

General PGY1 Community-Based Pharmacy Residency Program Purpose

To build upon the doctor of pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

CUW PGY1 Community-Based Pharmacy Residency Program Mission Statement

Advancing ambulatory pharmacy practice development in Milwaukee's urban underserved areas and the development of high functioning community-based practitioners and pharmacy practice faculty members through formal and formative residency learning experiences.

CUW PGY1 Community-Based Pharmacy Residency Program Purpose Statement

The Concordia University Wisconsin School of Pharmacy PGY1 Community-Based Pharmacy Residency Program will prepare community-based practitioners capable of developing, providing and advancing ambulatory care services in any practice setting with a specific focus on urban underserved practice settings.

Following program completion, graduates will be prepared for academic and community-based practitioner careers, and will demonstrate the ability to navigate teaching, practice, research and service roles of faculty members.

Graduates of our program;

- will be highly sought community-based pharmacists that will be desired for their advanced academic preparation and experiences in developing and advancing urban underserved ambulatory care practices.
- will be able to combine an advanced pharmacotherapy knowledge base with skills in teaching, learning, scholarship and service to be highly effective faculty members upon residency graduation.

The CUWSOP PGY1 Community-Based Pharmacy Residency program is aimed at preparing pharmacists for generalist ambulatory practice in urban underserved areas and roles in teaching. The resident will provide patient care services at one of three sites: Evergreen Pharmacy, an independent specialty pharmacy with a focus on patient centered care, Hayat Pharmacy, an independent community pharmacy with over 10 locations that focus on patient adherence and in-person medication therapy management, or altScripts Specialty Pharmacy, an independent specialty pharmacy with a focus on improving the patient journey throughout therapy with close collaboration with other healthcare providers. The sites offer opportunities to gain knowledge on chronic disease states, specialized disease states, and medication therapy management, with the goal of enhancing and expanding community pharmacy practice through innovation. The majority of time will be spent in direct patient care in the pharmacy with time once weekly at CUWSOP in teaching and learning activities that will foster academic development. Graduates of our program will be prepared for success in a variety of community-based practice positions as well as pharmacy practice faculty positions.

Certification of Program Completion



Resident: _____

The Residency Director, in consultation with the respective Site Coordinator when applicable, determines whether a resident has met all of the requirements of the residency program and is therefore qualified to receive a Certificate of Completion from the program. Criteria for graduation from the residency program include successful completion of the following:

- _____ Program orientation, including learning module on application of Gallup's StrengthsFinder™ assessment to self-development and organizational improvement.
- _____ Learning experiences, as defined by the resident's program emphasis and the services provided by the resident's host training site. Resident must have documented achievement of 90% of learning objectives associated with these learning experiences and satisfactory progress with the learning objectives that are not achieved.
- _____ Completion of *at least* 2000 hours of service and learning completed over the residency year
- _____ Flash-drive containing all required materials
- _____ Written collaborative practice agreement, standing order or implementation process for a state-based protocol
- _____ Quality improvement project
- _____ New/Enhanced service project
- _____ Practice-related project
- _____ Future Pharmacy Faculty Certificate components (including lecture, Navigating Academia seminar)
- _____ Presentation of the following program activities at their site (can be at campus if needed)
 - _____ Clinical Pearls or Practice Management Presentation
 - _____ Journal Club
 - _____ Case Presentation
- _____ Residency project, including;
 - _____ Presentation at a statewide, regional or national meeting AND submission of a manuscript consistent with guidelines for an appropriate article type of a journal that would be an appropriate fit for the project.

_____ Presentation of their residency project via poster to CUWSOP faculty and residency program preceptors.

Note: both a poster and presentation are required- resident and preceptors can determine where the best fit for each is.

The resident identified above has completed the required activities noted above and is therefore qualified for graduation and receipt of a Certificate of Program Completion.

Sarah Ray, PharmD, BCPS, FAPhA
Residency Program Director

Date of Review

Resident Portfolio

Policy

The CUW PGY1 Community-Based Pharmacy Residency Program will document all resident activities utilizing an electronic portfolio.

