



Reedsburg

AREA MEDICAL CENTER

Postgraduate Year One (PGY1)
Pharmacy Residency Program

Residency Manual

Reedsburg Area Medical Center (RAMC)
Pharmacy Department
2000 N Dewey Ave
Reedsburg, WI 53959

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Table of Contents

1. Residency Program Purpose and Philosophy	3
2. Practice Site Information	4
A. RAMC Mission and Values	
B. Practice Site Description	
3. Residency Program Leadership and Preceptors	5
A. Residency Directory	
B. Role Descriptions & Responsibilities	
4. Residency Program Structure	8
A. Learning Experiences	
B. Teaching and Precepting	
C. Staffing Requirements	
D. Residency Research Project	
E. Pharmacy Organizations, Conferences & Recruitment	
5. Residency Policy and Procedures	15
A. Qualification Requirements of Candidate	
B. Candidate selection/interviewing/ranking procedure	
C. Resident offer/agreement procedure	
D. Pharmacist Licensure Policy	
E. Administrative Policies	
i. Duty Hours	
ii. Residency Extension	
iii. Moonlighting	
iv. At-Home Call Program	
v. Well-Being	
vi. Diversity & Inclusion	
vii. Preceptor Qualifications and Development	
viii. Corrective Action and Termination	
6. Requirements for Successful Completion of the Residency- General	25
A. Evaluation Scales	
7. Resident Responsibilities and Program Guidelines	29
A. Obligations to the Program	
B. Salary Benefits and Benefit Hours	
C. Professional Activities Reimbursement	
D. Other Benefits	
E. Appearance and Attire	
F. Administrative Leave	
8. Appendices	
A. Recommended Project Timeline	31
B. Documentation of Completion of Program Requirements	32
C. Pharmacy Performance Standards	33

Residency Purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Residency Mission

The PGY1 pharmacy residency program at Reedsburg Area Medical Center (RAMC) aims to develop independent, competent, and compassionate pharmacists focused on providing high quality care to rural communities. Due to the nature of practicing in rural health care, residents will gain a comprehensive knowledge base across numerous areas of pharmacy practice including hospital, ambulatory, and outpatient settings. The resident will have the opportunity to substantially advance their clinical skills and knowledge of pharmacy practice throughout the residency year, while additional specialty-focused learning experiences will prepare the resident to practice as a strong clinical pharmacist in a variety of practice areas.

Professional Goals & Educational Outcomes

The residency program builds upon the knowledge and skills acquired in didactic training and clerkships, enabling the resident to further develop academically and professionally. Through the completion of the residency goals and objectives, a resident will meet the following six educational outcomes:

1. Manage and improve the medication use process
2. Provide evidence-based, patient centered medication therapy management with interdisciplinary teams
3. Exercise leadership and practice management skills
4. Demonstrate project management skills
5. Provide medication and practice-related teaching, education and knowledge dissemination
6. Develop independent learning and self-improvement skills

The overarching goals of this program will be to develop and promote:

1. Clinical confidence and competence necessary for independent general hospital and ambulatory based practice or PGY2 specialization
2. Effective transitions of care
3. Pharmacy leadership aspirations
4. Commitment to rural healthcare and the advancement of pharmacy practice
5. Community involvement/volunteerism
6. Interest in teaching and acting as a preceptor for future pharmacists

RAMC Pharmacy Performance Standards

Refer to Appendix C for complete performance standards.

Practice Site Information

RAMC Mission

Reedsburg Area Medical Center, always there, going beyond the expected to provide compassionate, quality and efficient healthcare.

RAMC Values

- Service Excellence - We will pursue superior quality healthcare and service for our patients, residents, tenants, neighbors, their families and our community, by going beyond the expected.
- Integrity - We will be good listeners and communicate openly, truthfully and respectfully. We will adhere to the organization's standard of conduct and service excellence.
- Respect - We will treat all patients, residents, tenants, neighbors, their families, co-workers and our community with dignity at all times.
- Caring - We are committed to caring for each other to support a compassionate healing environment for our patients, residents, tenants, neighbors, their families and our community.
- Diversity - We will value differences; including differences in opinions, knowledge, culture and religious beliefs.
- Stewardship - We will creatively and optimally utilize all resources to maintain the financial ability to support our mission and vision.

Program Operator & Primary Practice Site Description

Reedsburg Area Medical Center is an independent, rural critical-access health system which has served as a healthcare leader to the Reedsburg community and surrounding rural areas since 1902. The hospital meets a broad variety of patient needs through general care, obstetrics, surgical services, emergency medicine, and intensive care. The primary care, walk-in care, and specialty clinics provide a diverse range of providers and numerous consulted medical specialties including cardiology, oncology, orthopedics, and obstetrics. Additionally, RAMC provides quality transitions of care through its “neighbors” at the Ridgeview Heights independent-living housing development, as well as a community-based residential facility, assisted living, and full-service skilled nursing facility.

Reedsburg Area Medical Center offers both inpatient and outpatient pharmacy services. This includes 24/7 hospital coverage through in-house and remote pharmacy services, ambulatory pharmacy services in the primary care clinic, and two outpatient pharmacies.

Residency Program Leadership and Preceptors

Residency Director, Lead Pharmacist:	Tiaha Mcgettigan, PharmD	tmcgettigan@ramchealth.org
Residency Coordinator:	Bryant Schobert, PharmD	bschobert@ramchealth.org
Director of Pharmacy:	Hannet Ambord, PharmD, MS, MBA	hambord@ramchealth.org
Residency Preceptors:	Alexis Mowry, PharmD Xin Zhang, PharmD BCACP? Matt Huppert, PharmD Courtney Rudisill, PharmD Danielle Liegel, PharmD Charlie Lee, PharmD	
Preceptors-in-Training:	None	
Residency Advisory Committee:	Karlee Dulak, PharmD Hannah Hansen, PharmD, BCPS Jennifer Larson, PharmD, BCPS Courtney Rudisill, PharmD Tiaha McGettigan, PharmD Alexis Mowry, PharmD Bryant Schobert, PharmD Dani Liegel, PharmD Matt Huppert, PharmD	

Residency Program Director

The Residency Program Director (RPD) is responsible for the overall character and direction of the residency program. They are administratively responsible for the development, maintenance, and execution of the program's content and structure such that it is sufficient to meet or exceed the standards for accreditation set by the American Society of Health System Pharmacists (ASHP). The RPD accepts or rejects applicants, dismisses enrollees if necessary and certifies enrollee's completion of the program. The RPD also selects individuals to serve as preceptors for portions of the residency training.

The Residency Program Director shall be a pharmacist from a practice site involved in the training program or from a sponsoring organization. They must be a licensed pharmacist who completed an ASHP-accredited residency and have had a minimum of three years of pharmacy practice experience or completed an ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience. Without completion of an ASHP-accredited residency, they must have five or more years of pharmacy practice experience. The RPD must have demonstrated a sustained contribution and commitment to pharmacy practice.

The RPD will serve as a role model for pharmacy practice and professionalism as evidenced by:

1. Leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice
2. Demonstrating ongoing professional engagement, as well as modeling and creating an environment that promotes outstanding professionalism.
3. Ongoing participation in drug policy or other committees/workgroups of the organization or enterprise.

The RPD will have responsibility for:

1. Oversight of the progression of residents within the program and documentation of completed requirements.
 - A. Oversight may be delegated to the Residency Program Coordinator (RPC) during some learning experiences or as applicable/needed.
2. Assisting in appointing and reappointing preceptors as well as evaluating preceptor development plans for the residency program

3. The residency program director is responsible for providing preceptors with the opportunity for preceptor development for their program. It is the responsibility for each individual preceptor to participate in the opportunities offered.
4. Ensure continuous residency program improvement in conjunction with the Residency Advisory Committee
5. Collaborate with pharmacy and hospital administration to promote the practice of pharmacy and support the residency program.
6. Ensure the residency program supports and provides adequate resources to its residents including an area in which to work, that is safe and conducive to concentrating without frequent interruptions and access to technology necessary to perform work functions

Residency Program Coordinator

Residency Program Coordinator (RPC) is responsible for developing, organizing, scheduling and coordinating elements of the residency program as directed by the RPD. They must be a licensed pharmacist who completed an ASHP-accredited residency and has a minimum of one year of pharmacy practice experience. Without completion of an ASHP-accredited residency, they must have three or more years of pharmacy practice experience. The RPC will serve as a role model for pharmacy practice as evidenced by:

1. Leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice
2. Demonstrating ongoing professionalism and contribution to the profession
3. Representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization

The Residency Program Coordinator will:

1. Organize the orientation and onboarding process for new residents
2. Schedule the resident's learning experiences
3. Assist in the planning process for resident recruitment and interviewing
4. Ensure that residents are meeting expectations and deadlines for tasks that are not assigned to a specified preceptor.
5. Creation and implementation of a preceptor development plan for the residency program.
6. Organization and leadership of a Residency Advisory Committee that provides guidance for residency program conduct and related issues
7. Perform evaluation, skills assessment, and development of preceptors in the program

Preceptors

Preceptors provide individual supervision of a specific residency learning experience. Preceptors should be licensed pharmacists that have completed a PGY1 ASHP-accredited residency followed by a minimum of one year of pharmacy practice experience, or have completed an ASHP-accredited PGY1 and PGY2 residency and a minimum of six months of pharmacy practice experience, or without completion of a residency have a minimum of three years of pharmacy practice experience. Preceptors are expected to practice routinely in the area in which they serve as preceptor and strive to continuously improve.

Preceptors must demonstrate the ability to precept resident's learning experiences by meeting one or more qualifying characteristics in all of the following six areas:

1. Demonstrating the ability to precept resident's learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
2. The ability to assess residents' performance in a timely manner
3. Content knowledge/expertise in the area(s) of pharmacy practice precepted.
4. Contribution to pharmacy practice in the area precepted.
5. Role modeling ongoing professional engagement.
6. Maintain an established, active practice in the area for which they serve as preceptor

Preceptors have the following responsibilities:

1. Work together with the RPD, RPC and other preceptors in the Residency Program to develop goals, objectives and learning activities for the learning experience in accordance with Standard 3.
2. At the beginning of each rotation, develop a plan for meeting the goals and objectives of the learning experience based on the individual resident's experience and in accordance with Standard 3.
3. Extend sufficient assistance, guidance, and direction to the resident in order for them to meet the goals of the learning experience. The preceptor will meet with the resident on a regular basis to determine progress.
4. Serve as a role model for the resident through delivery of pharmaceutical care.
5. Develop and maintain an appropriate reading library or bibliography that will aid in the attainment of the goals for the learning experience.
6. Keep the RPD and RPC aware of any difficulties that a resident may have during a learning experience or in the overall residency, those difficulties should be discussed with the resident when noted, and documented in PharmAcademic™, as applicable/necessary
7. Complete the Preceptor's Summative Evaluations of the resident within 7 days of the completion of the learning experience or as scheduled for longitudinal learning experiences, and review them with the resident.
8. Participate actively in the residency program's continuous quality improvement processes
9. Participate actively in preceptor development opportunities planned for their program.
10. Adhere to the residency program and department policies pertaining to residents and services.
11. Demonstrate commitment to advancing the residency program and pharmacy services.

