard practices across programs to ensure high quality and consistent residency training. They also oversee all policies pertaining to the residency programs (Appendix A). The specific membership, chair(s), meetings and charges are specified in Policy 18.4. In addition, there are separate residency advisory committees for each specific residency program (PGY1, PGY2, and Admin/MSO/Specialty/Informatics). This standing committee reviews resident progress within each program and provides a forum for preceptor and resident input on program specifics. Refer to program specific manuals for more detailed information regarding these RAC Committees.

Staffing Coordinator

The Staffing Coordinator monitors staffing hours and is responsible for resident timecards. Schedule requests should be submitted through the on-line program and communicated to the Staffing Coordinator. If the resident would like to pick up overload shifts, the resident must ask the RPD for approval.

Program Coordinator

The Program Coordinator handles the operational aspects of the residency program. This would include PharmAcademic build and upkeep, learning experience maintenance and follow-up on outstanding evaluations.

Miscellaneous Considerations

1) Residents are expected to be in house for an average of 60 – 79 hours/week. At a minimum, residents should be available Monday through Friday from 0700-1800. When in house, residents are expected to be providing patient care, attending meetings or working on projects.
    a. Note: expected coverage may vary per program. Refer to program specific manuals for more detailed information
2) Calendar: Residents must keep their network Microsoft Outlook calendars up to date with view access to all department pharmacists. An introduction to the system will be provided during resident orientation, after which experienced resident colleagues can assist in using the calendar system if needed.
3) Pager: Residents will be provided an alpha numeric pager for the residency. The pager should be updated with Paging (ext. 2-2122) with the resident's name and listed in the web paging directory. Accurate paging status should be updated by the resident as appropriate (e.g. if pager is off at home, status should be changed to unavailable by pager)
4) The timetables and summary of events in the following sections provide more details of the residency structure.

Rotation Selection

Rotation selections should occur under the direction of the Residency Program Director and be targeted to complete all necessary requirements of the ASHP credentialing process. Please refer to program-specific manuals.
1) The scheduling of resident rotations includes a combination of required and elective rotations. This ensures that the resident is exposed to a variety of patient populations, medications, disease states, ranges of complexity, and interdisciplinary team members.
2) Following the training and on-boarding period, each resident will move through a series of rotations. Depending on the program, there will be multiple pre-determined required rotation schedules. All residents will meet to select their rotation schedule along with selecting their elective rotations. It is important that no rotations of residents across programs overlap with one another unless the preceptor of that rotation and program director approves the overlap.
3) The final rotation schedule must be approved by the Residency Program Director and residency advisory committee (RAC)
4) Learning objectives for each rotation are determined by timing within the residency year and assigned via PharmAcademic.
5) A list of elective rotations can be found in Appendix B of the PGY1 residency manual

Clinical Rotation Expectations

1) <u>Rotation Attendance</u>: Successful completion of a rotation is dependent on the active participation of the resident in the care of their patients or other activities. The resident should be on their rotation at least Monday through Friday. Hours will vary depending on the rotation (see specific learning experience for details). The resident should only leave the rotation (after notification and handoff to the pharmacist) for agreed upon activities on the rotation calendar.

2) <u>Pre-Rotation Expectations Meeting</u>: 1 week prior to the start of any new rotation (both clinical and non-clinical) the resident must set up a meeting with the rotation preceptor. There they will discuss the assigned ASHP goals and objectives for the rotation, the learning objectives for the rotation, the resident's personal objectives, hours, and responsibilities.

3) <u>Rotation Calendar</u>: During the first week of rotation, the resident and lead preceptor of the rotation must determine a rotation calendar. The calendar should include all activities that the resident will be completing during the relation, both rotation and non-rotation related. The final calendar should be entered into the resident's Microsoft Outlook calendar. The purpose of the calendar is to set/communicate clear expectations of the resident and preceptor(s). In addition, the calendar will serve as a tool to hold the resident and preceptors accountable for their agreed upon commitments. If a conflict arises after the calendar is agreed upon it is the responsibility of the individual with the conflict to coordinate rescheduling/making up any missed activities. Examples of information to be included on the calendar: staffing days, days off, meeting minute assignments, clinical topic discussions, pharmacist assigned for patient review with the resident, evaluations, snapshots, in-services, etc.

4) <u>Resident Rotation Projects</u>
   a. Rotation projects should tie into the educational objectives of the learning experience. The following criteria should be considered when assigning a resident rotation project:
      i. Is meaningful for the department
      ii. Aids in resident learning or development
      iii. Reasonably fits within the resident's current project load
   b. If the resident and preceptor agree on the project and its scope, it becomes the resident's responsibility to complete the entirety of the project to the satisfaction of the preceptor assigning it. It is recommended that the scope of the project be written down. If the resident does not believe the project fits the above three criteria, they should inform the preceptor they cannot accept the project at this time and involve the Residency Program Director. Residency Program Directors should rarely need to re-scope or deny projects.

5) <u>Additional Rotation Activities</u>:
      i. Team-related projects (practice management, quality improvement/audits, policy and procedures, etc.)
      ii. Training/teaching pharmacy students

6) <u>Rotation Transition</u>: As the goal is to facilitate communication and transition goals from one rotation to another, the resident/preceptor will make rotation evaluations a priority, completing them promptly after rotations are complete. Part of the evaluation must include areas of improvement that should be a focus of the next rotation. The resident in collaboration with their advisor and program director will ensure that this feedback is incorporated into the customized training plan. A copy of the evaluation and customized training plan will be given to the new preceptor at the start of a new rotation.

Clinical Staffing Responsibilities

1) All residents will be scheduled to staff for a total of 664 hours throughout their program as indicated on the schedule grid. This represents 83 total 8 hour shifts; however shift length will vary depending on multiple factors. If a resident needs days off on a weekend s/he is scheduled to staff, it will be the responsibility of the resident to switch out of the shift(s).
2) Details of the staffing procedures are in Policy 18.1 and Policy 1.1. Staffing selections are based on a self-assessment survey completed by the resident, staffing needs, and program requirements.
3) Residents should refer to their program specific manual for more details on clinical staffing

Section II

Residency Project Structure

Project Overview

Purpose: Residents are required to have demonstrated project management skills upon completion of the residency. These guidelines will outline a structure by which the PGY1/PGY2 project screening committee will review residency project submissions for feasibility, alignment with department goals, suitability for publication, resource availability, and the proper mentoring, supervision, and support for the resident and his/her project throughout the residency year.

Submission Requirements: A call for project ideas (along with criteria) will be distributed to all pharmacists by the Scholarship Committee Chair in November and March of each year. Project ideas must be submitted to the appropriate Residency Program Director as a brief narrative proposal and contain the following information: project title, project objectives/goals, and suggested project team. Project advisors should be prepared with proposed measures; project impact on quality, cost or patient experience; and determine a feasible scope for the assigned. Pharmacists who submit ideas should be qualified to precept residents according to ASHP criteria, including: institutional review board research training and residency project preceptor experience.

Deadline for project ideas for non-master's degree projects is June 1st. Master's degree project ideas are due August 1st. More information regarding the master's degree project can be found in the health-system pharmacy administration (HSPA) residency program manual.

Research Committee Screening: Scholarship Committee will meet to review all non-masters submitted proposals as they relate to defined project criteria prior to June 15th. Masters projects will be submitted to Admin RAC. Projects may be accepted, accepted with modifications, or denied. All accepted proposals will be included on a prioritized list and presented to residents by July 2nd to facilitate selection by the beginning of the residency year. Programs requesting projects to start ahead of July 1st should submit proposals to their sub-committees prior to Scholarship Committee meetings in the spring and be included on the Scholarship Committee agenda for approval.

PGY1/PGY2 project criteria:
1. Contribution to the Department/Organization:
    a. Must be in alignment with strategic departmental/organizational goal(s) AND at least one of the following: clinical/practice advancement, increased safety, improved quality, decreased cost
2. Feasibility:
    a. Must be able to be completed within the duration of the program and contain a defined scope
3. Utilization of quality improvement methodology or tools

Project Selection: Upon receipt of the approved project list, residents should review the project list and identify the 3-5 projects that most interest them. Afterwards, residents should meet with their resident peers to determine where their interests overlap. If interests overlap, residents should schedule a time to meet as a group with the first advisor listed on the project list to learn more about project expectations. Final projects should then be determined as a residency class.