Purpose

Residents, preceptors, and the residency director have the professional responsibility to ensure proper documentation of completion of all aspects of the residency program.

Procedure

In a timely manner, compile all works within the electronic portfolio. This can be kept on a local computer or USB drive. At least quarterly, all documents should be uploaded to PharmAcademic under each specific resident name/files.

The resident will follow the structure of the table of contents provided in this document to create folders (or a table of contents if using a pdf format).

At least 1 draft with feedback shown should be included to show progression of skills leading to final product.

At the end of the residency program a flash drive containing all the above documents shall be given to the residency program director.

Residents are required to archive on a flash drive the following:

Date Archived	Artifact
CREDENTIALS	
	Copy Of Wisconsin Pharmacist License
	Copy Of Immunization Certificate
	Copy Of CPR Card
	Copy Of Liability Insurance
	Any other certifications
PRESENTATIONS	
	Presentations to groups of patients, groups of caregivers, health care professionals (including physicians, nurses, pharmacists and other providers), students and the public
	Clinical Pearls or Practice Management Presentation
	Case Presentation
	Any other presentation given
	Documentation of formative feedback (PDF of email feedback or scanned documents or documents with changes tracked and comments noted)
Future Pharmacy Faculty Certificate (Teaching Portfolio)	
	Teaching Philosophy (including any drafts)
	Lecture (including any drafts)
	Education Journal Club Documentation
	Peer Review of Scholarship
	Lab Teaching Evaluations
	At least two examples of the resident's written formative and summative feedback developed by the resident and provided to a learner
	Reflection Document describing any teaching experiences
POSTERS	
	PowerPoint Poster Content
	Draft Poster Image
	Final Poster
	PDF any emails with feedback and changes
	Any other posters
PROJECT	
	IRB proposal / Procedure
	Informed consent document (if applicable)
	HIPAA document (if applicable)
	Copy of survey tool (if applicable)
	Copy of all data collected (if applicable)
	Presentation Draft
	Presentation Final
	Manuscript Draft
	Manuscript Final
	Any other related documents
	PDF any emails with feedback and changes

BUSINESS PLAN	
	Draft Document
	Final Document
	PDF any emails with feedback and changes
QUALITY IMPROVEMENT PROJECT	
	Draft Document
	Final Document
	PDF any emails with feedback and changes
COLLABORATIVE PRACTICE AGREEMENT	
	Draft Document
	Final Document
	PDF any emails with feedback and changes
PATIENT CARE DOCUMENTATION	
	De-identified copies of patient care services/clinic notes (3 per quarter)
	De-identified copies of MTM CMR notes (3 per quarter)
	De-identified copies of communication of information to health care professionals when transferring a patient from one health care setting to another (3 per quarter)
	At least two examples of resident's written materials to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.
	Any documentation of formative feedback
ACTIVITY TRACKING SPREADSHEET	
	Quarter 1 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, practice advancement, management/leadership)
	Quarter 2 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, practice advancement, management/leadership)
	Quarter 3 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, practice advancement, management/leadership)
	Quarter 4 (Major activities/Deliverables and weekly time spent in direct patient care, teaching, practice advancement, management/leadership)
OTHER	
	Pre-residency CV
	End of residency CV
	List of activities at a national, state and/or local professional association during the residency
	Evidence of community service
	Evidence of resident's contributions to the Pharmacy planning process. Evidence of the Resident's contribution from leading or working as a member of a committee or informal work group.

CUWSOP PGY1 Community-Based Pharmacy Residency Program

Resident Assessment Process

Preceptors and residents will document progress with respect to specific educational goals and objectives on a quarterly basis. All evaluations will be completed online through the PharmAcademic system as outlined through the Residency Learning System Workbook. The resident's initial resident assessment will be completed and customized quarterly learning plans will be completed. The following summarizes the timing and components of the evaluation process.