Residency Advisory Committee

The Residency Advisory Committee (RAC) will be composed of the RPD and RPC, and primary pharmacist preceptors (as assigned). The RPD and RPC will be the co-chairs of the RAC. The RAC will oversee the overall maintenance and vision of the residency program and will be responsible for continuous quality improvement in regards to preceptor development and graduate pharmacy education. This group will meet at least quarterly to discuss key strategic initiatives and goals regarding the residency program. The resident will attend RAC meetings as needed for agenda items that concern specific residency/resident items. The RAC will also be responsible for:

- Evaluating residency candidates based on their interview performance and qualifications to develop a rank list
- Review of the initial development plan that is created for each resident.
- Discussion of overall resident progress and development plan adjustments as needed for residents. Adjustments will be reflected in the quarterly updates to the plan.
- Perform an on-going process of assessment of the residency program.
- Have a formal annual program evaluation at the end of every residency year to discuss areas of strength, opportunities for improvement, and strategies to improve the residency program.
- Keep minutes of every RAC meeting for accreditation and referral purposes
- Evaluation of new learning experience descriptions that are developed

Preceptors-in-Training

Pharmacists new to precepting who do not meet the qualifications for residency preceptors outlined above will be assigned an advisor or coach who is a qualified preceptor. They will have a documented preceptor development plan (see separate *Preceptor Annual Qualifications Review and Development Plan*) to meet the qualifications for becoming a residency preceptor within two years and be assigned a preceptor mentor.

Non-pharmacist preceptors

Non-pharmacist preceptors will only be utilized when a qualified pharmacist preceptor does not maintain an active practice in the area but the experience adds value to the residents' professional development. In addition, a pharmacist preceptor must always work closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience

Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:

1. Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice. Readiness for independent practice is documented in

the resident's development plan.

- a. Readiness for independent practice in direct patient care learning experiences will be reflected by a rating of achieved for the residency (ACHR) for goals and objectives in Competency Area R1.1, and as evaluated by the RAC.
2. The RPD, designee, or other pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.
3. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
4. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

Residency/Research Project Advisor

Research Project Advisor

Each residency research project must have a preceptor as the primary co-investigator for his/her research project. The responsibilities of the Research Advisor include:

1. Advise the resident in selecting a project that can be completed in the allotted time
2. Assist in the design and drafting of the research protocol
3. Coordinate the contact of a statistician (if necessary) to review and advise the protocol design, and to determine the number of patients needed if applicable
4. Ensure that the resident is following the prescribed project timetable
5. Assist in data collection, although, the majority of data collection will be performed by the resident
6. Guide data analysis and assist in the preparation of the final manuscript
7. Complete the preceptor's evaluation of the resident and review it with the resident

Residency Program Structure:

The residency program will begin in late June or early July depending on the coinciding dates of RAMC's new employee orientation. The program is structured to run over a minimum 52 week period with consecutive learning experiences. Two-thirds of the program must be spent in direct patient care activities.

1. No more than one-third of the residency program can focus on a specific disease state or population
2. Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.
 - a. For the purposes of the Standard, time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave.
 - i. Conference and/or education days, are also defined as "time away" for the purposes of the Standard.
 - ii. The calculation of time away DOES NOT include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.
 - iii. The Standard DOES NOT define the amount of paid leave that must be offered to residents; organizations should follow their routine paid time off policies and procedures.
3. Any rotations with non-pharmacist preceptors must:
 - A. Occur in the second half of the residency program after the RPD and RPC agree that the resident is ready for independent practice
 - B. A non-pharmacist preceptor may only be used if there is no available pharmacist preceptor qualified in the specific role (i.e. emergency medicine physician, no emergency medicine pharmacist on-site)
 - C. The rotation must add value to the residents professional development
 - D. A pharmacist preceptor must continue to work closely with the resident to develop goals and expectations for the rotation

Learning Experiences (LE)

Learning experience descriptions will be created by each respective preceptor, and will be available in PharmAcademic™. Resident will complete both rotational and longitudinal learning experiences. All learning experiences will be greater than 12 weeks and considered longitudinal.

During each learning experience the resident will progress from direct supervision to facilitation of independent practice. Learning Experiences may include topic discussions, journal clubs, community health events, collaborating with other health professions, and additional tasks as applicable to each LE's area of focus.

Residency Learning Experiences												
June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
ORIENTATION			Ambulatory Care (3 days a week)	UW	Ambulatory Care (3 days a week)						Management and Leadership	
			Internal Med (2 days a week)		Internal Med (1 day a week)							
			Elective (1 day a week)									
PRECEPTING AND TEACHING												
PROJECT MANAGEMENT												
STAFFING												

*UW = Teaching Rotation: Integrated Pharmacotherapy Skills, Mgmt & Leadership = Pharmacy Management and Leadership

Offered Learning Experiences

Required Learning Experiences

- Internal Medicine
- Teaching Rotation: Integrated Pharmacotherapy Skills
- Ambulatory Care
- Pharmacy Management and Leadership
- Precepting and Teaching
- Project Management
- Staffing (will be completed as part of the internal med longitudinal rotation)

Elective Learning Experience Options (residents may pick up to 2 options)

- Internal Medicine II
- Institutional Pharmacy Operations
- Long Term Care
- Quality/Population Health/MTM
- 340B

Brief Description of Learning Experiences & Certifications:

Required Experiences:

- Site and Residency Orientation
- Internal Medicine: direct patient care activities focused on internal medicine and antimicrobial stewardship topics. Located in the Medical-Surgical (Med-Surg) and Intensive Care units (ICU).
- Teaching Rotation: Integrated Pharmacotherapy Skills: teaching and academia focused experience at the UW School of Pharmacy in Madison
 - a. Travel is required for this learning experience, mileage and parking nor additional housing (if desired) is reimbursed, and the resident must provide their own transportation to and from the practice site. Residents are encouraged to factor in this learning experience when obtaining housing for the residency year.
- Ambulatory Care – Diabetes Education: direct patient care providing education and med management for patients referred to the service. Chronic Care Management: direct patient care following patients with multiple chronic disease states and multiple chronic conditions.
- Pharmacy Management and Leadership: introduction to management and development of leadership skills in collaboration with RAMC leadership and administration
- Precepting and Teaching: precepting IPPE and APPE students, as well as provision of education to patients, the community, students and health professionals
- Staffing: preparation for post-residency independent hospital practice in both centralized and decentralized pharmacy practice areas
- Project Management: completion of yearlong residency project, as well as projects listed in Appendix B

Commented [P1]: Needs review by all

Elective Experiences:

- Community Pharmacy: direct patient located in our RAMC Viking Pharmacy and Community Pharmacy serving the general public and variety of patient services including med packaging, med synchronization, long term care, and MTM services
- Quality/Population Health/MTM: direct patient care engaging patients affecting RAMC Physician Group clinics quality metrics, performing and complete CMRs as well as non-patient care public health initiatives
- Long Term Care Consulting: non patient care reviewing charts and following regulations for skilled nursing facilities and community based resident facility patient chart reviews by a pharmacist
- 340b: non patient care learning about the 340b program, completing regular audits of RAMC's 340b program, completion of a 340b related project
- Internal Medicine II: direct patient care activities building upon the skills learned in the initial Internal Medicine with additional leadership-focused experiences within the Med-Surg and ICU units.
- Institutional Pharmacy Operations: focused on central health system pharmacy operations including, product verification, sterile and non-sterile compounding, shortage management, formulary management, drug distribution, etc.

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Certifications

- BLS/ACLS (required)
- PALS (required)
- ACPE Accredited Immunization Program (if not already obtained during pharmacy school)
- UW Teaching Certificate (not guaranteed, requires approval of application with UW-Madison)

Resident Responsibilities

Successful completion of a learning experience requires the resident to actively engage and participate in all activities of patient care associated with the LE. This includes, but is not limited to:

1. Sets up initial meeting with primary and/or secondary preceptors to define individual goals, objectives, activities, expectations, and to develop a LE calendar prior to rotation start
2. Meets regularly with preceptors to develop an individualized plan to achieve goals

3. Schedules time to discuss patients, journal clubs, and topic discussions with preceptors
4. Assumes practice responsibilities of preceptor in his/her absence (as agreed upon by preceptor and resident)
5. Completes all preceptor and LE evaluations in PharmAcademic™ within 7 days of completion of the learning experience and discusses evaluation with preceptor
6. Completes all self-evaluations (if applicable) on rotation performance within 7 days of completion of the learning experience

Preceptor Responsibilities

The residency preceptor is responsible for ensuring the resident is appropriately progressing throughout the LE. This includes, but is not limited to:

1. Orients the resident to the LE prior to the start of the LE, including but not limited to:
 - A. Reviews the individual goals, objectives, activities, expectations, and develops a LE calendar
 - B. Discussion of feedback style and frequency throughout the LE, how the resident will provide feedback for the preceptor and rotation, and review of expectations for documented resident self-evaluation
2. Serves as a practice role model for the resident through active participation in the delivery of comprehensive pharmaceutical care services
3. Meets regularly with resident to develop an individualized plan to achieve goals
4. Meets with the resident to discuss patients and topic discussions
5. Approves project day requests and informs RPD/RPC of schedule changes
6. Discusses resident performance with interdisciplinary team members (as appropriate) and other pharmacy staff to develop well-rounded feedback
7. Continually seeks to promote and improve the quality of the residency experience
8. Provides periodic, constructive feedback to the resident on his or her performance
9. Challenges the resident in the processes of learning and professional growth
10. Completes all evaluations in PharmAcademic™ within 7 days of completion of the learning experience and discusses evaluation with resident

Learning Experience Transitions

To facilitate communication and setting expectations from one learning experience to another, the resident/preceptor will ensure LE evaluations are done within 7 days of completion of the learning experience. Any specific or targeted areas of improvement requiring remediation should be a focus of and incorporated into a future learning experience (preferably the subsequent learning experience if applicable). The resident, in collaboration with the RPC and RPD, will ensure that this feedback is incorporated into the customized training plan. The preceptor for the next LE should be included in this transition plan.

Teaching and Precepting

Residents are expected to be actively involved in precepting pharmacy students. Residents will assist students in orientation to the unit, daily activities, answering questions, and other teaching opportunities. Residents shall attend and grade/evaluate student rotations and projects in collaboration with the primary pharmacist preceptor.

The resident will participate in teaching activities within the pharmacy department including on-going staff development programs and Doctor of Pharmacy student experiential education (both IPPE and APPE). Teaching activities include formal lectures, small group seminars, case studies, in-service presentations, or discussion sessions. The purpose of such activities is to provide the resident with experience in formal and informal teaching, develop and refine communication skills, and to build confidence. In addition, residents are encouraged to invite students to resident activities that would provide a learning environment for the student (resident report, conferences, grand rounds, in-services, etc.).