Investigational Review Board (IRB) Application Process

The following tool should be used to determine if a formal IRB application needs to be completed (IRB QI/Program Evaluation Self-Certification Tool). Projects NOT requiring IRB approval will be considered a minimal risk IRB study. These studies primarily focus on quality improvement and/or program evaluation. Minimal risk IRB studies must have documentation of the Research Decision Tool being used to determine the study to be IRB exempt. Residents should save a copy of this form.

<u>Notes regarding IRB approval</u>:

1. Clinical studies requiring full IRB approval are discouraged as the scope and timeframe are often unreasonable for completion within one year. Minimal Risk IRB is a relatively efficient process that may allow feasibility for PGY1 projects requiring IRB approval.
2. On a case-by-case basis, important studies of a reasonable scope may be considered by the screening committee, which will review the proposal to determine whether the research, including study design, approval requirements, conduct, data collection and analysis, and a manuscript can be completed within the year.
3. Projects requiring IRB approval should be forwarded to the Director of the Pharmaceutical Research Center (PRC), who will work with the IRB Director and resident to determine what level of IRB review is required.
4. It is important to note that proposals must be polished and complete. Projects with uncertain aspects and/or expected changes during the course of the study are not good candidates for the IRB process.

Meds Management (MM) Pharmacy Project Intake Process – Electronic Health Record Considerations
Goals:

1. Ensure project is maintainable, sustainable and streamlined into workflows
2. Ensure the IT components of projects are completed and implemented prior to the completion of the residency program
3. Mitigate any unexpected timeline constraints or functional barriers
4. Ensure appropriate resource allocation – pharmacy department and UW Health enterprise
5. Help navigate through the approval processes associated with the EHR
6. Strive for uniformity in build and reduce customization
7. Ensure the most appropriate tools are utilized to gather data, document, etc.

Project Intake Steps:

1. Project selected by residents/APPE-RTs
2. Email initial project draft to the appropriate RAC and/or Scholarship Committee including Mike Fallon (MFallon@uwhealth.org) and Kerry Goldrosen (KGoldrosen@uwhealth.org)
3. Meds Management will review all drafts and notify resident which Meds Management team member will be assisting with their project if applicable
4. Resident will schedule 1-hour session with Meds Management team member within 2 weeks of project approval to review proposal and any Health Link build.
5. Email final proposal to Mike Fallon and Kerry Goldrosen to account for any decisions post-RAC draft review

Resident Expectations for Projects with Meds Management Team

1. Outline project timelines to ensure progression of project and appropriate resource allocation
2. Collaborate to submit Service Now Project ticket
3. Training documents will be created by the resident – MM will assist with providing screen shots and obtaining HIM approvals and Epic approvals if needed

Project Proposals

A written project proposal must be approved by the primary project advisor and then emailed out 7 days prior to the All-RAC meeting it is to be presented to the Scholarship Committee. Failure to obtain project advisor approval or meet the 7 days deadline will require the proposal to be rescheduled. Additional All-RAC meetings for non-master's degree project proposals may be required in July and August to accommodate project approval. Non-master's degree project proposals are due by August 30th. Master's degree project proposals are due by February

28th of the first year of the program. If a project requires resources from the Meds Management team, the Meds Management process must be followed (see above).

Project Proposal Development Resource Guide
What is a project proposal?
The project proposal serves as both a vehicle to gain endorsement that the project has merit and as a planning document. When done successfully, the reader will understand the background, purpose/goals, objectives, and methods of the project. In addition, the proposal should persuade the reader that the project is feasible, interesting, novel, ethical, and relevant.[1]

What are some of the benefits of writing a project proposal?
- Apply critical and creative thinking
- Organize thoughts
- Anticipate potential problems
- Gain support from stakeholders
- Lay a framework for Great Lakes presentation
- Make progress on completion of a final manuscript
- Clarify scope and expectations

<u>Title</u>
A successful title is a succinct phrase that condenses your project into a few words, captures the audience's attention and differentiates your project from others. Word choice and syntax (arrangement of words) should put the most important words first and be as precise as possible in order to best represent the project. The title should be free of conclusions, results, or discussion. Titles should be no more than 10-12 words.

Hint: Write your title at the end of your proposal development. The following process has also been suggested: 1. Answer the following questions: What is my project about? What techniques or design was used? Who/what is studied? What are the results? 2. Use those answers to list key words. 3. Build a sentence with those words. 4. Delete all unnecessary words, repetitive words and link the meaning. 5. Delete non-essential information and reword.

<u>Example</u>:
Step 1:
1. Discharge medication reducing readmissions and how to improve efficiency of the discharge process
2. Multicenter retrospective study of 100 UW Health patients from three patient populations
3. Lean and FOCUS-PDCA process
4. High risk discharge patients
5. Lower readmissions and less pharmacist time spent on discharge

Step 2:
- Pharmacist discharge medication reconciliation
- Multicenter study
- Readmissions
- Lean process improvement

Step 3:
This project undertakes a multicenter retrospective study to evaluate the impact of pharmacist discharge medication reconciliation on readmissions and then utilizes lean process improvement to improve efficiency of the discharge process at UW Health.

Step 4:
This project undertakes a multicenter retrospective study to evaluate the impact of pharmacist discharge medication reconciliation on readmissions and then utilizes lean process improvement to improve efficiency of the discharge process at UW Health.

Step 5:
This project undertakes a Pharmacist discharge medication reconciliation multicenter retrospective study to evaluate the impact of pharmacist discharge medication reconciliation on readmissions and then utilizes lean process improvement to improve efficiency of the discharge process at UW Health.

Final Title - Discharge medication reconciliation's impact on readmissions: multicenter study and lean process improvement

Project Team Members
List the major project team members and their role.

Proposal Abstract or Executive Summary
The purpose of the abstract is to communicate the purpose, objectives, and methods in 500 words or less.

Hint: Write your abstract at the end of your proposal development

Background
The content of the background of the proposal will vary from project to project. However, all successful backgrounds will:
- Provide context starting with the big picture (what forces on a state, national or local level are leading to a new need/problem) and narrowing to the specific problem/question the project is attempting to solve/answer within UW Health. This includes the current state at UW Health and an identification of OUR problem, need, or gap.
- Summarize what is already known in the literature, what previous work has been done internally and/or externally.
- Persuade the reader about what the project can contribute to the organization AND the literature and why it is unique and important.
- Demonstrate mastery of the subject area, how we got to the current problem, and clearly answer why the project is needed.
- Be well-written and clearly mesh with the purpose, objectives and methods (i.e., if it summarizes the literature on reducing readmissions through medication reconciliation, we would expect to see objectives and methods on med rec and readmissions and not on patient satisfaction or ROI calculations for a business case).

Clear Statement of the Problem
In one sentence explain to the reader what problem/question your project will solve/answer.

Purpose/Objectives
The purpose should be able to be distilled into a single statement that explains what the project intends to accomplish stated in terms of desired outcomes (goal-oriented). Often it starts with statements like:
    "The purpose of this project is to" or "The purpose of this project is twofold: to___ and ____."
     "The aim of this project is to… "
It answers the question "why" the project is being done in an accurate and concrete way. This is then followed by a description of objectives that support the purpose of the project. Often the words purpose and objective are

used interchangeably; however, each word is different in its scope. The purpose is goal-oriented (stated in terms of desired outcomes), global in nature, visionary, with general wording.

Conversely, objectives are "SMART", specific, measurable, attainable/actionable, results-focused, and time-bound. While the acronym is useful whenever setting objectives, the key components here are specific and measurable. They represent what you will do to meet your purpose. They are either achieved or not.

Table 1: Example of purpose statement and DUMB / SMART objectives

Purpose	DUMB Objectives
	Discuss the impact of medication reconciliation
	Describe the current state of medication reconciliation
"The purpose of this project is to…"	SMART Objectives
Measure the value of the current discharge medication reconciliation and education process and implement process changes to increase efficiency while maintaining quality.	Design a multicenter study assessing the impact of discharge medication reconciliation on readmissions and core measures compared to peer institutions
	Create a process to measure the improved patient outcomes and pharmacist time spent completing discharge workflows in the current state

Methods
This section will describe "the how" of meeting each objective. Each stated objective should have one or more methods for accomplishment. After reading, the audience should be able to replicate your project. When developing the methods section, consider the following:
   a. Project design: What type of design will be used? What specific variables will be examined?
   b. Sampling: At what points will intervention and/or measurement occur? What methods will be used to collect the data?
   c. Outcome measures: How will the resident operationally define and measure each of the variables? How will the data be presented?
   d. Processes: For performance-improvement projects, the FOCUS-PDCA framework is likely appropriate. For projects creating change, Kotter's 8-step model may be appropriate to include.
   e. Analysis tools: How will the data be prepared for analysis? What transcribing producers, coding procedures, or classification techniques will be used to prepare the "raw" data for analysis and interpretation? What statistical techniques will be used?