Initial Resident Assessment

Incoming residents will complete the Initial Resident Assessments prior to their start date. Preceptors and residents must meet to review the initial resident assessment and complete Customized Training Plan, Quarter 1, within 4 weeks of their start dates. Preceptors must ensure that areas identified as initial strengths and weaknesses are evaluated during the first quarter for the purpose of fostering strengths or offering remediation as future learning. Residents will also complete an initial self-reflection during the first month of the residency program.

Rating Scale Guidance

Rating Scale Component	Definition
Needs Improvement (NI)	<ul style="list-style-type: none">• Deficient in knowledge/skills in this area• Often requires assistance to complete the objective• Unable to ask appropriate questions to supplement learning• Repeatedly unable to meet deadlines
Satisfactory Progress (SP)	<ul style="list-style-type: none">• Adequate knowledge/skills in this area• Sometimes requires assistance to complete the objective• Able to ask appropriate questions to supplement learning• Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none">• Fully accomplished the ability to perform the objective• Rarely requires assistance to complete the objective; minimum supervision required• No further developmental work needed
Achieved for Residency (ACHR) Completed by RPD only	<ul style="list-style-type: none">• Resident consistently performs objective at Achieved level, as defined above, for the residency.

Formative and Summative Evaluations

Formative evaluations are opportunities to provide feedback about a learning activity as the resident is working on the activity. The feedback helps the resident improve as they progress through the learning activity/project. It may be verbal or written feedback. If written, copies should be saved and uploaded to PharmAcademic (or use the feedback button in PharmAcademic to send feedback).

Summative evaluations are more formal, written opportunities to provide feedback after a learning activity has been completed or at regular intervals (i.e quarterly). Assessment of the completed activity or progress on the learning activity outlines strengths, weaknesses, and next steps or areas for improvement.

Assessments to be Completed by Preceptors

You will be prompted via the PharmAcademic system to complete evaluations as they are set-up in the system each quarter. Evaluations are set up for each learning experience outlined. You are asked to evaluate the attainment of residency program objectives that are linked to each learning experience. ***This does not mean that there needs to be progress on every objective each quarter.*** It is acceptable to mark NA on some objectives, particularly in the first quarter of the residency. Evaluations should NOT include a list of activities that were completed; rather the evaluations should be an assessment of the resident's strengths and weaknesses and progress towards achieving the objective, with a plan for improvement as necessary. ***We will be tracking our progress through the year with the goal that 90% of all objectives are achieved by the end of the year, with the rest marked as satisfactory progress.***

Please see the section on summative evaluation tips at the end of this document.

Assessments to be Completed by Residents

Residents will complete self-evaluations of their attainment of residency objectives in a manner similar to that requested of preceptors (detailed above).

What is self-evaluation? It can be described as a process of residents reflecting on and evaluating the quality of their work, their progress towards achieving the goals/objectives of their learning experiences, and identification of their strengths or weaknesses. The self-evaluations should not be a listing of what the resident completed throughout the learning experience, but rather a reflection on their progress towards achieving the objectives and what they will do to improve.

In addition, residents will be asked to evaluate (every 6 months for longitudinal learning experiences) their:

- Residency Preceptor(s) (for each preceptor a resident works with)
- Overall Learning Experience

PharmAcademic sets this up for each individual learning experience. Preceptors and residents should meet to discuss the evaluations prior to the quarterly evaluation debriefing meetings.

Quarterly Evaluation Debriefing Meetings

Within 2 weeks of completing quarterly online evaluations, residents and preceptors should meet to debrief about the content of evaluations. Prior to the evaluation review meeting, residents and preceptors can log in to the PharmAcademic system and print off summary reports of the evaluations that have been entered by resident and preceptors. The following items should be discussed during this meeting.

- I. Discrepancies between resident self-evaluation and preceptor evaluation of the completion of residency objectives and general abilities.
- II. Identified strengths and areas for improvement in resident's performance for learning experiences covered that quarter.
- III. Plans for addressing areas of improvement in the future.
- IV. Review of preceptor and learning experience evaluations.
- V. Discussion and completion of custom training plans document.

Custom Training Plans Quarters 2-4

Custom training plans must be completed for the upcoming quarter and discussed at the previous quarter's evaluation review meeting. The intention of these plans is to continue progress in areas of strength and resident interest and address areas of improvement evident from completion of resident evaluations.