When pharmacy students are on rotation, the resident serves as a role model and a guide. In serving as a guide the resident helps the student to organize a logical and suitable method to monitor patients. Residents will also have the following teaching expectations:

IPPE Students:

- Serve as the primary contact and preceptor for the student
- Develop a personalized schedule for the student which satisfies the activities and objectives for the rotation
- Ensure all pharmacists participating in the training/supervision of the student have been notified in advance
- Provide feedback to primary pharmacist preceptor to assist in student's performance evaluations for the college/school of pharmacy

APPE Students:

- In addition to the above for IPPE students, residents will:
- Collaborate, as directed, with the primary preceptor(s) in the clinical training of the student
- Include evaluations of the student and from the student in the resident portfolio

University of Wisconsin-Madison Teaching Experiences

RAMC collaborates with UW-Madison to offer pharmacy student teaching opportunities. The resident will be required to participate in the Teaching Rotation: Integrated Pharmacotherapy Skills learning experience, designing and leading a pharmacotherapy lab as well as facilitating group discussions, grading activities, and assisting pharmacist professors with academia items.

RPD and the Director of Pharmacotherapy Laboratories will coordinate prior to the LE to determine time frame, dates, resident project interests and lecture assignments. The resident will be assigned a pharmacist preceptor at UW-Madison by the Director of Pharmacotherapy Labs. All competencies, goals, objectives and activities related to this rotation will be managed and evaluated by resident's assigned UW-Madison preceptor, with summative evaluation and preceptor evaluation review by RPD.

The UW Teaching Certificate may also be an opportunity for the resident. If interested, the resident will apply to UW-Madison School of Pharmacy for this experience and if approved, the resident will be required to successfully complete the teaching certificate course. Certificate of completion shall be uploaded into PharmAcademic™. This teaching certificate will prepare the resident to effectively teach and precept pharmacy students.

Staffing Requirements

In order to adequately prepare a resident for post-residency practice in a hospital setting, residents are required to staff in both central and decentralized roles. Staffing experiences will allow the resident to build upon their primary knowledge and develop necessary independent practice skills. The resident will initially staff under direct supervision of a pharmacist preceptor and shift towards independent staffing as they progress through the program. The RPD and RPC, with feedback and suggestions from staff pharmacists and input from the resident, will determine an appropriate time for beginning independent staffing with remote pharmacist support based on clinical confidence and progression of practical skills. The resident is required to pass the Orientation learning experience with at least Satisfactory Progress on all CAGOs, and discussion will occur with both resident and RAC to determine readiness to staff independently on weekends and on-call with pharmacist support remotely. Documentation of readiness will be in the resident development plan and RAC meeting minutes.

Staffing Schedule

Residents will staff every fourth Friday and weekend. Additional staffing days may occur based on need and during the residency interview and recruitment process.

Once deemed capable of independent staffing, the resident will also begin to take on-call shifts. Residents will be on-call each weekend they work. Residents must be available by personal mobile phone during on-call hours, and able to respond in-person to the hospital within one hour if needed. At least one pharmacist preceptor will always be available by phone as a back-up resource. See 'At-Home Call Program' under 'Resident Policies and Procedures' for more information.

Residents will also be included in the holiday rotation and are required to work either Thanksgiving or Christmas and one additional holiday.

Documentation

Staffing hours must be documented in PharmAcademic™ and must not exceed the duty hour parameters outlined by ASHP. The resident is responsible for notifying the RPD or RPC if staffing hours exceed the parameters at least 1 week prior to staffing shifts so an alternative schedule and staffing coverage can be determined.

Resident shall informally review staffing shifts with RPD or RPC within 7 days to discuss any questions the resident may have and to provide constructive feedback.

Staffing Roles and Responsibilities

The resident may staff both centralized and decentralized shifts based on department needs. Pharmacy on-site business hours are weekdays from 07:00 – 18:00 (individual hours shift-dependent) and shorter weekend and holiday hours as scheduled. The responsibilities of staffing shifts are described in the 'Staffing' learning experience description.

Central Pharmacy Staffing:

- Location: Inpatient central pharmacy
- Job Responsibilities:
 - Practice in capacity of a registered pharmacist as defined by state and federal law
 - Lead daily pharmacy department huddles
 - Medication order processing and verification
 - Departmental workflow processes
 - Interdepartmental collaboration regarding outpatient infusion scheduling, provision of medications to other departments per protocol, etc.
 - Pharmacy technician management
 - Verification and occasional compounding of sterile, nonsterile, and hazardous medications
 - Facility medication distribution including narcotics
 - Preparation of medications including hazardous medications, for surgery, oncology, emergency department, clinic, OB, etc.
 - Completion of medication reconciliation for future surgery patients that may be admitted
 - Prompt response to clinical questions

Decentralized Pharmacy Staffing:

- Location: Inpatient- General Medical and ICU floor
- Job Responsibilities:
 - Practice in capacity of a registered pharmacist as defined by state and federal law
 - Daily inpatient rounding with interprofessional team
 - Patient chart and medication profile review
 - Medication order processing and review for general medical and ICU patients
 - Pharmacokinetic, anticoagulant, and renal dosing
 - Provision of recommendations to hospitalists to optimize medication therapy
 - Documentation of antimicrobial stewardship, diabetes, heparin, warfarin recommendations and dose adjustments per protocol
 - Prompt response to clinical questions and phone calls utilizing the pharmacy IP phone
 - Respond to medical emergencies with pharmacy code box

General job responsibilities are subject to change. Central and decentralized pharmacists are responsible for providing coverage for each other during lunch breaks or other daily obligations (i.e. committee meetings).

NOTE: Although the resident is an independent, licensed pharmacist, when they staff they work under the direction of the staff pharmacists. Any reasonable requests, feedback or suggestions from a fellow department staff member must

be accepted and obeyed by the resident. In the event there is a conflict between a resident and fellow pharmacist the RPD, RPC or pharmacy manager may be contacted immediately for guidance on conflict resolution or discipline.

Residency Project

Each resident is required to complete a research project focused on a topic or element related to pharmacy practice. This project must be applicable and beneficial to the residency site versus a solely educational or academic project. The resident must be able to perform data collection, implement a new service or clinical initiative, and be able to produce and assess measurable outcomes as a result of the project. The project will not only help the resident develop a strong clinical background in a specific area of practice but will also promote time-management, positive interdisciplinary communication skills, and administrative experience in a hospital setting.

Residents may select their own residency project topic or choose from a list of potential projects chosen by pharmacist preceptors. Topics are subject to RAC approval. Project proposals and a timeline must be created and presented to the RAC by the August RAC meeting for approval. See Appendix A for a recommended project timeline. Residents will be assigned a project advisor based on the topic chosen and the most applicable pharmacist preceptor.

Project Expectations

1. Required Elements:
 - A. Applicable and likely beneficial to the practice site
 - B. Involves implementation of a new service or clinical initiative
 - C. Must involve both data collection and initial research to support the initiative
 - D. Must be able to produce measurable outcomes and results
2. Project Timeline
 - A. The resident is responsible to appropriate time management and meeting deadlines outlined in the timeline below
 - B. The resident should schedule at least quarterly meetings with their project advisor and project team (if applicable) on scheduled project days to ask questions and provide updates
3. Creation of a project manuscript, poster, and PowerPoint presentation
 - A. Presentation required at PSW Pharmacy Residency Conference, introductory and final presentation at an organization leadership meeting
 - B. Optional: Poster presentation at ASHP Midyear, PowerPoint presentation at Great Lakes Pharmacy Residency Conference, etc.
 - C. Each conference has different requirements for abstracts and presentation formats (poster vs slide deck), please refer to each conference's website for specific information

Research and Project Days

Residents will be allotted one project day per month, removed from clinical duties and LE activities, to work on their yearlong research project. It is recommended the resident schedule any meetings and presentations related to the research projects on these days. If more research days are necessary to complete the project, these will be allocated under the direction of the RPD or RPC. Research days should be determined prior to the start of each LE with preceptor and RPD or RPC approval.

Pharmacy Organizations, Conferences and Recruitment

Participation in pharmacy organizations is integral to both professional growth and the advancement of pharmacy practice through pharmacist collaboration. Therefore, residents are required and encouraged to participate in and become members of certain pharmacy organizations.

Organizations

Residents are required to be a member of the Pharmacy Society of Wisconsin (PSW).
Optional but encouraged: American Society of Health System Pharmacists (ASHP)

Professional Conferences

Residents are expected to attend both of the following:

1. Pharmacy Society of Wisconsin Annual Meeting (August/September of each year)
 - A. Required to participate in the residency showcase on behalf of the residency program
2. Pharmacy Society of Wisconsin Educational/Residency Conference (April of each year)
 - A. Required to apply for a poster presentation and present results of residency research project

Optional:

1. ASHP Midyear
 - A. Encouraged to apply for a poster presentation
 - B. If attending, required to participate in the residency showcase on behalf of the residency program

Professional: Benefit hours will not need to be used for up to 6 days of conference attendance, any additional days will need to be approved by the RPD and benefit hours will be used for this purpose. The amount of professional leave must not interfere with the ASHP requirement for a minimum of 52 weeks of training and not exceed the maximum of 37 scheduled training days away (see Residency Program Structure section 2.a.) from the program when combined with other days away from the program.

Reimbursement: see *Professional Activities Reimbursement* under Resident Responsibilities and Program Guideline

Recruitment Events: Academic and Career Days

Residents are expected to attend recruitment events with the residency program coordinator or director and/or a residency preceptor as assigned.

These recruitment events may include:

1. University of Wisconsin School of Pharmacy Career Fair
2. Concordia University School of Pharmacy Career Fair
3. Medical College of Wisconsin School of Pharmacy Career Fair
4. Pharmacy Society of Wisconsin Annual Meeting Residency Showcase

Residency Policy and Procedures

Candidate Selection, Evaluation and Expected Qualifications

Qualification Requirements

1. Doctor of Pharmacy degree from an ACPE accredited pharmacy school or FPGEC certificate from NABP
 - A. Five-year pharmacy program, at minimum
2. Eligibility to obtain licensure in the state of Wisconsin
3. Registration with the ASHP Matching Program
4. Completion of all application documents
 - A. PhORCAS application
 - B. Letter of intent
 - C. Curriculum vitae
 - D. Three letters of recommendation
 - E. College transcripts
5. Minimum Pharmacy School GPA 3.0, and ≤ 1 C in Pharmacotherapy (Therapeutics) or APPEs; Non-GPA grading systems: ≤ 2 marginal/work in progress grades and ≤ 1 fail/no pass classes (or similar verbiage based on school)
6. Onsite interview (virtual interviews only in extenuating circumstances*)
**extenuating circumstances include: Match Phase II or Scramble due to short turn-around time, RAMC or pharmacy policy due to emergency or infection control risks, inclement weather if unable to reschedule for another date, distance from practice site, etc.*