Hint: It is very helpful to create a grid mapping each objective to specific methods and specific measurable results. This grid does not need to be included in the project proposal but will provide clarity to the project team about whether appropriate objectives, methods, and measurable results have been developed to achieve the purpose of the project.

Table 2: Example of final mapping of purpose, objectives, methods and results:

Purpose	Measure the value of the current discharge medication reconciliation and education process and implement process changes to increase efficiency while maintaining quality.
Objective	Create a process to measure the improved patient outcomes and pharmacist time spent completing discharge workflows in the current state

Methods	1. Develop an oversight team with two members of the meds management team and a clinical pharmacist (sub-bullets to describe team selection process) 2. Define reportable and manual data elements (list proposed elements – A,B,C that will be collected through electronic means and X,Y,Z through manual collection) 3. Create manual data collection tool for X, Y, Z metrics (sub-bullets describe how tool will be created, in what software, etc.) 4. Complete direct observation on 50 discharges collecting time stamps at each process step (sub-bullets describe process steps and how each time stamp is defined e.g. initial patient visit/contact, medication reconciliation, patient education material preparation, counseling, documentation) 5. Calculate a rate of detected medication problems per minute spent on discharge process (sub-bullet shows equation)
Proposed Results*	N of observations Time spent at each phase of discharge workflow Rate of MRP detected per minute spent on discharge workflow

*consider Donabedian model of "Structure", "Process" and "Outcome"

References
References should be formatted according to the American Medical Association Manual of Style.

Formatting for Proposal
Use Times New Roman font (16-point for title, 11-point for body). Include month, year, and page numbers in footer. Use 1-inch margins.

Helpful Resources
1. Cummings SR, Browner WS, Hulley SB. Conceiving the research question. In: Hulley SB, Cummings SR, eds. Designing Clinical Research. Vol 1. 1 ed. Baltimore: Williams & Wilkins; 1988:12-17.
2. Meyer, PJ. What would you do if you knew you couldn't fail? Creating S.M.A.R.T. goals. In: Attitude is everything: if you want to succeed above and beyond. The Leading Edge Publishing Co; 2006.

Hint: The most common reasons projects are not approved by RAC are unclear project scope and incomplete or unclear objectives, methods, and results. Schedule time to discuss your project proposal with your RPD and key members of RAC, in addition to your project team, before submitting your project proposal.

Advice for Successful Residency Projects

Listed below are pearls for successful residency projects. By following these pearls, the resident can minimize major barriers that have come up in previous projects.
1. Residents should select a project that will provide a clinical learning opportunities for both themselves and the department
2. Residents should select projects that are of great interest to themselves
3. Residents should ensure that their IRB application is submitted promptly. Sometimes it can take ~ 4-8 weeks to gain IRB approval.
4. Residents should spend a significant amount of time gaining institutional support and assessing the impact their project has on other departments. Together, the project committee and the resident should determine who the key players are in their project and gain their support as applicable.

5. Residents should schedule regular status meetings with their lead project advisor and project committee to ensure project remains on track
6. Manuscripts should be written throughout the entire project period. This will minimize heavy writing at the end of the project

Project Timetable

The Education & Development Coordinator will email all residents, project advisors, and resident advisors reminders prior to each major checkpoint (#1-4)

PGY-1 Residents – Please refer to PGY-1 Residency Manual for PGY-1 specific project checklist

May	**Current Residents:**
	• Checkpoint 4 (GLPRC feedback and next steps for manuscript completion)
	• Manuscript
	    o Revisions to previous sections as necessary
	    o Finish methods
	    o Draft results and discussion sections
	• Submit manuscript draft to project team members for approval and sign – off
	• If project was IRB – approved, write letter to Human Subjects Committee Office notifying of study closure
	
	Future Residents:
	• Call for next year project ideas (continuation or Phase 2 of current projects, if necessary)

June	**Current Residents:**
	• Resident and project advisors/preceptors complete project evaluation in PharmAcademic
	• Submit manuscript to residency program director for residency completion
	• Submit manuscript for publication
	    o Delineate project team member responsible for peer review revisions if the resident will not be staying on at UW Health
	• Submit project outcomes to Meds Management and CCKM
	
	Future Residents:
	• Review project idea submission with Meds Management and CCKM. Projects will either be:
	    o Reviewed and approved
	    o Approved with modifications
	    o Denied
	• Review any additional project ideas submitted by incoming residents
	• FINALIZE resident project list at All-RAC meeting
	• Provide a list of approved projects to incoming residents
	• Residents complete IRB investigator training (CITI training)

July	• Residents review proposed project list, determine top choices, and discuss with each other. Afterwards, one resident should contact the advisor(s) of the project to meet and discuss the project on behalf of all interested residents. Other residents interested in the project should attend this ONE meeting. • Residents should also perform background research and review current literature on the project itself (strongly encouraged to meet with Ebling librarian) • Residents must determine their project selection no later than the first August All RAC meeting • A document listing ALL resident projects should be created and submitted to All RAC • Residents should work with project team about meeting with a statistician, if necessary
August	• Residents send project proposals to All RAC one week prior to proposal presentation

Month	Tasks
	- o All RAC will help residents identify key project stakeholders and assist in finalizing project team - Residents develop PowerPoint presentation and present project proposals at All RAC - Work with PRC staff to submit IRB application (if applicable) - o Note: IRB applications typically take 1-2 weeks to get response. The application is usually approved pending modifications/clarification. Therefore, this means it takes 2 more weeks to do consultation and resubmission. Though it usually does not need to go back to full committee for approval, it still takes 1-2 more weeks until final approval is granted. BOTTOM LINE: 8 weeks total! - o If IRB exempt, be sure to print and save copy of exemption form - Resident will schedule routine meetings with project team
September	- Begin methods/data collection or continue IRB approval (if applicable) - Project team checkpoint 1 submitted to All RAC (timeline, achievements, barriers, next steps). A timeline is an essential component of project success. - Manuscript - o Determine manuscript order of authorship - o Identify manuscript target journal - o Draft title, abstract, and background section of manuscript
October	Continue work on methods/data collection
November	- Continue work on methods/data collection - Submit Vizient poster abstract (required) - Create project poster - Obtain poster approval by project team and program director PRIOR to printing - Print project poster at Helen C. White library and SAVE receipt
December	- Present poster at Vizient meeting (required) - o NOTE: residents are encouraged to submit their completed projects for platform or poster presentation at the MYCM following completion of the residency - Manuscript - o Revisions to previous sections as necessary - o Draft methods section - Submit poster printing receipt to Pharmacy Administrative Office for reimbursement along with hotel receipt - Project team checkpoint 2 (Vizient feedback and next steps) - Continue work on methods/data collection
January	- Continue work on methods/data collection - Evaluate Great Lakes Pharmacy Residency Conference (GLPRC) checklist - o Begin to develop GLPRC slides - o Schedule GLPRC practice sessions
February	- Submit GLPRC abstract by February 1 - Great Lakes Practice Sessions - Manuscript - o Revisions to previous sections as necessary - o Finish methods section - o Begin results section if able
March	- Great Lakes Practice Sessions - Checkpoint 3 (timeline review, achievements, barriers, manuscript progress, next steps)
April	- Submit slides for GLPRC presentation - Present project findings at GLPRC
May	Current Residents: - Checkpoint 4 (GLPRC feedback and next steps for manuscript completion) - Manuscript - o Revisions to previous sections as necessary - o Finish methods - o Draft results and discussion sections

	• Submit manuscript draft to project team members for approval and sign – off. • If project was IRB – approved, write letter to Human Subjects Committee Office notifying of study closure Future Residents: • Call for next year project ideas (continuation or Phase 2 of current projects, if necessary)