Deadlines

There are two deadlines to meet for the purpose of evaluations, a deadline for completing evaluations online and a deadline for residents and preceptors meeting to review evaluation results together and plan for the next quarter. These deadlines are outlined in the table below.

Deadline for Completing Evaluations Online	Deadline for Evaluation Review Meeting
October 1	October 15
January 4	January 18
April 1	April 15
June 25	June 30 (or last day of residency)

Tips for Summative Evaluation Feedback

1. When assigning a resident to a learning activity, tell them what you are looking for. Consider utilizing formative feedback (can give feedback directly through PharmAcademic) or developing your own evaluation rubric to evaluate their performance.
2. Check the status of Achieve, Satisfactory Progress, Needs Improvement or Not Applicable for each learning objective.
3. When entering commentary for the status of each learning objective ensure that your comments are;
 - a. Based on criteria for the objective
 - b. Based on firsthand knowledge
 - c. Is specific and focused
 - d. Is limited to areas of either really exceptional performance or areas of improvement
 - e. Do NOT simply restate what the resident did as a part of the objective
4. In the open commentary box at the end of each learning experience evaluation, address the following areas related to resident performance in the learning experience overall.
 - a. What strengths the resident demonstrated as a part of this learning experience?
 - b. What areas of improvement exist as a part of this learning experience?
 - c. What can be done to improve?

See the example below for summative evaluation feedback to include at the end of each learning experience evaluation.

Small Group Teaching Performance

X's greatest strength is in her organizational skills and preparation. From her discussion preparation to ensuring the lab activity flowed smoothly and on time to keeping her grading organized, X applied this strength to all aspects of her teaching. She was conscientious of her effort and time spent on activities, thus, I think that time and personal management is exceptional for this resident. Her grades were always entered on time with no reminders from me. There were no weaknesses identified with her small group teaching performance. Additional areas of performance include;

Factual Content - X was always well versed and showed a high degree of understanding of her topics in drug information, acute renal failure, IV compatibility and patient education. To complement the Acute Renal Failure lab, X developed a phenytoin/fosphenytoin dosing sheet that helped the students develop their knowledge. Evaluating student performance and responding to their needs in this manner exceeds my expectations for first time TAs. X also provided a nice balance of factual content and her own experiences from practice in the lab. This is the hallmark of our best instructors!

Interaction with Students - X was always deliberate in explaining what was going to be done, which is very important for this generation of learners. She was always positive and demonstrated a passion for teaching and interacting with students.

Lecture Performance - X delivered a lecture on IV Compatibility on October 12, 2009.

Strengths - X developed a very nice presentation and great handout to foster student learning. Bringing an example of a precipitate in a line was excellent. Good use of humor in the lecture. Poise was quite good, especially during student questions. Good opening and use of learning objectives.

Areas to Work On - Make sure to look at all slides ahead of time to assess their legibility on the screen, including color schemes and lighting in the room. There was a little reading off of slides. Using slides to make main points and foster discussion would be ideal. Could optimize active learning techniques a little more especially when working through the case. Instead of just providing the answer, give the students a chance to address it or work through the steps to solve the issue.

Employment Policies for PGY1 Community-Based Pharmacy Residency



All policies related to pharmacy resident employment can be obtained from the practice site. The resident is encouraged to read the policies in their entirety. As it relates to resident progression through the program policies related to professional, family and sick leaves and the consequences of any such leave on the residents' ability to complete the residency program are outlined below.

Residents are considered staff employees and are regular salaried, exempt employees with an end date coinciding with 1 year from start date OR another later time as determined by Human Resources based upon the need to complete residency program requirements due to approved leave.

Holidays

Practice sites recognizes the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

If the holiday falls on a Weekend, generally the nationally recognized holiday is the following Monday. The Company will evaluate holidays as they occur. To be paid for holidays, the employee must work the day before and the day after unless specific arrangements are made before the holiday

Vacation

Vacations should be scheduled in no less than one-half (1/2) day increments.