Candidate Selection & Evaluation Procedure

1. Each candidate will be evaluated using a standardized evaluation form
2. Interview Selection Procedure
 - A. Once the application deadline has passed, all applications received by the RPD will be reviewed individually by at least the RPD and RPC by utilizing the Resident Pre-Interview Application Evaluation
 - i. Each candidate will be scored based on qualifications and interests as they align with residency program goals, objective and design
 - ii. Any candidate that does not meet the above Qualification Requirements will be automatically removed from consideration
 1. Exception will be made for official college transcripts as long as they are received by February 1st of the respective residency year to account for delays in processing at some colleges
 - B. After individual review, the RPD and RPC will evaluate all applications meeting the minimum qualification requirements to select candidates for interviews
 - i. Applicants will be selected based on their Pre-Interview Application Evaluation scores
 1. Minimum score of 75 points is required
 2. Maximum of eight applicants will be interviewed, chosen based on evaluation scores from highest to lowest
 - C. Candidates selected for interviews will be notified via email by the RPD or RPC with a list of available interview dates and times. Interviews for Phase I will be scheduled for January or February, and Phase II for March or April of each respective residency year
 - D. Candidates not selected for interviews will be notified via email by the RPD or RPC
3. Phase I Interviews
 - A. The RPD, RPC, Director of Pharmacy, current resident(s), and preceptors (2 minimum) will participate in the interview process.
 - B. Each in-person interview will be conducted over approximately four hours, may be shorter if virtual
 - C. Interviewers will be provided with a list of standardized questions to ask candidate, in addition to their own questions of interest based on the candidates CV, experiences, etc.
 - D. Standardized evaluation forms will be utilized by each member of the interviewing team to assign a score to the candidate based on their performance and interest alignment with specified residency goals, objectives, and design. This form will be completed during or immediately after each interview.
 - E. Each interview itinerary will at minimum include:
 - i. Overview of specific residency program goals, objectives and design with the RPD and/or RPC
 - ii. A tour of the facility
 - iii. Panel interview with RPD, RPC, director of pharmacy, and primary preceptors (2 minimum)
 - iv. Interview with current resident (if applicable)
 - v. Patient case evaluation
 - F. Virtual Interviews
 - i. Onsite interviews preferred
 - ii. Generally virtual interviews will only be offered in Phase II or Scramble only, or if in-person interviews not feasible during Phase I due to extenuating circumstances previously described
 - iii. The interview process will follow the above format, with the exception of the facility tour
 - iv. Interviews may be shorter than four hours due to format constraints
 - G. Phase II Interviews and the Scramble
 - i. Interviews will be completed virtually if unable to be completed in-person
 - ii. The interview will follow the same itinerary format as Phase I, unless virtual (see above)
 - iii. At minimum, the RPD and RPC will need to attend the virtual interview with the candidate. Additional pharmacy residency staff shall attend as able.
4. Ranking
 - A. Phase I
 - i. Within 7 days of completion of interviews, the RAC will meet to review their individual evaluation forms and candidate scores, and discuss additional comments

- ii. Each candidate’s collective evaluations will be averaged to generate a score
 - 1. The scores will be utilized to create a draft ranking list
- iii. The draft ranking list will utilize a preliminary ranking order, changes to this order may be made based on:
 - iv. Thorough discussion by the RAC of the candidates: professionalism, academic and experiential qualifications, communication skills, and anticipated readiness for completion of a residency
 - 1. Alignment of candidate’s goals with those of the specific residency program
 - v. The RPD and RPC will submit a final ranking order to the National Matching Service
- B. Phase II & Scramble Process
 - i. Follow the same procedures as above with exception of RAC meeting
 - 1. If preceptors unable to attend virtual interview due to short-term scheduling, RPD and RPC will meet and follow procedures i. – v. above to determine rank order list
 - 2. RAC meeting with preceptor input preferred if available and able
- 5. Post-Match
 - A. RAMC residency programs abide by the Rules of the ASHP Pharmacy Resident Matching Program.
 - B. Matched applicant shall be contacted in writing with 30 days of the Match with an offer letter
 - C. Applicant is required to confirm and document their acceptance of the Match by the date specified on the offer letter
 - D. Any changes to program policies from the date of the offer letter to the start of the residency program shall be reviewed with the applicant. Documentation of acceptance of these policies is required within 14 days of the start of the residency and will be uploaded into PharmAcademic™.

Pharmacist Licensure Policy

Pharmacist licensure is a critical component of each PGY1 residency program. To gain the most from this educational experience, each resident should be licensed as soon as possible after starting the residency program. Residents are encouraged to schedule and obtain licensure, if possible, prior to the residency start date.

Per ASHP standards, the resident must at minimum, complete 2/3 of the residency as a licensed pharmacist. Therefore, residents must obtain licensure in the State of Wisconsin by September 30th of the same calendar year in which they start the PGY1 residency. Failure to obtain licensure by September 30th will result in termination from the program. No extensions will be granted for failure to obtain licensure. For example, if a resident starts the PGY1 residency program in June 2022 they need to be licensed by September 30th 2022.

Upon receipt of licensure, the resident shall provide the RPD and HR department a copy of their official State of Wisconsin Pharmacist License wallet card or certificate.

Duty Hours

- 1. Resident Duty Hours
 - A. The residency program is a minimum 52-week training period and a full-time practice commitment or equivalent.
 - i. In accordance with ASHP Pharmacy Resident Specific Duty Hours Requirements (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>) the following definitions, rules, and regulations apply to all RAMC PGY1 pharmacy residents.
 - B. The resident will have on-call hours as part of the residency program. Details regarding on-call hours are in “*Staffing Requirements*” section.
 - C. Please see “*Moonlighting Policy*” on page 20 for the full policy on outside work commitments and/or moonlighting shifts. All outside shifts, worked either within the RAMC system or externally, will have to receive prior approval from the residency program director.
- 2. Definitions:
 - A. Duty Hours: all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- i. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
 - ii. Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.
 - B. Maximum Hours per Week:
 - i. Duty hours must be limited to 80 hours per week averaged over a four-week period, inclusive of all in-house call activities and moonlighting.
 - C. Mandatory Duty-Free Times
 - i. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
 - ii. Residents must have at a minimum of 8 hours between scheduled duty periods.
 - D. Continuous duty: assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
 - i. Continuous duty periods for residents should not exceed 16 hours.
 - ii. If a program exceeds 16 hours of continuous duty periods, the "In House Call Program" limitations apply as described in the corresponding section.
3. Resident Responsibilities
- A. The resident shall utilize the Microsoft Outlook to schedule meetings such as journal club, in-services, preceptor meetings, etc.
 - B. Basic scheduling and staffing will be via *Schedule Anywhere* by the RPD. Benefit hour requests will be entered into the Harris system.
 - C. The resident MUST document their duty hours monthly in PharmAcademic™ utilizing the ASHP Duty Hours forms. Any identified instances of non-compliance with this policy will be assessed with the RPD and resident, and actions taken, as needed, to avoid future instances of non-compliance.
 - D. In the event that an assigned schedule exceeds the parameters previously set forth by the above rules or those outlined by ASHP, the resident is to notify the Residency Program Director and an alternative schedule will be made to accommodate the change in hours.
4. Residency Program Responsibility:
- A. RPD, RPC and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients' safety and residents' well-being and resilience.
 - B. Any identified concerns with duty hours non-compliance will be addressed with the RPD and resident
 - C. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
 - D. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
 - E. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual

circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

Residency Extension:

The residency may be extended on a case-by-case basis, if for unforeseen circumstances it is necessary for the resident to take an extended leave of absence. If this occurs, the RPD and director of pharmacy will meet and discuss the circumstances involving the leave of absence and determine if the resident qualifies for program extension. The maximum extension the program can offer is 30 days. The leave of absence must comply with the ASHP requirement for a minimum of 52-week training period. The maximum 30 day extension beyond the allotted time shall be equivalent in competencies and time missed. Additional compensation beyond the resident's initial salary and benefits is neither guaranteed nor likely. Successful completion of the residency must occur within 30 days beyond the original residency end date to receive a certificate of completion. If the resident is unable to successfully complete the necessary competencies and required time commitment within 30 days, no certificate of completion will be awarded. If the resident is qualified and approved for an extension the resident will work with the RPD and RPC to discuss expectations and timelines. Note this Leave of Absence is not covered under the Family Medical Leave Act (FMLA) as the resident will not have been an employee for at least one year per the *RAMC FMLA policy*.

Program extension is not guaranteed and will not be granted for professional leave (i.e. conference attendance). The program will not be extended for failure of licensure by the September 30th deadline.

Moonlighting

Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Due to the rigorous, full-time obligation of a residency program, moonlighting is allowed but not encouraged unless it is beneficial to the resident's professional development. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges. Both internal and external moonlighting is allowed.

If a resident chooses to moonlight, the following requirements must be met:

1. A maximum of 20 hours per month may not be exceeded. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of duty hours in PharmAcademic™.
2. It is at the discretion of the RPD whether to permit or to withdraw moonlighting privileges.
 - A. The resident must have initial approval of the RPD. The resident should be prepared to discuss the following: reason for and location of moonlighting, expected hours per week, time management, work-life balance, and benefit of moonlighting in relation to professional development.
 - B. If moonlighting begins to interfere with meeting the goals and objectives of the residency program or adversely affects the resident's performance as assessed by the RAC, moonlighting privileges may be withdrawn.

At-Home Call Program

Residents will be included in the 'At-Home On-Call Program' once deemed capable of staffing on their own. In order to prepare for staffing in this capacity with remote pharmacist support, the resident will be expected to complete the Orientation Learning Experience tasks listed on the RAMC PGY1 Pharmacy Resident Orientation Checklist and pass all Orientation competencies, goals and objectives with at least a score of "Satisfactory Progress". Residents will have on-site supervision until Orientation is successfully completed as above and the RAC has agreed that resident is capable of staffing Fridays and weekends with remote supervision via the on-call pharmacist preceptor.

Expectations:

- A. Residents will be on-call each weekend they work (Friday night to Monday morning).

- B. Residents must be available by personal mobile phone during on-call hours, and able to respond in-person to the hospital within one hour if needed.
- C. At least one pharmacist preceptor will always be available by phone as a back-up resource.
- D. Hours that meet the criteria below for at-home must be included in the tracking of hours in PharmAcademic™.
 - a. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
 - b. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
 - i. If a resident is called into the hospital/organization from at-home call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 - ii. Only the time spent by the resident related to on-call work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.
- E. At-home call must not be too frequent or taxing as to preclude rest or reasonable personal time for each resident. If the resident spends more than four hours during one evening engaged in on-call related work activities, assessment of sleep deprivation by RPD or assigned preceptor should be assessed to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue. Mitigation strategies may include adjusting scheduled duty hours of subsequent days to provide adequate rest.

Well-Being

RAMC is committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacists, pharmacy residents, pharmacy students and interns, and pharmacy technicians. Residency program leadership and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled, and balanced with concerns for patients' safety and residents' well-being and resilience.