June	Current Residents:
	• Resident and project advisors/preceptors complete project evaluation in PharmAcademic
	• Submit manuscript to residency program director for residency completion
	• Submit manuscript for publication
	    o Delineate project team member responsible for peer review revisions if the resident will not be staying on at UW Health
	• Submit project outcomes to Meds Management and CCKM
	
	Future Residents:
	• Review project idea submission with Meds Management and CCKM. Projects will either be:
	    o Reviewed and approved
	    o Approved with modifications
	    o Denied
	• Review any additional project ideas submitted by incoming residents
	• FINALIZE resident project list at All-RAC meeting
	• Provide a list of approved projects to incoming residents
	• Residents complete IRB investigator training (CITI training)

Poster Presentation

Pearls for Designing/Printing/Presenting a Poster
Successful posters advertise and draw the audience in, serve as a conversation starter, and educate the audience with the over-arching message. Start by identifying the dominant message you want the audience to take away
- Include the most important points (must be able to discuss in 5 min or less)
- Make the poster flow from left to right and top to bottom
- Must be legible from at least 6 feet away
- Use an easy-to-read font (Note: review Branding and Logo Usage guidelines on intranet page for official UW Health fonts)
- Use Bold headings
- Keep plenty of white space
- Use easy to interpret graphs and images

The resident is responsible for scheduling sessions with their project advisor and preceptors to review content of the poster. Once approved, the resident may print the poster. Prior to printing, know the poster dimensions, use a matte finish (glossy finishes can be hard to read) and use lightweight paper for easy transport

Printing a Poster on UW Campus
Poster printing is available on the 2nd floor of College Library (also called Helen C. White Library) in the Computer & Media Center (on the right as you exit the stairwell)
- College Library, 600 N. Park St. (next to the Memorial Union)
- Typical hours of operation (check website for changes)
    - Sunday: Open at 10:00 AM
    - Monday – Thursday: Open 24 hours
    - Friday: Close at 11:45 PM
    - Saturday: 10:00 AM – 11:45 PM
- Metered parking is available under the building (enter from N. Park)
- Price: $3.00 sq/ft
- File Format: TIFF or PowerPoint ONLY
- Please name your file using the following convention: FirstNameLastName-OneWordDescription.filetype
- Bring the file on a flash drive, or log on to one of the available computers and place it in the public storage drive
- Payment: Credit Card (Visa and Mastercard)
- You must be physically present and approve the poster before it can be printed
- Typical turnaround time is 3 hours, but can sometimes be up to two days during especially busy times throughout the semester
- Before leaving, use poster cutter to trim edges for best appearance

Presenting a Poster
- Bring supplies to hang your poster (thumb tacks, markers, etc.)
- Introduce yourself and explain what the need was for the project to draw in your audience
- Body language and voice tone are as important as the poster's content
- Make eye contact with your audience (do not talk to the poster)
- Do not use acronyms without first stating what they stand for
- Anticipate questions that the audience may ask
- Have paper copies and business cards for the audience to take

Great Lakes Pharmacy Residency Conference Procedures

All residents are required to present the results of their resident project at the annual Great Lakes Pharmacy Resident Conference (GLPRC), which is held in late April each year. NOTE: Abstracts are due February 1st.

1. David Hager will review expectations for GLPRC during required Resident Seminar in January
   a. Example presentations from 2015 are available:
      i. https://videos.med.wisc.edu/videos/54172 (Operations)
      ii. https://videos.med.wisc.edu/videos/54173 (Clinical)
2. Abstract Submission. Due February 1
   a. Required informational podcast on webpage
   b. Specific guidelines for abstract format must be followed (webpage contains examples); http://www.glprc.com/abstract_information.aspx
   c. Abstracts must be reviewed by the project advisor, residency advisor, and program director before submission.
   d. Practice session invites should include: project advisor, project team, residency advisor, and someone not involved in the project. It is recommended to bring a back-up resident to help you with recording the feedback. Other interested staff should be invited to attend.
   e. Example presentations, an updated PowerPoint template and initial background slide is located here: J:\Rx\RXShare\Resident\Great Lakes
   f. Residents will present just as if they were at the conference. For example, the resident will dress appropriately/professionally, use a podium, pointer (if necessary), stand at the front of the room facing the audience, use formal speech, etc.
   g. Check spelling and font changes on all slides before the practice session
3. General Tips
   a. Don't say "White et al", say "White and colleagues" or "White and others"
   b. When addressing questions after your presentation, repeat each question so that everyone can hear it. If you are in a small room and you think it isn't necessary to repeat it, ask if everyone heard the question after the first question is asked. Thereafter, it is appropriate to answer the question without repeating it.
   c. All residents are expected to attend fellow residents' presentations
   d. Know where your presentation will take place, and check it out before your presentation. During your presentation, include a description of your role in the project, limitations, and how the project related to the "big picture"

Section III

Residency Experiences

Residency Experiences

In addition to formal rotations, residents will have many structured "experiences." Experiences generally have fewer weekly hour commitments and provide the resident with focused experience in a particular clinical or administrative area.

Note: To review more specific details regarding residency experience, please refer to program-specific manuals. Not all residents will participate in listed experiences

Medication Use Evaluation
The resident will be expected to complete a targeted medication use evaluation (MUE) to develop skills related to evidence-based assessment of medication usage for identification of improvement opportunities related to cost, safety, and effectiveness. The residents will be partnered with one another and a representative from the Drug Policy Program to complete a MUE.
The residents will:
      (1) develop a proposal for the MUE
      (2) present this proposal to the MUE subcommittee of the Pharmacy and Therapeutics Committee
      (3) complete MUE data collection and analysis
      (4) formulate and present recommended actions to the MUE subcommittee based on the MUE findings

Refer to PharmAcademic for description and requirements of full learning experience.

Experience Applies to: PGY1, MSO, Informatics, Specialty, PGY-2 Internal Medicine, PGY-2 Pediatrics, PGY-2 Oncology, and Junior Administrative Residents

Grand Rounds Interactive Lunch & Learn (GRILL)
Purpose
- The purpose of GRILL is a forum for educational presentations by pharmacy residents and residency track pharmacy students in their final year of school delivered to a group of seasoned pharmacists, pharmacy residents, and pharmacy students. A focus of the activity will be on interactive learning that engages the in-person audience as well as remote live audience.
- Topics will vary widely among both clinical and administrative topics and can include but not limited to:
  - Clinical and operational learning
  - Practice-based improvement
  - Systems-based evaluation

Attendance
- All residents are required to attend GRILL. It should be prioritized over rotation activities or other meetings.
  - It should be the expectation of the preceptor that residents and students attend GRILL
- Acceptable reasons for missing GRILL
  - Participating in an ACLS, RSI, or another critical patient care situation
  - Staffing
  - Out of office due to PTO or Meeting days
  - Extenuating circumstances (clinical or administrative experiences deemed essential and/or unique that must be approved by Education and Development Coordinator and/or the Residency Program Director)
- All GRILL absences must be reported to the PGY1 GRILL Lead at least 24 hours beforehand.
  - If there is an emergent situation where the resident is unable to attend GRILL, the PGY1 GRILL Lead will be notified ASAP.

- o   The PGY1 GRILL Lead will follow up with any resident with an unexcused absence; these situations will be handled on a case-by-case basis.
- All GRILL attendance will be monitored through the UW ICEP RSS attendance software. Attendance will be taken through texting the presentation code and completing the feedback evaluation following the session.