Supervisors will attempt to grant vacation requests whenever possible, but work requirements and seniority within the department will be considered. All vacation time must be approved in advance by the employee's supervisor.

Benefit Eligibility: Exempt Full-Time Employees

- 10 days of PTO

We believe that employees should have opportunities to enjoy time away from work to help balance their lives. For this reason, we provide a program of Paid Time Off (PTO). PTO is a time-off-with-pay program to allow employees the freedom to decide how to use time off. Employees can use their PTO for vacation, for personal business, for periods of illness, for doctor or dental appointments, for personal or family emergencies, and in the event of inclement weather/driving conditions.

Use and Management of PTO:

We encourage employees to use their PTO responsibly. Vacation and personal time are to be requested in writing and scheduled a minimum of 2 weeks in advance.

The request will be evaluated and subject to approval depending upon PTO time available and staffing needs at the time

There may be occasions, such as a sudden illness, or an emergency when you may not be able to give sufficient advance notice. In those situations however, be sure to inform your supervisor or follow the call-in procedure as soon as possible. If PTO time is available to you, it will be used to pay for the time off. In both cases above, if PTO time is available to you, it will be used to pay for the time off. If no PTO time is available, you will not be paid for the time off. PTO time is not to be used to cover time missed from work due to tardiness, except in the case of inclement weather.

When your supervisor approves PTO, administration will be notified as to the status of pay, dates, etc.

Types of Non-PTO Leave:

Situations that require time off such as jury duty, bereavement, and workers compensation will not be charged against your PTO time.

Compassionate Leave

We have taken into consideration the personal needs that arise from the death of an immediate family member. You will be allowed leave up to three days with full pay until and including the day of the funeral. Funeral leave pay will not be granted to employees attending a funeral during periods when, for other reasons, they are not at work, such as vacation, holidays, and illness. Immediate family is understood to include father, mother, spouse, child, sister, brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparents, or any relative who lives with the employee.

Military Leave

We recognize the commitment and dedication of its employees who serve in any branch of the state or federal armed services. We will grant an employee's request for military leave of absence for active duty, military training, reserve duty, drills, maneuvers, etc., as required by applicable law.

Professional Leave

A full-time employee may be granted time to attend meetings directly related to his/her position and responsibilities. The meeting and time of attendance must be approved by the supervisor in advance. Professional leave that is approved will be included toward the service and learning hours completed by the resident. Reimbursement for expenses must have prior authorization and be processed through normal budget channels up to \$1000 annually.

Contact HR for options related to Family and Medical Leave (FMLA).

Jury Duty or Court Leave

While it is the duty of every citizen to serve on a jury when called, we recognize that this often means the loss of income. The Company pays the difference between the jury pay and regular wages for days when you are unable to report to work because of jury service.

The above statement applies provided that you:

- Show your supervisor your summons to serve on a jury prior to the time that you are scheduled to serve.
- Furnish your supervisor with evidence of having served on a jury for the time claimed.

Jury absence will be noted on your time record. Time spent on jury duty will not be counted as hours worked for the purpose of computing overtime pay.

This benefit cannot be applied to any court appearance other than jury duty unless such appearance is related to your employment.

Voting, Community and Church Activities

All employees are encouraged to exercise the right to vote in all elections and to participate in church and community activities. Paid time off is not provided for these activities. Such absences should be approved in advance by the supervisor.

Religious Observances

Federal and state equal opportunity laws generally require employers to accommodate the religious beliefs of employees, but do not require them to provide paid leave. We value your religious beliefs and therefore will make every attempt to accommodate time off, for employees who, for religious reasons, must be away from the office on days of normal operation. Beyond this, we must reconcile employees' religious obligations with the requirements of running a business and serving customers. Supervisors will authorize schedule changes and/or additional use of PTO or unpaid time off, only where the requested arrangement, in the supervisor's judgment, neither prevents the requesting employee from meeting the requirements of the job nor unfairly burdens other employees. Employees who need time off for religious observance should request leave from their supervisors at least two weeks in advance. Time off is granted only with prior approval.