As an organization, RAMC promotes wellness for all employees (including pharmacy residents) through:

- Requirement to take a minimum of one full week (7 consecutive days including weekend) off of work each year, which is assessed annually during performance reviews
- Monthly 'Health and Fitness Happenings' as scheduled by RAMC's Health and Fitness Coordinator. These generally include: free fitness classes throughout the week, 'Munch and Learn' education sessions, health and wellness challenges, and utilization of health and wellness apps to track goals and gain points for incentives
- Employee Assistance Program, which offers counseling and treatment programs to assist employees and their families in dealing with behavioral/medical problems such as, marital, vocational, legal, financial, alcohol or drug abuse, parent/child and interpersonal relationships.
- Service Excellence Values:
 - Standards for Service Excellence: Effective Communication, Etiquette, Professionalism, Positive Attitude, Accountability, Compassion, Respect and Teamwork
 - Employees are encouraged to send 'Service Excellence' thank you cards and 'Caught in the Act' cards to their coworkers to foster an environment of gratitude and positive interdepartmental relations
- 'Gratitude Cart' provided by RAMC administration with stress reducing activities and healthy snacks available for all staff

As a department and residency program, wellness is promoted through:

All Pharmacy Staff:

- Beginning each staff meeting with gratitude's and/or a wellness topic
- Preceptor Development Topics open to all pharmacists (inpatient and outpatient) with periodic wellbeing and resiliency topics
- Encouragement to complete the APhA Well-Being Index for Pharmacy Personnel
 - Promotion of resources for wellness and resilience, as well as education topics which can be utilized for

staff and the residency program: <https://www.ashp.org/wellbeing>,
<https://www.pharmacist.com/wellbeing>

Pharmacy Residents:

- The initial learning experience scheduled for residents includes orientation to the residency program and practice environment. Orientation to the residency program includes, at minimum, orienting residents to the: Strategies for maintaining well-being and resilience and providing available resources (see below)
- Monthly completion of the APhA Well-Being Index for Pharmacy Personnel to track risk for burnout as well as evaluate fatigue, depression, anxiety and stress. To be evaluated at least quarterly with development plan or sooner if needed based on results
- Completion of the Grit-S scale
- Preceptor and resident education on recognizing burnout syndrome, the risks, and mitigation strategies for residents
- Development plans formulated to support resident's practice interests, career development, and resident well-being and resilience. This shall include current assessment of their well-being and resilience.

Diversity & Inclusion

RAMC's pharmacy department is committed to creating an inclusive learning and working environment for all pharmacy department staff, residents, students, our community and our patients. RAMC's organizational values include valuing differences: including differences in opinions, knowledge, culture and religious beliefs. We welcome learners and professionals from any background, and our policies reflect a dedication to providing outstanding care and support to all members of our work environment and community.

As an organization and department,

- Education Support and Services
 - Workplace Support
 - 24/7 Interpreter Services
 - Annual, Alternating Organization-wide Education Modules:
 - Diversity in Healthcare Training
 - LGBTQ+ Sensitive Care Training
- Pharmacy Patient Assistance Program to provide free medications for underserved populations
- Pharmacy Performance Standards (Refer to Appendix C – under 'Compassion/Diversity')

As a residency program,

- Recruitment initiatives to increase our number of applications from diverse applicants and reduce implicit bias in the selection and ranking process include:
 - Holistic review process that assesses an applicant's unique experiences (e.g., community service, special talents/passions, extracurricular activities) in conjunction with traditional measures of academic achievement (e.g., GPA, test scores, APPEs)
 - Annual bias training for RPD and pharmacy staff involved in the selection and ranking process
 - Attendance of recruitment events with organizations or chapters that support students underrepresented in the profession of pharmacy, including:
 - Concordia University of Wisconsin School of Pharmacy which includes their Chapter of the National Hispanic Pharmacists Association (NHPA)
<https://www.nhmafoundation.org/concordia-university-wisconsin-school-of-pharmacy>
 - Student National Pharmaceutical Association (SNPhA) x American National College of Clinical Pharmacy (ACCP) Residency Showcase <https://snpha.org/page/RSWprograms>
 - Showcasing diversity within our department and our policies on diversity within our residency program recruitment materials
- Preceptor Development
 - Annual preceptor training on various diversity and inclusion topics

Preceptor Qualifications & Development

Policy

RAMC's PGY1 Residency program shall maintain standards for preceptor criteria, preceptor development and evaluation in accordance with ASHP standards. RAMC will offer multiple educational opportunities for preceptors to improve their precepting skills. Annually, a preceptor development plan will be developed to focus on areas of identified preceptor development needs. In addition, new preceptors and preceptors-in-training will be required to complete additional preceptor training. The program director, in conjunction with the RPC and residency advisory committee, will be responsible for the following on an annual basis:

- Assessment of preceptor needs and qualifications
- Schedule of activities to address identified needs
- Assessment of preceptor development plans and progress towards goals

Assessment of individual qualifications and development plans shall occur during the preceptor's annually scheduled RAMC performance review (dependent on start date of employment). The preceptor needs assessment will occur during the 'End of Year Annual Assessment' of the residency program with the RAC committee.

Responsibility

Each RPD, in collaboration with the RPC is responsible for selecting residency preceptors based on the standards, providing new preceptor orientation, and mentoring preceptors-in-training for their program.

Each residency program director is responsible for providing preceptors with the opportunity for preceptor development for their program. It is the responsibility for each individual preceptor to participate in the opportunities offered.

Preceptor Qualifications Assessment

Preceptors shall be assessed annually on their preceptor skills with the RPD/RPC utilizing their individual *Annual Qualifications Review and Development Plan*. This annual review and development plan shall include:

1. Qualifications Assessment to ensure Academic and Professional Record (APR) is updated and preceptor meets ASHP Preceptor Qualifications. If preceptor does not meet qualifications, see 'Additional Requirements for Preceptors-In-Training' below.
2. Skills Assessment, including:
 - a. Notable resident feedback from previous learning experiences based on 'ASHP Preceptor Evaluation' in PharmAcademic™
 - b. Preceptor Self-Assessment
 - c. RPD/RPC Assessment of Preceptor

Preceptor Development Plan

Preceptors shall also use their individual *Annual Qualifications Review and Development Plan* to create a development plan and note all development activities led or attended. The Development Plan may have goals created with up to a four year achievement timeline (2 years for preceptors-in-training). The Development Plan will be assessed annually to track progress on or adjust goals and ensure preceptor has actively participated in preceptor development topics and the residency program.

Additional Requirements for New Preceptors

- Read and review with RPD or RPC:
 - "Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year One (PGY1) Pharmacy Residency Programs"
 - RAMC PGY1 Pharmacy Residency Manual
 - AJHP Articles: *Layered learning: Eight precepting strategies for the new attending pharmacist*
- Review of RAMC preceptor training PowerPoints:
 - Introduction to PharmAcademic
 - Summative Feedback & PharmAcademic
 - Formative Feedback

- Four Modes of Precepting
- Other resources as necessary based on the individual preceptor as determined by the RPD or RPC.

Additional Requirements for Preceptors-In-Training

- The Preceptor-in-Training will complete the *Annual Qualifications Review and Development Plan, as well as Appendix A: Preceptor-in-Training Checklist and Development Plan*
- An individual plan shall be designed to ensure preceptor-in-training meets all ASHP preceptor requirements within 2 years
- The preceptor-in-training shall also be appointed of an advisor (generally the RPC) to mentor preceptor-in-training. Preceptor-in-training will be paired with an experienced preceptor and act as a “secondary preceptor” for assigned learning experiences applicable to their practice. RPD and/or RPC will review resident feedback and summative evaluations for each learning experience precepted

Preceptor Development

- Preceptors will be required to present a preceptor development topic biennially and attend preceptor development topics at the site at least biannually. Documentation of this to occur on ‘Annual Qualifications Review and Development Plan’.
- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills. Please submit request to manager if requesting professional leave and/or reimbursement. Attendance at professional meetings is subject to departmental resources.
 - Those who attend meetings or conferences are encouraged to provide preceptor development topics at site to share the information learned.
- ASHP and other web-based programs are available for additional preceptor development

Corrective Action & Termination:

Policy:

1. All pharmacy residents will be treated with fairness and respect
2. Pharmacy Department leadership, residency program leadership, and preceptors will follow a corrective action process including counseling and a warning system when a serious deficiency in resident performance is noted. The corrective action process will be used when addressing areas of resident performance and/or behavior which require improvement. This process is intended to initiate action that will assist the resident in correcting problems and improving performance and/or behavior. Human Resources will be brought in during corrective action to ensure that this process aligns with the RAMC’s *Discipline and Rule of Conduct Policy*.
3. Failure to progress or improve performance as addressed by the corrective action procedure within the specified schedule(s) will result in involuntary termination of the resident without receiving a certificate of residency training.
4. Certain behaviors or actions will be considered immediate grounds for termination and the corrective action process will not apply.
5. The resident may be terminated from the program for failure to complete all elements and educational activities required by the program curriculum. All required activities listed in Appendix B: List of Program Completion Requirements must be completed by the resident in order to graduate the residency program and receive a certificate of completion. Documentation of completion will occur in the development plan.

Definitions:

1. Corrective Action Process – The corrective action process will be utilized if the resident fails to meet his/her obligations and responsibilities inherent to successful completion of the training program. This includes, but is not limited to, failure to satisfactorily progress toward attainment of all program goals and objectives, and non-adherence to all hospital, Pharmacy Department, and residency policies.
2. Grounds for Immediate Termination – Just cause for termination includes failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered professionally or ethically

unacceptable or which is disruptive of the normal and orderly functioning of the hospital. This also includes terminable offenses listed in the RAMC *Discipline and Rule of Conduct Policy*.

3. Corrective Action Committee (Ad hoc) – The RPD, director of pharmacy, and at least one human resource representative will assist in the review of issues presented for corrective action or immediate termination of a PGY1 resident. In the event that one or more of the leadership positions is vacant (director of pharmacy or RPD), an RAMC administrator or interim residency program director may be substituted. In the event that one or more of these leadership positions are combined (i.e. pharmacy director and residency program director) a substitution will not be necessary.
4. Failure to progress – failure of the resident to comply with the standards of the PGY1 Residency program. This can be identified through quarterly evaluations, residency leadership, or preceptor evaluations. Consequences of failure to progress will be addressed by the RPD and may include but are not limited to remediation rotations, presentations, competencies, or termination from the program.

Corrective Action Procedure:

Prior to initiating corrective action, the RPD and Director of Pharmacy and any pertinent program preceptor(s), will conduct a thorough investigation, including meeting with the individual resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem. If a resident fails to progress, complete PGY1 Residency requirements, or is not complying with RAMC Rules of Conduct or Residency Policy and Procedures the resident will be given a written warning and be placed on probation. The written warning and action plan would be required to be signed by the resident. If there is a serious policy violation, the resident may be terminated from the program. Serious violations include, but are not limited to those discussed in the RAMC *Discipline and Rule of Conduct Policy* and those under the *Immediate Discipline Procedure* below. The RPD shall inform the resident of the results of the investigation to pursue corrective action.

Performance Improvement Plan

At minimum, a performance improvement plan (PIP) shall be initiated by the RPD and/or RPC if the resident fails to achieve at least 'Satisfactory Progress' on all assigned and evaluated learning experience objectives.