Logistics
- The 2020-2021 PGY1 GRILL Lead is Philip Nguyen
- GRILL will be held from August through May, excluding weeks with conflicts
- GRILL presentation schedule and feedback sign-up will be distributed by the PGY1 resident
  - o   Each resident will present at 1 session/year
  - o   All APPE-RT's are required to present (in groups of 3) at 1 session per year
  - o   Each resident will be responsible for providing in person feedback at 2 sessions/year except JAR's/SAR's will be required to provide feedback at 3 sessions.
  - o   Feedback evaluations will be sent to all residents at the beginning of the year. Residents will be responsible for bringing a feedback form to the session they plan to evaluate.
- 4 weeks prior to the presenter's session, the presenter will send the PGY1 GRILL resident the proposed topic title and the planned content expert
- 2 weeks prior to the presenter's session, the presenter will send the PGY1 GRILL resident the objectives of the presentation, the completed RSS form, the completed announcement flyer, and complete the conflict of interest process through the Convey system.
- 1 week prior to the presenter's session, the presenter will send the PGY1 GRILL resident the completed slides for the presentation

Presentation Coordination
- GRILL will be held once weekly for 1 hour (Tuesday from 1130-1230).
  - o   One resident or 3 APPE-RT students will give a 45-minute-long presentation
    - ▪   All residents are required to present 1 session per year
    - ▪   All APPE-RT's are required to present at 1 session per year
    - ▪   Following the 45-minute presentation, there will be a period for the audience (live and remote) to ask the presenter questions.
  - o   Following the 45-minute presentation and questions, the presenter will receive feedback from:
    - ▪   The 2 residents listed on the feedback evaluation sheet
    - ▪   1 member of the ICEP GRILL Committee
    - ▪   The content expert or delegate for the presentation
  - o   A week after the presentation, the PGY1 GRILL Resident will send the online feedback to the presenter.
- The PGY1 GRILL Lead will be responsible for reserving rooms, Webex lines, and the pharmacy department conference phone at the beginning of each year for all sessions.
- Outlook calendar invites will be sent by the PGY1 GRILL Lead at the beginning of the year to hold the room/time/presenter/title and will be updated at least 48 hours prior to GRILL with the topic of discussion. If the resident is off site for rotation, the resident can still attend by calling in using the Webex link provided in the calendar invite.
- The PGY1 GRILL Lead will complete the ICEP RSS session at least 48 hours before the intended presentation.
- The PGY1 GRILL Lead will keep an updated list of project ideas circulating
- The PGY1 GRILL Lead is responsible for attending any and all sessions for ICEP RSS updates and distributing the necessary information
- The PGY1 GRILL Lead will assist with any issues concerning the acquisition of CE from the presentation

Presentations
- Presentations are expected to be professional, informative, interactive, engaging, and educational for the audience (pharmacists, pharmacy residents, pharmacy students).
- Topics ideas can be introduced from topics identified by staff members, national/regional changes, guideline updates, etc
- Presentations can include but should not be focused on UW Health Guideline practices
  - Practices, trials, guidelines, and medication usage information should be pertinent to individuals both inside and out of UW Health
- Presentations are expected to be interactive and engaging to the audience. Engagement should be directed towards both the in-person audience and the remote audience
- Presentation objectives must be approved by the UW ICEP Office prior to the presentation
- Presentation rooms will be scheduled to hold at least 40 participants
- Presentations will be posted under the J:\Rx\RXShare\Resident\GRILL folder

CE Accreditation
- The PGY1 GRILL Lead and the ICEP GRILL Committee will coordinate CE Accreditation for the GRILL program and the presentation sessions
- Audience members are expected to text the session code to 608-260-7097 within 3 hours of the conclusion of the session
- Presenters should complete conflict of interest documentation in a timely manner following the creation of their session account.
- Questions about presentation quality, integrity, and structure should be relayed to the PGY1 GRILL Lead

Experience Applies to: All Residents

Medication Safety Experiences
The Medication Safety Officer will assign PSN reviews to PGY1 residents (5 required) and PGY2 residents (optional). Further instructions for Patient Safety Net responsibilities can be found in Appendix C. Residents are also expected to participate in at least 1 medication-related root cause analysis (RCA).

Experience Applies to: PGY1 Residents

Pharmacy Director Coffee Discussions
During the academic year, residents will meet weekly on Tuesdays or Wednesdays with the Director of Pharmacy to discuss pertinent pharmacy topics. These discussions vary from bringing the residents up to date on hospital issues, state, and national pharmacy and health care issues, to discussions of resident's projects or issues of dissatisfaction of any resident. ATTENDANCE IS MANDATORY. Each resident is responsible for bringing an agenda item for discussion to the coffee.

Coffee sessions will be on repeating & rotating basis as follows:
> Week 1: Junior Administrative Residents with the Director of Pharmacy
> Week 2: Senior Administrative Residents with the Director of Pharmacy
> Week 3: PGY1 & PGY2 Clinical Residents, MSO Residents, Specialty Resident, and Informatics Resident with the Director of Pharmacy
> Week 4: All Admin Residents with the Director of Pharmacy

Additional responsibilities for administrative residents are outlined in the HSPA residency manual

Experience Applies to: All Residents

Graduate Seminar in Health-System Pharmacy

Purpose Statement: To present various service areas and departments within the hospital and to enhance the resident's understanding and appreciation of the multifaceted approach to health care delivery. This is achieved through presentations given by department representatives who explain their role within the health care system at UW Health and how they interact with, affect, and are affected by the pharmacy department.

Course Structure: One to two administrative residents will work to coordinate the full seminar schedule (Aug – May) during their senior year. In addition to representatives from outside of pharmacy, the senior administrative residents are required to present a seminar topic in the first semester and the junior administrative residents are required to present a seminar topic in the second semester. Seminar is held weekly on Wednesdays from 1200 – 1300 throughout the academic year.

Resident coordinators are responsible for scheduling all seminars as well as booking rooms. Although all residents are not required to attend weekly seminar, it is strongly encouraged. However, in the event that a UW Health hospital administrator is presenting at seminar, it is an expectation that ALL residents attend. Resident coordinators will send a separate appointment reminder to all RAC members and all residents ~2 weeks prior to a hospital administrator-led seminar. Administrative residents should refer to the HSPA Residency manual for more information regarding their responsibilities

Experience Applies to: All Residents

Trip Coordination and Attendance

Residents are responsible for coordinating trips taken by the residents. The PGY1 class is only responsible for coordination of their PGY1 trip in May. The administrative residents are responsible for coordinating all remaining trips. Administrative residents should refer to the HSPA residency manual for more specific information.

The following functions should be taken care of by the resident. This process should be initiated approximately 6 months prior to the day of trip departure and should begin with a meeting with the Residency Program Director to discuss resident expectations for the trip.

- Discuss trip with Residency Program Director and Director of Pharmacy regarding funding amount available, possible sites, possible dates, contacts
- Identify possible advisor(s) to accompany residents (Director of Pharmacy can assist with preceptor rotation of travel responsibilities) –Note: think ahead 5-6 months so that request for time off can be submitted if required
- Prepare the following for the administration staff: Names of travelers, dates of travel, funding source, estimated reimbursement amount, reason for trip, and destination
- Contact individuals at each visitation site
  - Contact sites you will visit to coordinate and confirm the purpose of your trip, your anticipated arrival and departure times, and to finalize agendas, after-hour social events and locations to meet, etc.
- Make transportation and lodging arrangements with assistance of administrative staff
- Create an itinerary and supply the following information to travelers: departure time, travel itinerary, assignments, receipts required for reimbursement and timeframe for submission (1 week after return), contact information/phone numbers
- Ensure all residents going on the trip are prepared to represent the UW Health Pharmacy Department at the highest level (e.g.; understand responsibilities/assignments for the trip, familiarity with UW pharmacy department statistics and services, etc.)

Experience Applies to: All Residents

Patient Safety Net

The Patient Safety Net (PSN) is a University Health-System Consortium resource used by UW Health to report medication-related adverse events and unsafe conditions. Residents are involved in evaluating medication-related reports through the PSN system to ensure adequate detail is collected and to identify and recommend follow-up. Refer to Appendix C for more detailed information

Experience Applies to: All Residents

Electronic Medical Record (EMR) Support

There may be times where residents will need to assist with EMR changes to support patient care. Details will be provided about the role of the resident through these changes based on the scope of the EMR project. Examples may include quarterly Epic upgrade support.

Residents will be notified with as much advance notice as possible of EMR changes. EMR support projects may be planned or urgent.

Experience Applies to: All Residents

School of Pharmacy (SOP) Student Clerkship Orientation

One of the teaching responsibilities for all inpatient residents is to give the inpatient orientation and tour to the 4th year clerkship students (APPEs) on required and elective acute care clerkships on Day 1 of their first inpatient rotation.
> The PowerPoint presentation has already been developed and can be found on the share drive under (J:)/Rx/RxShare/Presentations. A copy of the slides will also be sent to the resident along with a calendar invite.

Responsibilities include:
- Presenting the general department orientation material to the students. The presentation should last 45 minutes to 1 hour.
- Giving a mini tour of the department/hospital and assist those who need help finding their rotation units after the presentations.