Reporting Absences

All employees should report absences, including vacations, to their supervisor. Absences for non-exempt employees should also be noted on timesheets/timecards. If appropriate, an employee should prepare an "out of office" message on the telephone and computer. Supervisors should keep accurate records of absences for their employees, so leave policies can be properly administered.

Emergency Closings, Inclement Weather and Other Conditions

Closing Due to Emergencies or Inclement Weather

We expect employees make a good faith effort to get to work safely during inclement weather conditions or emergencies if the pharmacy has not been declared closed.

Consequences of Leave on Program Completion

1. Violation of any policies in the Employee Handbook may be grounds for dismissal from the program.
2. It is expected that residents will put forth an effort of at least 45 hours of work/week and will complete the residency completion requirements. Should the resident accumulate holiday, vacation and leave time exceeding an average of 35 work days/year OR not be able to complete program requirements due to unforeseen needs for leave, extension of the residency program completion time may be offered in an amount sufficient to complete the program requirements, to a maximum of 3 months.

Staffing and Moonlighting

Staffing

- A staffing component (activity primarily comprised of a traditional medication dispensing role) may be a core component of the resident's experience and should not exceed an average of 9 hours of commitment during normal business hours per week. Any required staffing component during normal business hours should be associated with the day-to-day activities of the pharmacy department at the resident's primary practice site. These activities will be a component of the resident's stipend. No additional compensation will be provided for this service.
- Affiliated practice sites may require (or offer on a voluntary basis), residents to provide staffing or on-call services during evenings or weekends. Additional compensation will be provided by the host site for this work if in excess of an average of 9 hours/week.
- "Duty Hours" are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - Duty hours cannot exceed 80 hours per week, averaged over a four-week period.
 - With respect to this 80 hour limit, all on-call/staffing activities (required and voluntary) will be counted toward this weekly limit.
 - Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
 - Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

Moonlighting

- Residents may choose, if desired, to pursue part-time employment with other organizations as long as this work does not interfere with patient care and learning responsibilities of the resident within the program.
- Because residency education is a full-time endeavor, the Program Director is responsible for ensuring that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- Residents shall report any moonlighting hours to the Residency Program Director.
- Moonlighting hours will be considered in the overall process of evaluation resident performance and may be a factor in considering and related to actions in disciplinary processes.



Duty-Hour Requirements for Pharmacy Residencies

Definitions:

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

DUTY-HOUR REQUIREMENTS

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) 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 their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- D. If the program implements any type of on-call program, there must be a written description that includes:
 - the level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
 - identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty-Free Times

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents' overall performance or residents' judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.
- C. Mandatory time free of duty: 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.
- D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

- E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty-Period Length

- A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- B. In-House Call Programs
 1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients' safety and residents' well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
 - a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
 - b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.
- C. At-Home or other Call Programs
 1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 2. Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 3. Program directors must define the level of supervision provided to residents during at-home or other call.
 4. At-home or other call hours are not included in the 80 hours a week duty-hour calculation, unless the resident is called into the hospital/organization.
 5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 6. 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.

Approved by the ASHP Commission on Credentialing on March 4, 2012 and the ASHP Board of Directors on April 13, 2012. Updated with new ASHP logo, title, and minor editing on March 4, 2015.

Program Disciplinary Policy



Resident Standards

While every effort is made to assure the success of a resident through a residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program. The following are the standards and tasks that each resident must meet, and the deadline, if applicable:

- A. Administrative Requirements: The following are required for all residents by the end of their first 90 days of the residency. A copy of documentation or proof of training must be provided to the Program Director by the due date:
- CPR Certification for Basic Life Support
 - Licensure to practice pharmacy in the state of Wisconsin

Should a resident not successfully be licensed within the first 90 days, the Residency Program Director will do the following;

- Meet with the resident to discuss the reasons for failure to be licensed and his/her plans to become licensed.
- Meet with program preceptors to review the resident's performance in the program to date.