If the resident has any objectives marked as 'Needs Improvement':

- For Longitudinal Learning Experiences (greater than or equal to 12 weeks in length):
 - One objective: a PIP shall be developed for the associated objective
 - The resident, RPD/RPC and the applicable preceptor(s) will work together to develop a plan to adequately improve their performance, including but not limited to: SMART goals, more frequent formative feedback (with documentation), and potentially additional competencies, didactic training or presentations
 - Resident must progress to at least 'Satisfactory Progress' by the next agreed upon PIP evaluation
 - If the resident has not progressed to at least 'Satisfactory Progress'
AND
 - If it is not the end of the learning experience (at least six weeks prior to final summative evaluation): the resident will be placed on probation
 - If it is the end of the learning experience (within six weeks prior to the final summative evaluation): the resident will be terminated from the residency program and not receive a certificate of completion
 - Multiple Objectives: the resident will be placed on probation as described under 'Resident Probation'
- For Rotational Learning Experiences (less than 12 weeks in length):
 - If any number of objectives are marked 'Needs Improvement' during the learning experience, due to time constraints of rotational learning experiences, the resident will be placed on probation and required to remediate the learning experience as described under 'Resident Probation' below

Resident Probation:

A resident may be placed on or removed from probation by decision of the Corrective Action Committee. The RPD will inform the resident in-person of the probation status with a written corrective action plan which must be signed by the committee and resident, and includes the duration and limitations.

The resident shall be placed under probation if any of the following occurs:

- Non-serious violations of the RAMC Code of Conduct or Residency Policy and Procedures
- Failure to adequately participate in the PGY1 Residency program or meet residency requirements
- Failure to progress as evidenced by – more than one objective marked 'Needs Improvement' at any one time during the course of the residency year or one or more objective(s) marked 'Needs Improvement' on a rotational learning experience, or has failed to meet the requirements of a PIP as previously described

Probation Procedure

- A corrective action plan shall be developed and the resident will be placed on probation
- If the resident has not progressed to at least 'Satisfactory Progress' on the outlined objective(s) by the time of the next agreed upon evaluation within the action plan, the resident will be terminated from the residency program and not receive a certificate of completion
- For Rotational Learning Experiences: the resident will be given one opportunity to repeat one learning experience, which will require extension of the residency program
 - Duration of repeat learning experience may be shorter than initial learning experience due to time constraints and residency extension limitations
 - If the resident does not successfully complete the repeat learning experience as outlined in the corrective action plan, the resident will be terminated from the residency program and not receive a certificate of completion
 - The resident may only repeat one rotational learning experience. If more than one is failed, the resident will be terminated from the residency program and not receive a certificate of completion.

Immediate Termination Procedure

Specific concerns, behaviors or actions providing just cause, which may result in immediate termination are included in the RAMC *Discipline and Rule of Conduct Policy* in addition to the following:

- Failure to act responsibly and ethically in the provision of pharmaceutical care
- Failure to practice in accordance with state and federal drug laws
- Failure to practice in accordance with the Policies and Procedures of the Department of Pharmacy and RAMC
- Failure to complete the requirements and follow the limitations of a Written Action Plan while in Probation Status within the specified time-frame
- The resident fails to obtain pharmacist licensure in the State of Wisconsin by September 30th of the year in which they start the PGY1 Residency
- The resident fails to adhere to the standards reviewed in the "Resident Responsibilities and Program Guidelines" section of the Resident Handbook
- The resident knowingly, due to negligence of action, or failure to follow defined policies/procedures, places a patient, employee or any other person in danger
- The resident displays acts or threats of violence toward any other person including aggressive behavior or physical or verbal abuse
- The resident is found to be using alcohol, illegal substances or other recreational substances at any time during work or non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible and safe fashion
- The resident is found to carry, possess, or use any weapon on hospital/clinic grounds or property
- The resident falsifies information on a document
- The resident commits plagiarism (determined through a review with majority vote conducted by the RPD, Pharmacy Director, and ad-hoc committee).
- The resident is absent from work more than 10 days beyond allotted personal time off and is unwilling to make up this time

- The resident sexually harasses a patient, employee, or any other person while in performance of their duties as a resident
- The resident commits an act of vandalism or theft against hospital property
- The resident’s license to practice pharmacy is suspended, revoked, or placed in a probationary or restricted standing

Absenteeism & Tardiness

Residents are expected to make every effort to arrive at work promptly for each scheduled work shift. Good attendance is essential for smooth and efficient operation of each department. Excessive absences cause a disruption to the workflow, loss of continuity to patient care, unnecessary burden on employees in support service areas, and are a poor reflection on the employee’s work record. Arriving at work promptly means being at the workstation and “ready to work” at the scheduled work time. See the *Absenteeism Policy* in the RAMC Employee Manuals for more detailed policy information.

Requirements for Successful Completion of the Residency

The residency program will provide an exemplary environment conducive to resident learning. The RPD will award a certificate of residency to those who complete a minimum of 52-week training period and maintained a full time commitment to the program. Additionally, the resident must successfully complete the requirements listed in Appendix B: List of Program Completion Requirements.

Reference must be made in the residency certificate that the program is accredited by ASHP. The certificate will be issued in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies and signed by the RPD, president or CEO of the organization, and the director of pharmacy.

Each program will maintain a list of requirements and expectations for completing the residency program and the resident receiving a certificate. This list will be reviewed quarterly with the resident. The final completion list will be uploaded by the RPD to the resident’s page in PharmAcademic™ at the end of the residency year.

Residents will have the ability to turn in outstanding work within 30 days of the originally scheduled end of the residency program and still achieve a certificate. If the resident receives a 30 day program extension, all outstanding work must be turned in by the end of the extension period or a residency certificate will not be achieved.

Evaluation Scales

PharmAcademic™ is used to document most aspects of residency assessment as described. All preceptors construct their learning experiences and participate in choosing the evaluation scale(s) used for the residency program. The assessment scales used are:

- ASHP Preceptor (never, sometimes, frequently, always)
- ASHP Learning Experience (consistently true, partially true, false)
- Summative Evaluation Scale: ASHP Summative Scale (see Evaluation Scale Legend below)

At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria. Evaluations shall be completed by the due date or within 7 days.

Learning Experience Evaluation Requirements:

- To pass a learning experience, resident must have one or less objective marked ‘Needs Improvement’. All others must be marked ‘Satisfactory Progress’ or better.
- If a resident has one objective marked ‘Needs improvement’ during a learning experience, the objective will be added for evaluation during the next LE, or soonest rotation which the objective applies to.
 - If the resident continues to receive ‘Needs Improvement’ on the objective, the RAC will review the situation and determine next steps discussed in the ‘*Corrective Action Procedures*’

- If a resident has more than one objective marked 'Needs Improvement' for a single LE, the resident will fail that LE, be placed on probation and need to repeat the LE prior to the end of the residency.
 - The resident will be placed under 'Probation Status' if they fail a single learning experience. They will remain on probation until they successfully repeat the learning experience as outlined under the Corrective Action Procedures. A resident may repeat up to one failed learning experiences. The failed LE may be repeated only once. If resident fails a repeated LE, criteria for "pass all required learning experiences" will not be satisfied and therefore resident will be terminated and no certificate will be granted.
 - If the resident fails two required learning experiences or one repeated learning experience at any time during the year, the residency is terminated and resident does not receive a certificate.
 - For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every 12 weeks
 - For learning experiences greater than 12 weeks, a learning experience evaluation must be completed at least at the midpoint and end of the learning experience

The following chart provides guidance for assignment of summative evaluation and summative self-assessment scores. The preceptor and the resident should reflect on the specific activities linked to the objective within the learning experience to determine the score.

Evaluation Scale Legend

Needs Improvement (NI)

Definition	Examples
<ul style="list-style-type: none"> • Not performing at an expected level at that particular time; significant improvement is needed • Deficient in skills/knowledge in a particular area and often requires assistance to successfully complete (i.e. in more than >20% of instances) • Requires daily feedback to improve areas already discussed and is unable to ask appropriate questions to supplement learning • Information incomplete, missing, or inappropriate. • Level of skill on the goal does not meet the preceptor's standards of either "Achieved" or "Satisfactory Progress" 	<ul style="list-style-type: none"> • Does not independently perform the task, requires direct and repeated supervision/instruction • Routinely makes inaccurate/unsafe recommendations not based on evidence even after discussions/feedback • Limited proficiency of skills, evidence of minimal previous practice • Does not incorporate feedback on performance • Is unprepared or late meeting deadlines • Behavior is not professional
Action	
<ul style="list-style-type: none"> • Preceptor's narrative evaluation comments should provide descriptions for milestone accomplishments that would be consistent with progression of skills. • Resident should concentrate efforts for improvement in this area immediately. • If a resident has a one objective marked 'Needs improvement' at the end of a learning experience, that objective will be added for evaluation during the subsequent learning experience. If the resident continues to receive NI on the objective, each program's RAC will review the situation and determine next steps. 	

Satisfactory Progress (SP)

Definition	Examples
<ul style="list-style-type: none"> • Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective. • Adequate skills/knowledge in a particular area and sometimes requires assistance to successfully complete (i.e. in 10-20% of instances) • Performs task at an acceptable level, reaching defined goals/objectives in a consistent manner • Able to ask appropriate questions to supplement learning, but requires skill development over more than one LE. 	<ul style="list-style-type: none"> • Performs at the expected level of independence, proficiency and accuracy for their level of training • Infrequent, minor omissions or extraneous data do not detract from case • Accepts feedback and works to improve skills with some guidance
Action	
<ul style="list-style-type: none"> • Preceptor's narrative evaluation comments should provide descriptions for milestone accomplishments that would be consistent with progression of skills. • Resident should continue to work to develop these skills further to accomplish goal. 	

Achieved (ACH)

Definition	Examples

<ul style="list-style-type: none"> • The resident has the skills/knowledge in this area and requires minimal assistance to successfully complete the goal/objective/task (i.e. in less than 5-10 % of instances) • Requires no further developmental work in this area, requires minimal supervision, and can perform associated activities independently for this learning experience • Outcome measure generally achieved. All important information included. Minimal extraneous data did not detract from case. Outcome measure clearly achieved 	<ul style="list-style-type: none"> • Independently performs the task requiring minimal coaching/facilitation • Recommendations are accurate, evidence based • High proficiency of skills, previous practice is evident in performance of tasks • Understands when to seek feedback and when reliance on own skills is appropriate, when feedback is given it is immediately incorporated in to future performance of tasks • Is prepared and meets deadlines • Is professional in all interactions
Action	
<ul style="list-style-type: none"> • Resident is expected to maintain this level of performance throughout the rest of the residency 	

Achieved for Residency (ACHR)

Definition	Examples
<ul style="list-style-type: none"> • The resident has the skills/knowledge in this area that supersedes the expectations/knowledge of the LE requirements and can perform associated activities independently across the scope of pharmacy practice. • Fully mastered the goal for the level of residency training to date and consistently performs objective at Achieved level, as defined above, for the residency • No further instruction or evaluation is required in subsequent learning experiences. This means that the resident has consistently performed the task or expectation without guidance. • Exemplary outcomes 	<ul style="list-style-type: none"> • Resident can model or teach behavior • Exceptionally complete but succinct presentation of only the most pertinent information. No omissions/unnecessary data.
Action	
<ul style="list-style-type: none"> • The RPD and RPC will collaborate with preceptors throughout the residency year to determine if the resident has demonstrated consistency between LE evaluations of goals and objectives. This means that the resident can consistently perform the task or has fully mastered the objective for the level of residency training to date and performed this task consistently in various LE experiences. • At such time, the Program Director has the ability to mark the resident as “achieved for the residency”. This means that the resident will no longer be evaluated on this goal, but that any preceptor has the opportunity to provide additional feedback as necessary. • Achievement of objectives will be tracked in the resident’s individualized plan • If a resident has been evaluated to have satisfactory progress three times in the residency for an objective, this objective will be marked achieved; however, this will not always be possible and thus the residency program director will collaborate with the preceptors to assess the resident’s progress with each evaluation. • <i>Special considerations to above criteria:</i> If resident struggled in beginning due to lower than expected baseline knowledge/previous experience and demonstrated improved performance over the year, the residency advisory committee will review on a case by case basis. 	