Please refer to Appendix E for resident assignments

Experience Applies to: PGY1, MSO, Specialty, Informatics, and Junior Administrative Residents

Nursing Orientation (RNO & NRO)

Residents are responsible for providing orientation to the pharmacy department for new-hire nursing staff (Registered Nurse Orientation or RNO) and new nurse residents (Nurse Resident Orientation or NRO). This orientation includes either a 45-minute PowerPoint presentation (NRO) and question/answer session OR facilitating four 15-minute roundtable discussions regarding our transitions of care practices (RNO) during nursing orientation.

The Education Coordinator is responsible for coordinating the pharmacy department's involvement in nursing orientation and will distribute dates for nursing orientation presentations as dates are known. For an initial listing of dates, refer to Appendix E. Additional dates will be distributed via email and Outlook Calendar. Dates may be added, changed or canceled depending on nursing education's needs.

Residents are responsible for ensuring understanding of content covered by the PowerPoint presentation. It is recommended that residents discuss the presentation with the Education Coordinator and observe a nursing orientation presentation prior to their scheduled dates.

The resident is expected to review all appropriate materials ahead of time and come prepared to provide a quality presentation/discussion that reflects well upon the Department of Pharmacy

Presentation materials are available on the J:\ drive at the following file path: (J:\Rx\RXShare\RNO (Registered Nurse Orientation) Presentation)

Residents are responsible for coordinating rescheduling presentation dates if they are unable to present due to scheduling conflicts. If a resident coordinates switching dates with another resident, they are responsible for updating the ALL Pharmacy Residency Manual.

Experience Applies to: PGY1, PGY1 MSO, PGY1 Informatics, and Junior Administrative Residents

Meeting Minutes
Residents are responsible for taking and distributing minutes for a variety of committees as assigned. Meeting minute responsibilities include, but are not limited to:
- Monthly Pharmacist Staff Meetings
- Resident Advisory Committee
- Pharmacy and Therapeutics Committee Meetings
  > Listed below are guidelines for how minutes should be taken at each meeting. Please refer to Appendix E for resident assignments to meeting minutes.

Note: refer to program specific manuals regarding other (potential) responsibilities for meeting minutes

Experience Applies to: PGY1, MSO, Specialty, and Junior Administrative Residents

Pharmacist Staff Meeting Minutes
PGY1/Administrative residents will participate in taking minutes for the monthly pharmacist staff meeting

No later than Friday of the week of the staff meeting, and within 72 hours of the staff meeting, the assigned resident will prepare meeting minutes and send them to Jack Temple (CC: Jen Heyer) or review and approval. The description of each agenda item should be succinct, and attachments should be included if they are handed out at the meeting.
- Be sure to utilize the slide sets that are saved on the J-Drive to write the minutes (J:\Rx\RXShare\Rx Meeting Agendas & Minutes\Pharmacist Staff Monthly\Slide Presentations-Handouts).
- After each topic summary, slide sets presented should be inserted as hyperlinks within the document itself.
- Once approved, the resident will provide final minutes to Jen Heyer who will then e-mail to all pharmacy staff and post on Workspaces. This will occur the Monday following the staff meeting.
- Meeting minutes and attachments will be saved in the pharmacy J drive (J:\Rx\RXShare\Rx Meeting Agendas & Minutes\Pharmacist Staff Monthly\Minutes) so that any staff member can read or reference previous staff meeting minutes and attachments.

P&T Committee Meeting Minutes
- PGY1/PGY2/Administrative residents will participate in taking P&T committee meeting minutes. Minutes are due to Sara Shull (262-1817) by 0900 on the first Monday following the P&T meeting.
- Listed below are some pearls for taking P&T meeting minutes
  - Begin all section headings with a description of the item. For example:

- - - Formulary review: Drug name
      - Protocol (new or revised): Protocol title
      - Guideline (new or revision): Guideline title
    - Use the agenda cover sheet to account for all members as either attending, absent, or excused. All members must be represented in one of these categories. Make sure that ad-hoc members are not included in any of the "member" categories. Place all rosters (present, excused, absent, guests) in <u>alphabetical order</u>. Guests should include only those who somehow participated in the meeting (e.g., taking minutes, presenting, managing the AV equipment, etc.)
      - There is no need to designate guests (other than students) by description. Designate by title only. For example, do not do this "pharmacy residents Jim, Sue, and Debbie." Instead, designate by title: "Jim Apple, PharmD; Sue Banana, PharmD; and Debbie Cherry, PharmD."
      - Place comma between name and credential and semi-colon between different individuals
  - Please arrive ~20 minutes early to help set up and review the agenda.

<u>Coordination of Drug Products Selection and Supply (DPSS) Sub-Committee Meeting</u>
- Administrative, MSO and Informatics residents will participate in coordination of DPSS committee meetings
- The DPSS Committee is a subcommittee of P&T and is the approval body for how medications are built into different system software databases and workflows and where products get stocked and utilized
- Attend assigned DPSS meeting on the second Wednesday each month from 1500 – 1630
- DPSS Meeting Resident Responsibilities:
  - Schedule meeting with DPSS chair two weeks prior to your assigned DPSS meeting date to review meeting preparation and pre-work assignments, and on the Monday the week after the meeting to review minutes and implementation plans
  - Complete meeting agenda and pre-work as assigned by DPSS chair
  - Pre-Work Includes (but is not limited to):
    - Prepare floor stock requests to be presented at the meeting. This included preparing and forwarding the requests to the "Pending DPSS" queue in the Floor Stock Database
    - Prepare meeting agenda and incorporate virtual vote results
  - Take meeting minutes and return to DPSS chair by Monday the week after the meeting
  - Coordinate follow-up of approved decisions for all items included in DPSS agenda

UW Health Conferences and Educational Opportunities
As an academic medical center, there are a number of grand rounds, conferences and other educational opportunities available through the School of Medicine and Public Health and School of Pharmacy. Residents and preceptors are strongly encouraged to take advantage of these learning opportunities as part of rotation design and planning.

Most calendars can be found on individual department websites found from the School of Medicine and Public Health home page. http://www.med.wisc.edu/.
- Neurosurgery http://www.neurosurgery.wisc.edu/education/grandrounds
  - Neurological Surgery Grand Rounds (Wednesdays 7:30-8:30 – G5/152 CSC)
- Medicine http://www2.medicine.wisc.edu/home/calendar/
  - DOM Grand Rounds (Fridays 8:15-9:15 – 1306 HSLC)
  - CVM Grand Rounds (Thursdays 7:30-8:30 - G5/119)
  - Endocrine Grand Rounds (Thursdays 16:00-17:00 – 1220 MFCB)
  - Nephrology Grand Rounds (Tuesdays 16:00-17:00 – 5114 MFCB)
  - UWCCC Grand Rounds (Wednesdays 8:00-9:00 G5/119)
- Neurology https://www.neurology.wisc.edu/rounds.html
  - Neurology Grand Rounds (Fridays 14:30-15:30 – 1220 MFCB)

- Pediatrics http://www.cme.pediatrics.wisc.edu/
  - Pediatric Grand Rounds (Fridays 14:30-15:30 – 1220 MFCB)
- Surgery https://cme.surgery.wisc.edu/courses
  - Department of Surgery Grand Rounds (Available for online registration)
- Oncology https://cancer.wisc.edu/research/grand-rounds/
  - Oncology Grand Rounds (Wednesdays 0800-0900 in G5/119)

Experience Applies to: All Residents

Teaching Certificate
An optional teaching certificate program is available to all residents

Teaching certificate is coordinated by School of Pharmacy and the UW Course Coordinator is Krista McElray

Experience Applies to: All Residents (if interested)

Section IV

Residency Recruitment
& Selection Process

General Information

All residents will assist with the residency recruitment process. This process is designed to help residents develop their human resource skills through evaluation of applications and interpretation of interview feedback. Policy 18.3 (Appendix A) outlines the candidate application, interview, and selection process and must be reviewed by all residents prior to the start of recruitment. Residents should refer to their program specific manual which will outline more specific recruitment responsibilities.

Recruitment
Although the recruitment process is ongoing all year, the official recruitment process begins in December during the Midyear Clinical Meeting. See the timeline below for specific details pertaining to the recruitment season.

Application
All applications will be received via PhORCAS. All full applications will be downloaded onto the J: drive by a designated resident. All applications will be reviewed.