Should the resident not provide a plan to attain licensure at the earliest possible time OR if it is determined that the resident's performance is not acceptable to date, the resident will be dismissed from the program. If both components are satisfactorily met, a customized development plan will be created with the resident and preceptors to continue the residency until licensure is achieved. Should the resident fail to achieve licensure by the date determined in their development plan, the resident will be dismissed from the program. If the resident is unable to be licensed by the 120 day mark of the residency, the resident will be dismissed from the program. The residency program director reserves the right to offer an extension of the residency program so the resident is licensed for 2/3 of the residency program.

B. Policies

- The Resident is subject to all applicable rules, policies and procedures of the resident's host practice site, the School of Pharmacy, and Concordia University.
- Resident must adhere to HIPAA policy of each site where education occurs. Gross misconduct towards the RPD, any member of the Pharmacy Department, other healthcare worker, or patient will result in a warning and, based on the severity, a written warning as outlined in bullet point two of section II.A.
- Chronic absenteeism may be considered to impede progress towards residency goals attainment and can result in a written warning as outlined in bullet point two of section II.A.
- If resident does not show steady progress during the first three months of the program, the resident will be placed on probation and provided in writing an outline of

expectations that must be met in order to continue in the program. (see II: Disciplinary Policy)

- If the resident commits a crime that is a felony or significantly impacts his/her ability to practice pharmacy, this would result in immediate dismissal.

II. Disciplinary Policy

A. If the Program Director determines through documentation that the Resident is not meeting program expectations or performance criteria, the following actions will be taken:

- The Resident will be notified in writing of the specific complaint against the Resident.
- Within 30 days of receiving the written complaint a meeting will be scheduled between the resident, Site Coordinator and/or Preceptor and Program Director. The purpose of the meeting will be to present the evidence, allow the Resident an opportunity to defend him or herself, and determine if the Resident should continue or be dismissed from the program. The Resident may choose to be represented by an attorney at the hearing. The University may choose to invite legal counsel to participate. One of three courses of action will be taken after the conclusion of this meeting, as determined by the Program Director.
 1. *Dismissal of the Complaint:* If the Resident is able to prove that the complaint is not supported by the evidence, the complaint will be dropped, and the Resident will continue in the program.
 2. *Probation:* A plan of action will be designed and implemented, giving the Resident a defined period of time to demonstrate improvement. The benchmarks for improvement will be outlined in writing. The Resident and Site Coordinator/Preceptor(s) will meet once per week during the probation period, to review progress. At the end of the defined period, the Resident, Site Coordinator/Preceptor(s) and Program Director will meet to evaluate the Resident's progress. One of two courses of action will be taken after this meeting, as determined by the Program Director:
 - The Resident will be taken off probation and allowed to continue with the residency program; or
 - The Resident will be dismissed from the program, effective immediately.
 - The residency program may be extended if a resident is not meeting expectations and a remediation plan is implemented, to a maximum of 3 months. At that time, if the resident is still not meeting expectations, they will be dismissed from the program.
 3. *Dismissal:* The Resident will be dismissed from the program by the Program Director, upon recommendation of the Site Coordinator/Preceptor(s), effective immediately. Any decision by the Program Director will be communicated to the Resident in writing.

C. Appeals

The Resident has the right to appeal any decision to the Dean of the School of Pharmacy. The appeal must be made in writing within five business days after the receipt of the Program Director's decision. It must include the Resident's basis for appealing the decision. The Dean will contact all parties to determine a mutually

agreeable time for the Residency Site Coordinator/Preceptor(s) and Program Director to discuss the matter. The Dean will question each person and consider the evidence presented. Within 10 business days after the Dean's receipt of the Resident's appeal, the Dean will decide either to dismiss the Resident or remand the matter back to the Program Director and Site Coordinator. The decision by the Dean will be communicated to the Resident in writing and will be considered final.

B. Time Extensions

The Program Director, on advice from the Site Coordinator/Preceptors or Dean may grant time extensions for good cause shown.