Procedure & Responsibilities to Complete Evaluations:

Residency Program Director and/or Coordinator

1. Reviews each learning experience description to ensure assessment of listed goals and objectives is appropriate for the learning experience.

- A. Most objectives could be assessed in several longitudinal experiences; the RPD/RPC will sequence the program outcomes/goals/objectives in a reasonable fashion.
- 2. Reviews each learning experience to ensure that LE activities are aligned to the objective being practiced/evaluated.
- 3. Reviews each learning experience to ensure that the proper number and type of evaluations are scheduled within each learning experience.
 - A. ASHP accreditation standards are prescriptive about this facet of resident assessment.
- 4. Reviews new resident entering interests and objective-based assessments. Collaborates with resident and preceptors to create a customized development plan and schedule for resident.
- 5. Monitors for timely completion of PharmAcademic™ evaluations (on or before the due date).
- 6. Reviews all evaluations.
- 7. Constructs and delivers the quarterly evaluation and development plan review. A copy of this review and subsequent plan is available to all preceptors.
- 8. Reviews all evaluations individually and collectively for suggestions or ideas for program improvement.
 - A. These ideas are summarized and discussed at least annually with Residency Advisory Committee.
- 9. Reviews all evaluations individually and collectively to ensure adequate and on-going preceptor development.
 - A. These ideas will be summarized and discussed with respective preceptor as part of preceptor development on an annual basis. RPD will share this same information with supervisor to whom the preceptor reports.

Preceptor

- 1. Constructs learning experience in accordance with the accreditation standard.
- 2. Orients residents using the learning experience description.
- 3. Completes assigned summative evaluation for every longitudinal experience precepted within 7 days of the end of the LE. Documents verbal discussion in comment section of summative evaluation.
 - A. Summative evaluation will reference specific criteria (learning activities and instructional objectives associated with each objective) to describe extent of progress toward achievement of objective/goal.
- 4. Facilitates face-to-face meeting for discussion of evaluation.
- 5. Cosigns resident self-assessment (if applicable), longitudinal experiences, and preceptor evaluations on or within 7 days of the end of the LE. If timeline for completion of written evaluation set and/or review is not possible, the preceptor will communicate reason for delay via email to RPD before the due date.

Resident

- 1. Completes assigned self-assessment (if applicable), LE and preceptor evaluations for every LE within 7 days of the end of the LE.
 - A. Summative evaluation will reference specific criteria (learning activities and instructional objectives associated with each objective (to describe extent of progress toward achievement of objective/goal).
- 2. Participates in face-to-face meeting for discussion of evaluation.
- 3. Cosigns summative evaluation on or within 7 days of the end of the LE in PharmAcademic™. If timeline for completion of written evaluation set and/or review is not possible, the resident will communicate reason for delay via email to RPD before the due date.
 - A. RPD/RPC works with resident to determine reasons and action plan to remediate late PharmAcademic™ evaluations.

Resident Responsibilities & Program Guidelines

Obligations of the Resident to the Program:

The resident's primary professional commitment must be to the residency program. The resident shall manage his/her activities, external to the residency, so as not to interfere with the program defined in this standard. The resident shall be committed to the values and mission of the training organization. The resident shall be committed to completing the educational goals and objectives established for the program. The resident shall be committed to making active use of the constructive feedback provided by the residency program preceptors.

Orientation

Each resident will be required to complete RAMC's new employee general orientation and successfully complete the organization onboarding procedures. During orientation the resident will find out more information about organization policies and procedures, as well as pertinent auxiliary information including parking and identification. The resident will also be required to orientate to the pharmacy department following a Resident Orientation Checklist.

Salary, Benefits & Benefit Hours (PTO)

Benefits, benefit hours, leave, and health information policies are governed by Reedsburg Area Medical Center's Human Resources Policies and Procedures, unless otherwise noted. These policies may be found the employee intranet manuals, *RAMC Organization Focused/Human Resources Management/Personnel*. Any questions regarding personnel policies should be directed to the RAMC Human Resources department.

Salary: Resident salary will follow in accordance with ASHP standards of \$48,000 per year. RAMC utilizes biweekly direct deposit. Additional compensation due to the possible extension of the residency program is not likely nor guaranteed. If the resident chooses to work at RAMC as a graduate intern or moonlight on an as needed/weekend basis at the RAMC Community or Viking Pharmacy, additional compensation would be provided.

Benefits: Residents will be given the option to enroll in RAMC Health Insurance benefits, flex benefits, as well as contribute to a 401k plan. For more information, see the pertinent *RAMC Organization Focused/Human Resources Management/Personnel manuals*.

PTO: Residents allotted 10 days of PTO in addition to 6 days for holidays during the residency program. PTO includes holidays, sick, personal, and vacation time. PTO will need to be used for conferences and/or job/PGY2 interviews if the resident exceeds the 6 days of professional allotted. PTO use is subject to the approval of the RPD and entered through the Harris system.

Residents are only allowed to take a maximum of 40 benefit hours off in a single LE. This includes sick days, but does not include professional leave days for required conferences. Residents will be required to make up any days beyond the 40 hour allotment.

Maximum Time Away from Program: Time away from the residency program may not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.

- Examples of time away from the program include vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence, and extended leave. Conference or education days, though they are considered to be a required part of the program, will also be included in the number of days away from the program.
- 37 days is defined as 37 scheduled training days. Service commitment/staffing shifts are considered independent of training days, and are included in the total service commitment/staffing shifts required to complete the residency program requirements. Compensatory days for staffing shifts, if given, are considered to be part of the service commitment and therefore are not counted as time away from the program.

Recording benefit hour use: the Employee Self Service program shall be utilized to request and document vacation days, sick days, and any holidays in which the resident is not working.

See the Human Resources Personnel Folder and *BENEFIT HOURS POLICY* in the RAMC Employee Manuals for more detailed policy information.

Professional Activities Reimbursement:

The costs of the PSW Annual Membership, PSW Annual Meeting including lodging and PSW Educational Conference cost will be covered by RAMC. Any expenses incurred beyond this allotment will be the responsibility of the resident. Original receipts must be provided to the RPD prior to reimbursement.

Other Benefits

Employee Assistance Program (EAP): Confidential program designed to assist employees and their families in dealing with behavioral/medical problems such as, marital, vocational, legal, financial, alcohol or drug abuse, parent/child and interpersonal relationships. See the *ASSISTANCE PROGRAM- EMPLOYEE* in the RAMC Employee Manuals for more information.

Appearance & Attire:

As a general rule, residents are expected to dress in business casual attire throughout the residency program. Hospital-issued scrubs will be required during certain LEs and shifts. Certain events and presentations may require business attire. See the *APPEARANCE (Professional Dress Code) Policy* in the RAMC Employee Manuals for more detailed dress code information.

Administrative Leave:

In accordance with ASHP guidelines, consequences of professional, family, sick and extended leave on residents' ability to complete the residency program may result in either:

1. Extension of the residency program to a maximum 30 days beyond the initial residency end date to complete a minimum of 52-week training period, or
2. Termination from the program if the requirements for extension cannot be met, or if the resident's leave does not qualify for extension as determined by the RPD and Director of Pharmacy

See *Residency Extension and Termination Policies* under Residency Policies and Procedures.

Professional Leave: see above section under Resident Responsibilities, Pharmacy Organizations & Conferences.

Professional leave must not interfere with or prevent completion of all required program requirements, including the requirement for a minimum of 52-week training period and a maximum of 30 scheduled training days away from the program. Extension of the residency program will not be offered for this purpose.

Sick Leave: If the resident is calling in sick for a staffing day they should contact the lead pharmacist as soon as possible prior to the start of the shift (the evening before until 22:00, or the morning of after 05:00). For a non-staffing day, the resident should contact either the RPD or RPC and their current pharmacist preceptor.

Bereavement Leave: See the *BEREAVEMENT Policy* in the RAMC Employee Manuals for information.

Family Medical Leave Act (FMLA): The resident does not qualify for an FMLA Leave of as the resident will not have been an employee for at least 1 year per the *RAMC FMLA policy*. Any Leave of Absence would be unpaid for a maximum of 30 days.

Appendix A: Recommended Project Timeline

May	<ul style="list-style-type: none"> Deadline for pharmacy preceptors project proposal submissions to RAC (if applicable) <p>Note: Resident(s) should consider the following when selecting projects: skills gained, impact on the profession of pharmacy, project scope matches resident capabilities, professional interests & career goals, current hospital priorities/environment</p>
June	<ul style="list-style-type: none"> Complete review of project submissions by RAC (after initial review by RPD/RPC) Projects will either be: reviewed and approved, approved with modifications, or denied Provide a list of approved projects to incoming resident(s) Review projects proposals submitted by incoming resident(s)
July	<ul style="list-style-type: none"> Resident should contact the advisor of projects they are interested in to meet and discuss the proposal. Resident(s) should also perform background research and review current literature on the project itself Resident(s) must select a project topic no later than the August RAC meeting Once project is selected, the resident should work to draft the resident project proposal
August	<ul style="list-style-type: none"> Residents should plan to present their proposals at the August RAC meeting. Note: residents should solicit feedback from RAC PRIOR to their proposal presentation. Therefore, a resident's proposal should be sent ~7 days prior to RAC meeting
September	<ul style="list-style-type: none"> Begin data collection or continue IRB approval (if applicable) Start project implementation process Introduce project at medical staff meeting with short presentation and/or description outlining the potential impact and goals related to RAMC
October	<ul style="list-style-type: none"> Continue data collection and project implementation (as applicable) Optional: Submit ASHP Midyear poster abstract (October 1), if attending
November	<ul style="list-style-type: none"> Pre-data collection of project should be completed at this point Optional: If attending ASHP Midyear: Create project poster and have poster approved by project team and program director PRIOR to printing
December	<ul style="list-style-type: none"> Required Poster Presentation: PSW Educational/Residency Conference (Must refer to PSW for their poster presentation deadlines) Optional: Present poster at ASHP MYCM Begin to write and review PSW Educational /Residency Conference abstract
January	<ul style="list-style-type: none"> Quarterly update #1 due to RAC and program director, including data collection progress Submit the PSW Educational Conference abstract by due date
February	<ul style="list-style-type: none"> Begin to evaluate data collected over the previous months and start manuscript
March	<ul style="list-style-type: none"> Outline PSW Educational/Residency Conference residency presentation and begin to create slide deck Schedule AT LEAST 1 practice presentation sessions with project team as well as applicable managers/pharmacists involved with the project Post-data collection should be complete or near complete, update methods section Create project poster and have poster approved by project team and program director PRIOR to printing (Required poster presentation PSW Educational Conference)
April	<ul style="list-style-type: none"> Present project poster and slide deck at PSW Education Conference
May	<ul style="list-style-type: none"> Prepare final poster presentation and slide deck for medical executives meeting (will likely be a modification of PSW presentation for applicability to RAMC medical staff)
June	<ul style="list-style-type: none"> Schedule practice presentation with RPD and RPC Present residency project slide deck and/or poster with pertinent results at RAMC medical executives meeting

Appendix B: List of Program Completion Requirements

Completion to be documented in quarterly development plan under “Completion Requirements Tracker”.