Candidate Review and Selection
- Residents, the RPD and selected members of the RAC committee will review each application and enter scores into the recruitment database maintained by one senior administrative resident, one junior administrative resident, and one PGY1 resident
- Residents should work together as much as possible to reduce variability in scoring.

Interview
- Junior administrative residents and two PGY1 residents are in charge of coordinating scheduling interviews with candidates. The entire class will support them in making contact, but the leader will ensure days are filled and multiple offers are not made for interview dates.
- Candidate groups are generally brought in on Mondays and Fridays
- Candidate dinners will be held on Sunday and Thursday, the night before their respective interview. Please refer to program specific manuals for more detail regarding hosting candidates
- Preceptors, RPDs, and interviewers will be responsible for entering their own interview scores into the recruitment database.
- Depending on program (PGY1, PGY2, Admin) additional responsibilities may exist.

Candidate Scoring and Ranking
- At the end of the interview season, residents within each program will meet and establish a rank list before attending the final ranking session.
- Preceptors, RPDs and residents will meet to discuss interview feedback and create final rank list based on individual interview scores and feedback from both residents and managers.

Other Resident Responsibilities
- Attend Midyear Clinical Meeting Residency Showcase
- Serve as candidate liaison from Midyear until the interview date
- Enter applicants from PhORCAS into recruitment database
- Contact interview candidates and assist with recommendations on where to stay in Madison area
- Select dinner locations – locations should highlight downtown Madison area
- Attend interview dinners
- Prepare interview day packets
- Assist on interview days
- Participate in ranking process

Residency Recruitment Summary of Events

Month	Activity
July	• All residents meet to review recruitment strategy for Midyear with RPD. Determine which program directors will participate in PPS. In addition, determine which managers will interview candidates at PPS. • Determine if recruitment materials need to be updated. If so, work with Jen Heyer to ensure all handouts are up-to-date • JAR to request bios and headshots of ALL admin/MSO/specialty residents and upload to website by September • Web Content PGY1 Resident to request bios and headshots of ALL PGY1/PGY2 residents and upload to website by September
August	• SAR to remove all OLD recruitment material (ie. applications, evaluation forms) from the Access recruitment database • SAR/JAR/PGY1 to make updates to the Access recruitment database as determined by the RAC committee. These updates should be completed PRIOR to the PSW career fair and annual conference • PGY1/JAR to send out additional requests for website updates to RPDs. All materials MUST be updated by October
September	• PGY1/JAR to work with Jen to update the UW Pharmacy website as applicable • ALL RESIDENTS begin logging candidates into the Access recruitment database • JARs to schedule 1 hour meeting with SARS for admin resident – recruitment hand-off. During this meeting the recruitment process and expectations for (October – February) will be discussed
October	• JARs to begin coordinating PPS booth for Midyear Meeting
November	• PGY1s to schedule 1 hour meeting with PGY2/RPD for recruitment hand-off. During this meeting the recruitment process and expectations for (December – February) will be discussed
December	• Attend Midyear Clinical Meeting Residency Showcase (PGY1, PGY2, SARs, Specialty Programs –depending on year) • JARS to set-up log for recruitment changes for next year. This log should be in the form of a google doc and shared with RPDs/ALL residents/RAC Committee • PGY1/JAR/PGY2 begin scheduling interview dinners
January	• Week 1 – Residency applications due, SAR/JAR/PGY1 enter candidates into database, assign for review candidates, begin known UW candidates interviews (APPE-RTs, interns, etc.) • Week 2 – Complete applicant reviews, determine candidate interview list, and begin scheduling non-known candidate interviews • Week 3 – Finish interview/dinner scheduling, continue interviews/dinners • Week 4 – Continue interviews/dinners • Log changes for recruitment next year
February	• Weeks 1-3 – Continue interviews/dinners • Week 4 – Finish interviews/dinners and enter all scores into database • Log changes for recruitment next year
March	• Week 1 – Resident meeting to determine rank list, department meeting to determine final rank list, submit rankings. Note: JARS to work with RPD to determine when the match rank-list dinner is to be scheduled. PGY1/PGY2 programs to determine separately • Week 3 – Match results released, contact matched candidates with congratulatory email • JAR/PGY1 to send out survey to RAC members requesting improvements for next year. Responses should be collected and documented in a recruitment spreadsheet and presented at the April RAC meeting
April	• Week 1-2 – PGY1 Send housing information email to new residents, send pre-assessment • Week 3-4 –PGY1 Send MPJE/NAPLEX information to new residents • Review log of recruitment changes for next year with RPD and RAC committee
May	• Week 1-4 – JAR/PGY1 Send pre-assessment, determine advisors, determine weekend scheduling grid, assign staffing areas, and schedule onboarding • Note: JARS to begin their RPD rotation
June	• Week 1-2 – JAR finalize onboarding documents • Based on the recommended changes by the RAC committee, administrative as well as PGY1 residents staying on are to meet and assign tasks to ensure all appropriate changes are made • PGY1/JAR plan a social event with the incoming residents PRIOR to their start date

Section V

Resident Scheduling

Scheduling for Residents

General Scheduling
- Residents shall be scheduled to staff an average of 12 hours every week + 5 shifts throughout their program as indicated on the schedule grid. If a resident needs days off on a weekend s/he is scheduled to staff, it will be the responsibility of the resident to switch out of the shift(s). Details of the staffing procedures are in Policy 18.1 and Policy 1.11
    - Note: For more details regarding staffing requirements, program specific manuals should be referenced
- Schedule requests for residents on the inpatient schedule are processed through Pharmacy OneSource's StaffReady Scheduling (https://tom6.maplewoodsoftware.com/StaffReady/LoginPage/Apps?1). This is administrated by the scheduling coordinator or scheduling SAR. They will track resident shift count throughout the year to ensure residents only staff the required number of shifts throughout the year. Residents are encouraged to verify that staffing hour counts are correct.
- Schedule requests on the ambulatory schedule are administrated by Kathleen (Zickert) Reamer and are distributed outside of Schedule OneSource.
- Residents are not permitted to moonlight. Limited opportunities for picking up extra UWHC staffing shifts may exist under specific guidelines; see Policy 18.5 for details.
- All other scheduled days are "Resident Days." This is addressed in Policy 18.9

Vacation Days
- Each resident is given five* days of vacation for the year. Additionally, when working legal holidays, some of those are converted to vacation.
- Should the resident wish to take vacation days, the request for days off system should be used:
    - Vacation days are requested and granted per Policy 1.11
    - The days off request must be approved by the rotation preceptor and RPD
    - The resident records the vacation days on his/her electronic calendar.
    - Residents are encouraged to take vacation before the end of the program.
    - Vacation cannot be taken the last month of the residency without approval from the RPD.
         *Refer to Admin manual for JARs/SAR vacation days in the 24 month program

Job Interviews
- Days taken from rotational responsibilities for job interviews will not be counted as vacation days.
- Days are granted at the discretion of the RPD. Rotation preceptor and RPD should be notified as far in advance as possible.

Sick Days
- The resident shall receive up to 5 days of sick leave each year. Any time taken for illness should be communicated to the office manager, rotation preceptor, and RPD.
- Procedures for calling in sick for staffing (weekend or weeknight) is covered in Policy 1.11
- Procedures for calling in sick for rotation:
    - Excused absence: If an unanticipated conflict arises that causes the resident to be absent from rotation they must: verbally notify the unit/team pharmacist; email the rotation lead preceptor, program director and office manager; or the absence will be considered unexcused.
    - Unexcused absences: If a resident accrues 2 unexcused absences during a rotation or 3 over the course of the residency, the program director and resident's advisor will pursue disciplinary action per Policy 1.7.

Leave of Absence Policy for Residents
- Residents requiring extended leave (4 days or longer) should refer to Policy 18.8

Cross Training for All Residents
- Prior to the second six-month staffing rotation, each resident must meet with manager of that area, describe their plan for training, and receive the training checklist
- The resident will then train in their assigned area, complete the training checklist, and meet again with the manager to demonstrate any competency necessary for staffing
- No specific training days/shifts will be required except by discretion of the manager and staffing obligations will not change

Start and End Dates

Start and end dates for PGY1 and PGY2 residents are outlined below. The resident should consult their specific manuals for more details on check-out procedures.