**PGY1 Community-Based Pharmacy Residency Program
Procedure for Application Review, Finalizing Candidate Rankings
and Issuance of Offer Letters**

1. The Residency Program will utilize a centralized application process, managed by the Residency Program Coordinator, under the direction of the Residency Program Director.
 - a. The Program Director will establish an application deadline each year.
 - b. The Program Coordinator will facilitate the receipt of applications, electronically when feasible. The required applications materials will include: cover letter, completed centralized application form, curriculum vitae, 3 letters of reference and professional school transcripts.
 - c. The Program Director will confirm that applicants to the program are graduates or candidates for graduation of an ACPE accredited (or in process of pursuing accreditation) degree program or have a FPGEC certificate from NABP.
 - d. Preceptors will be notified of the receipt of application materials. All application materials for these candidates will be made available electronically via the password protected program website, accessible to preceptors.
2. The program director with site preceptors, will determine which candidates they wish to interview, applying criteria outlined in the program's *"Candidate Application Screening Rubric."*
3. The Residency Program Coordinator will process interview requests and facilitate scheduling of interviews across the program.
 - a. Selected candidates will have onsite interviews whenever feasible. Interviews will include
 - i. site tours
 - ii. 1:1 meeting with the Director
 - iii. 1:1 meeting with the Site Coordinator
 - iv. group interview with Preceptors
 - v. meeting with current resident (when applicable)
 - vi. a presentation or discussion of portfolio
 - b. Interviewed candidates will be evaluated based on the criteria outlined in the programs *Post-Candidate Interview Evaluation Rubric.*
 - c. Following completion of all candidate interviews, preceptors will submit preferred candidate rankings to the Program Director.
 - d. The Program Director and preceptors will consult on the submitted candidate rankings, collaboratively establishing a final rank ordered list to be submitted to the National Matching Service.
4. The Program Director will facilitate all logistics with the National Matching Service, including:
 - a. Program registration and establishing the specific site listings within the National Matching Service.
 - b. Submitting final rank ordered candidate lists for each training site within the program.

- c. Receiving the results of the Match and communicating these to each affiliated site.
 - d. Reviewing non-matched candidates for potential consideration of unfilled residency positions.
- 5. Upon receiving result of the National Matching Service and considering candidacy of non-matched candidates for un-matched positions, the Program Director will prepare official offer letters to candidates within a prescribed time.
 - a. Acceptance of offer letters will be contingent upon:
 - i. Returning a signed offer letter
 - ii. Completing professional licensure examinations prior to the start of the program
 - iii. Passing a criminal background check

PGY1 Community-Based Pharmacy Practice Residency Program Interview Schedule

Person/Group Met With	Time	Special Focus of Interview
*Sarah Ray, Residency Director	30-60 minutes	Discuss resident's interest, skills and questions with the administrative lead of the program. Can take place at practice site or CUW depending on day.
*Preceptor Meeting	30-45 minutes	Discuss resident's interest, skills and questions with the preceptors at the site.
Presentation	45 minutes	Please provide a portfolio of past presentations or projects to available preceptors, residents, students, and staff at practice site. You will be allowed up to 20 minutes to discuss your work, followed by 20 minutes of Q&A in a small group setting
Resident	30 minutes	Tour and one-on-one discussion
*Site Coordinator	60 minutes	Discuss resident's interest, skills and questions with the site lead of the program.
Travel time to CUW if meeting with Sarah there	30 minutes	Resident to drive on their own with directions given.

- Items marked by an * may be coupled with lunch (If coupled with one of these events, use the maximum range of time for scheduling.)
- Interviews need to be scheduled Monday-Friday and must be completed by 4th week of February
- Directions to Evergreen Pharmacy
 - 10101 W. Greenfield Avenue, Suite #130 (inside Waterstone Bank building)
West Allis, WI 53214
 - (414) 533-6600
- Directions to Hayat Pharmacy
 - 8500 W. Capitol Drive, Milwaukee, WI 53222
 - (414) 463-1111
- Directions to altScripts Specialty Pharmacy
 - 1636 Miller Park Way, West Milwaukee, WI 53215
 - (414) 385-9500
- Directions to CUWSOP when applicable - <https://www.cuw.edu/About/campusmap.html>