Requirement
Orientation and Licensure
Obtain WI pharmacist license by September 30 th
Complete RAMC orientation
Complete pharmacy department orientation
Obtain BLS, ACLS and PALS certification
Learning Experiences/Objectives
“Achieve for Residency” at least 80% of program goals and objectives
“Achieve for Residency” 100% of R1.1
Does not have any objectives marked “Needs Improvement” at the end of the residency
Successfully completes all required learning experiences & assigned evaluations
Research & Project (also refer to Deliverables section below)
Present project proposal to staff (at RAC meeting)
Conduct research on project
Complete two medication error/event evaluations (Verge)
Recruitment
Participate in residency candidate interviews
Participate in assigned recruitment showcases (i.e. PSW, pharmacy schools)
Teaching Responsibilities
Serve as role model and assist with orientation & precepting for IPPE and APPE students (as applicable)
Initiate and assist IPPE/APPE students in journal club and topic presentations (as applicable)
Complete UW-Madison Teaching Certificate (if available)
Deliverables (must be uploaded in PharmAcademic™)
1.1.5 & 1.1.7 – Three de-identified notes as a representative sample of both care plans and other notes that reflect the breadth of resident documentation in the medical record
2.1.1 – Resident developed drug class review, monograph, treatment guideline, or protocol
2.1.2 – Medication Use Evaluation
2.1.3 – Examples of medication-use system improvements identified by resident
2.2.5 – Resident formal project presentation and poster (from PSW WI Pharmacy Residency Conference)
2.2.5 – Project Manuscript
3.2.3 – Example(s) of resident contribution to departmental management
4.1.2 – Example(s) of presentations including presenter, date, and audience <ul style="list-style-type: none"> • Complete at least four journal club presentations • Complete at least one drug-related presentations for the P&T Committee • Participate in at least two community education or outreach events/presentations
4.1.3 – Example(s) of written communication to disseminate knowledge (such as newsletters, written drug information, presentations) developed by resident.
4.1.4 Example(s) of assessment of effectiveness of resident presentation/education (i.e. preceptor and/or audience evaluations)
Other Requirements
Complete 35 staffing shifts
Complete a minimum of 52-weeks of residency training with no more than 30 days away from the scheduled program training days
Document duty hours
Return of keys, badges, etc. will be required prior to receiving the certificate

Appendix C: Pharmacy Performance Expectations

PHARMACY Performance Standard: I CARED	Performance Expectation is demonstrated when an individual:	Performance Expectation is not reflected when an individual:
INTEGRITY		
<p><i>In all our decisions, we are guided by doing the right things at the right time and in the right place. We focus on the best interests of patients. We are always honest with each other, learners and our patients.</i></p> <ul style="list-style-type: none"> Accepts responsibility for one’s actions, honors commitments and communicates truthfully in all interactions Protects the confidentiality of RAMC, colleagues, patients and families Models and encourages high ethical standards Represents RAMC in a positive and professional manner both within and outside the organization 	<ul style="list-style-type: none"> Is truthful and honest Admits mistakes Acts in a manner consistent with words Contributes openly to problem-solving while “in the room” 	<ul style="list-style-type: none"> Blames or criticizes colleagues, other departments or organizations Takes credit for others work Staying quiet when your heart tells you it is wrong Generates or spreads statements without facts or certainty Uses inappropriate humor Does not speak up in the room. Holds meetings, after the meeting
INNOVATION/STEWARDSHIP		
<p><i>We pride ourselves on finding new and better ways to enhance quality of care and all aspects of our work</i></p> <ul style="list-style-type: none"> Appropriately searches for and implements new ideas and methods to improve care, service, safety, and cost effectiveness Takes the initiative for completing work assignments more effectively and efficiently by using new ideas and methods when appropriate Continuously monitors results for further process improvements Willingly and effectively adapts to change 	<ul style="list-style-type: none"> Is open to new ways of doing work Acknowledges, encourages, and celebrates new ideas Participates in process improvement teams and activities Seeks patient input about care processes, involves patients in improvement efforts Examines lessons learned 	<ul style="list-style-type: none"> Criticizes and resists new ideas and initiatives Unwilling to change Discourages and avoids discussion of things that did not go well Continuously points out problems without offering solutions
COMPASSION/DIVERSITY		
<p><i>We treat patients, families, learners and each other with kindness and empathy. We connect with patients and families individually and personally and engage them as partners in decisions about their care.</i></p> <ul style="list-style-type: none"> Anticipates the needs of colleagues, patients and family members in all situations Displays cultural sensitivity, empathy and genuine concern for the feelings and opinions of others Projects a positive, friendly, caring image of self, team and RAMC Demonstrates recognition that each person’s job is vital to patient- and family-centered care and to the success of RAMC. 	<ul style="list-style-type: none"> Values differences Sees the patient and their family as the reason RAMC exists, show you care Actively looks for opportunities to assess patient experience and takes quick action to resolve issues Supports and guides learners (new staff, pharmacy students, etc.) Recognizes when team member is overloaded or confused and offers to help Greets colleagues with friendly smile and positive demeanor Proactively creates opportunities that promote a joyful workplace 	<ul style="list-style-type: none"> Does not value differences Looks down on others Delivering services based on convenience to us Uses excuses or shifts responsibility when an issue is raised by a patient or family member Displays negative attitude through words and body language

PHARMACY Performance Standard: I, J CARED	Performance Expectation is demonstrated when an individual:	Performance Expectation is not reflected when an individual:
ACCOUNTABILITY		
<p><i>We hold ourselves individually and collectively responsible for the work we do and for the experience & outcomes of every patient, every learner, everyday.</i></p> <ul style="list-style-type: none"> ▪ Completely understands job requirements ▪ Completes work on time, in accordance with expectations and in an excellent manner ▪ Takes personal responsibility for decisions, actions and results and learns from successes and failures ▪ Seeks or accepts guidance when needed ▪ Follows and supports organizational and departmental policies 	<ul style="list-style-type: none"> ▪ Acts as if the success of RAMC is dependent on me! Highly engaged ▪ Spends RAMC’s money like it’s your own ▪ Asks for help appropriately ▪ Follows RAMC policies and procedures ▪ Actively participates in RAMC activities, gatherings, and meetings etc... ▪ Holds self-accountable for performance ▪ Conducts huddle daily and utilizes the communication board to update others 	<ul style="list-style-type: none"> ▪ Has to be reminded of work to be done, not engaged ▪ Lacks initiative, waits for someone to tell you what to do. Needs to be reminded to wear their lab coat, parks in the wrong area etc. ▪ Is tardy or late to meetings, leaves early, doesn’t attend required meetings ▪ Does not follow RAMC policies & procedures - tweaks them as needed, versus voicing concerns or needed changes ▪ Focuses on everything that “went wrong yesterday” versus learning from yesterday and focusing on solutions for tomorrow. ▪ Has to be reminded to have the huddle and update the communication board
RESPECT		
<p><i>We honor patients’ right to privacy and confidentiality. We value differences among individuals and groups; and we actively listen, encourage feedback and choose the best way to deliver timely and meaningful information in all situations, especially in the high stress situations inherent in this complex and demanding patient care environment.</i></p> <ul style="list-style-type: none"> ▪ Acknowledges, honors and values diverse backgrounds, perspectives and cultural differences ▪ Values and uses the unique talents and viewpoints of others ▪ Leverages the unique talents and viewpoints of others ▪ Seeks common ground to resolve conflicts ▪ Gives constructive feedback in a respectful manner in every situation ▪ Maintains professional boundaries ▪ Is courteous, honest and respectful in all interactions ▪ Accepts, acknowledges and values the different roles within RAMC and how they contribute 	<ul style="list-style-type: none"> ▪ Speaks with courtesy to RAMC patients, families and colleagues in all interactions ▪ Protects privacy of RAMC patients and families through action such as: <ul style="list-style-type: none"> ○ Knocking and waiting for approval before entering a patient’s care area ○ Does not talk about patients- HIPAA ▪ Committed to maintaining a safe work environment - does not spread or talk about peers ▪ Takes action to ensure RAMC, public and work spaces are kept clean and attractive ▪ Maintains a clean and professional appearance and follows the Pharmacy specific dress code expectations 	<ul style="list-style-type: none"> ▪ Uses disrespectful language when speaking to providers, learners and other colleagues ▪ Exhibits rude behavior towards colleagues ▪ Raises your voice when speaking with others ▪ Speaks poorly of other individuals or other departments ▪ Utilizes more resources than needed, does not recycle, orders more supplies than needed ▪ Drains positive energy - gossips about peers to other team members, focuses on negative things only

PHARMACY Performance Standard: I, J CARED	Performance Expectation is demonstrated when an individual:	Performance Expectation is not reflected when an individual:
EXCELLENCE		
<p><i>Working together, we strive to be the best, and we work continuously to improve our performance and exceed expectations.</i></p> <ul style="list-style-type: none"> ▪ Actively supports RAMC’s mission, vision, values and strategic goals ▪ Consistently achieves superior results and delivers the highest quality care and/or service while inspiring others to do the same ▪ Consistently and actively participates in unit and department-level activities ▪ Improves performance by actively seeking feedback, coaching and mentoring ▪ Seeks and shares expertise on best practices and promotes continuous learning for all 	<ul style="list-style-type: none"> ▪ Actively supports the RAMC’s mission, vision and guiding principles - Going Beyond the Expected ▪ Recognizes others for their achievements and competencies ▪ Focuses on the issue rather than the person in conflict situations ▪ Uses the 10-5 rule - makes eye contact with you at 10 feet, smiles and says hello to you when they get to 5 feet 	<ul style="list-style-type: none"> ▪ Displays an “It’s not my job” attitude ▪ Blames others for his or her own actions ▪ Doesn’t care about the needs of others ▪ Discounts or dismisses the input of others ▪ Uses phrases like, “I don’t care, I am paid by the hour.” ▪ Tells peers that, “things will never get better, trust me, I know how things go.” ▪ Is not engaged