PGY1 Pharmacy Residency Program
- PGY1 program start dates
    - PGY1 Programs included: ALL PGY1 (e.g. Admin, MSO, Practice, etc.)
    - Start date is the 2nd or 3rd Monday of June closest to June 15th (i.e. 6/16/14, 6/15/15, 6/13/16, 6/12/17, 6/18/18, 6/17/19, 6/15/20, etc.)
- PGY1 Program end dates will be 54-weeks after start date on the following Monday
    - If not staffing that final weekend, the resident may complete the employee check-out process and leave at the end of the day on the Friday prior
    - Employee access will remain through Monday regardless

PGY2 Pharmacy Residency Program
- PGY2 programs include: Oncology, Transplant, Infectious Disease, Critical Care, Ambulatory Care, Emergency Medicine, Pediatrics, Internal Medicine, Drug Policy, and any future PGY2 programs
- PGY2 program start dates
    - Start dates are expected to be available during the recruitment period of ASHP MCM (dependent on annual NEO date announcement)
    - UW Health PGY1 residents transitioning to UW Health PGY2 residents must make their selection prior to the last day of March and communicate to the RPD for scheduling
        i. OPTION 1 – Transition with no break/leave (i.e. PGY2 begins the immediate day after PGY1 end date)
        ii. OPTION 2 – Start on next NEO July date that is 2-weeks from option 1 with an unpaid leave of absence for 2-weeks (computer access, email, and health benefits are maintained during this period)
    - NON-UW Health residents start on next NEO July date that is 2-weeks from option 1 above
- PGY2 Program end dates will be 52-weeks after start date on the following Monday
    - If not staffing that final weekend, the resident may complete the employee check-out process and leave at the end of the day on the Friday prior
    - Employee access will remain through Monday regardless.

Section VI

Professional Obligations

Resident Licensing Requirements

Residents will be forwarded information on licensing soon after match results are announced. As per department Policy 1.5, residents should be scheduling their licensure examinations ASAP, even if missing orientation is required, and the exams must be taken by August 1st. If licensing by September 1st does not occur, a meeting between the resident, Residency Program Director, and Director of Pharmacy will occur to discuss remedial action and may include dismissal from the program.

Pharmacy Organizations

Each resident is required to be a member of:
- American Society of Health-System Pharmacists (ASHP)
- Pharmacy Society of Wisconsin (PSW)
  - Note: membership dues are the responsibility of the resident

Membership in other state, local, or national organizations is also strongly encouraged
Membership in specialty organizations is encouraged if applicable (HOPA, IDSA, SIDP, AST, etc.)

Student Precepting

Residents are expected to be actively involved with the training of student pharmacists while on rotations.

Residents will assist students in orientation to the unit, daily activities, answering questions, and other teaching opportunities

Residents are encouraged to invite students to resident activities that would provide a learning environment for the student (eg, GRILL, conferences, grand rounds, in-services, etc.)
- Students prefer depth and questioning (Socratic teaching) to reinforce topics they may have previously covered in pharmacotherapy, so two cases per session worked well.
- Residents should find what works for their students and adapt as needed.

Note: For more detailed information regarding student precepting, refer to program specific manuals

Section VII

Residency Program Evaluation & Completion

Overview

Residency training is meant to be an educational experience, including a continuous process of evaluation. <u>All</u> residents shall be continually evaluated throughout the process to determine the extent to which learning objectives are achieved. The goal at the end of the program is for each resident to have a deeper knowledge about themselves and an appreciation of their possible roles in pharmacy, and to be competent practitioners and administrators. All resident rotation experiences will be evaluated in PharmAcademic. Completion of ASHP residency training requirements will be monitored through the required objectives achievement tracker at the end of every rotation. Additional evaluations/oral examinations may be required dependent on program.

*Note: Please refer to program specific manuals for more detailed information.

Definitions of Scores Used in Learning Experience Evaluations

NI = Needs Improvement	The resident's level of skill on the goal does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress". This means the resident could not: • Complete tasks or assignments without complete guidance from start to finish OR • The resident could not gather even basic information to answer general patient care questions OR • Other unprofessional activities were noted by the preceptor This should only be given if the resident did not improve to the level of a resident before the end of the rotation as expected for where the resident is within the year or for items where one rotation should be sufficient (Knowledge or Comprehension level objectives). <u>Examples</u>: 1. Resident recommendations are always incomplete and poorly researched / or lack justification 2. Resident consistently requires preceptor prompting to communicate recommendations to team or follow up on issues related to patient care.
SP = Satisfactory Progress	This applies to a goal whose mastery requires skill development in more than one learning experience (Application, Analysis, Synthesis, Evaluation level objectives. In the current experience the resident has progressed at the required rate to attain full mastery by the end of the residency program. This means the resident can: • Performs most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. There is a possibility the resident can receive NI on future rotations on the same objective in which SP was received if the residents performance declines or does not advance as anticipated to achieve the goal during the residency year. <u>Examples</u>:

	1. Resident is able to consistently answer questions of the healthcare team and provide a complete response with minimal preceptor prompting or assistance. An area where the resident can focus on continued development would be to work on anticipating the needs of the healthcare team while rounding. 2. Resident is able to make recommendations to the team without preceptor prompting when recommendations are straightforward and well received. Resident sometimes struggles with more complex recommendations or difficult interactions. Resident should continue to identify supporting evidence to assist with difficult recommendations.
ACH = Achieved	The resident has fully mastered the objective. This means that the residency has consistently performed the task or expectation without guidance. Examples: 1. Resident's recommendations are always complete with appropriate data and evidence. This is achieved without preceptor prompting. 2. Resident consistently makes an effort to teach members of the healthcare team the rationale for therapy recommendations.

NOTE: Each example provides objective comments and if not marked as achieved, gives a concrete recommendation for what to do next time to achieve the objective.

Midpoint Staffing Evaluation

Midpoint staffing evaluations will be completed by each resident, clinical preceptor, and/or advisor in the area they are staffing via PharmAcademic.

The resident and preceptor must meet to discuss and sign this evaluation electronically in PharmAcademic. Any concerns in staffing performance will immediately be communicated by the clinical preceptor to the pharmacy manager of the unit.

If a serious staffing deficiency has been noted, the resident will prepare a Performance Improvement Plan (PIP) including a timeline indicating expected dates of achievement of major goals. The PIP will be submitted to the manager for approval

Section VIII

Checkout
Procedures

Checkout procedures are defined in Policy 18.6. Program-specific checkout lists can be found in each program's manual. In summary, the following must be completed prior to checkout:

Exit Interview

The outgoing resident is responsible for scheduling a 1-hour meeting with their Residency Program Director during the final month of their residency year. The resident is responsible for completing and sending their Exit Interview Form at least 1 week prior their scheduled meeting.

The resident will send the following documents (including available drafts) electronically to the RPD prior to the Exit interview or list as provided by resident checkout form:
- UHC or ASHP abstract and poster
- Great Lakes Pharmacy Residency Conference Abstract(s)
- Great Lakes Pharmacy Residency Conference Presentation and Evaluations
- Completed manuscript with written confirmation of project advisor approval (email confirmation is sufficient)
  - Electronic copy of all journal references used in manuscript
  - IRB form and approval letter (if necessary)
  - Data collection forms and spreadsheets
  - Formal presentations, GRILL presentations, teaching portfolio, or any other scholarly activity completed during residency (excluding informal in-services, topic discussions, etc.)

The resident will provide updated contact information and new position title to the RPD and administrative supervisor (Jen Heyer).

Additional Procedures for Check-Out

Evaluations
All rotation and learning experience evaluations must be completed prior to checkout and signed by the RPD

Residency Goals and Objectives
- All required goals and objectives must have been achieved during the residency
- If goals and objectives have been not been achieved, an action plan will be developed by the resident and approved by the RPD.

Office
- All personal items must be removed from resident offices by the last day of the residency year.
- Return office key, pager, and ID badge to pharmacy administrative office staff by the last day of the residency year. Note: iPad must be free of any applications added by the resident and the resident must disconnect their Apple account from the iPad.
- All university and hospital fees must be paid in full prior to residency checkout.

Health Link
- All Health Link In-Basket messages must be cleared out prior to residency checkout
Note: Until all of the above tasks are completed, the residency certificate will not be awarded. As a result, this could potentially be communicated to employers and future residency programs who inquire.