PGY1 PHARMACY RESIDENCY PROGRAM HANDBOOK

2025-2026 ACADEMIC YEAR

Sponsoring Facility: EMPLIFY HEALTH – GUNDERSEN LUTHERAN MEDICAL CENTER

Sponsoring Body: GUNDERSEN MEDICAL FOUNDATION AFFILIATED WITH EMPLIFY HEALTH

Contents:

PGY1 PHARMACY RESIDENCY PROGRAM POLICIES

LICENSURE REQUIREMENTS

1. Upon matching with the residency program, prospective residents should submit pharmacist licensure application materials to the Wisconsin Department of Safety and Professional Services at their soonest ability, and should schedule licensure examinations at first opportunity. Per statute, the Wisconsin Pharmacy Examining Board (PEB) allows pharmacist-candidates who have applied for a license to engage in the full scope of pharmacy practice while under direct supervision of a person licensed as a pharmacist by the PEB during the interval period during which the PEB takes final action on the candidate's application.
2. Residents must be licensed as a pharmacist in the state of Wisconsin within ninety (90) days after start of the residency program.
3. If a resident is unable to meet the above deadlines due to extenuating circumstances beyond their control, they must request an extension in writing to the Residency Program Director (PD). The PD and Associate Program Director (APD) will review all extension requests. The outstanding items, actions the resident has taken to obtain licensure as soon as possible, and the resident's performance to date will be considered when reviewing licensure extension requests. The resident will be notified in writing if their extension request has been approved or denied.
4. If the extension request is approved, the resident will be notified in writing how many additional days they have been granted to obtain their pharmacist licensure in the state of Wisconsin. The resident must be licensed as soon as possible within this time and within one hundred twenty (120) days from the start of the residency program.
5. Failure to meet the above requirements results in termination of the resident from the residency program.

DUTY AND WORK HOURS

Definitions:

- Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes:
    - Inpatient and ambulatory direct patient care activities
    - Administrative duties related to patient care and program requirements
    - Time spent in-house during emergency response (or other call) responsibility
    - Service obligations mandated as part of the residency program, including required hours at St. Clare Health Mission
    - Assigned health-system activities necessitating real-time attendance (physically or virtually), such as committee meetings and facility-sponsored educational programming, that are required to meet the educational goals and objectives of the residency program
- The following activities are not considered as counting toward duty hours:
    - Reading, studying, and academic preparation time for presentations, discussions, or personal development
    - Travel time to and from any residency-required activity that would count toward duty hours
    - Attendance at extramural (non-health system) professional conferences or educational programming

    - Hours not scheduled by PD or 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 PD 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 or service periods of the residency program.
- Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. It is universal policy for Gundersen Medical Foundation's postgraduate residency training programs to closely adhere to the Accreditation Council for Graduate Medical Education (ACGME) standard for resident duty hours. The program and institution are committed to and responsible for promoting patient safety and resident well-being. All resident activities and responsibilities are planned to provide a supportive educational environment in which to achieve the outcomes and goals of the residency program. Excessive reliance upon residents to fulfill service obligations compromises this tenet and diverts residents' time and energy from the program's priorities.
2. In accordance with ASHP and ACGME standards, the summation of an individual resident's duty hours must meet the following criteria:
    a. Less than or equal to eighty (80) hours per calendar week (seven days)
    b. Minimum of one day off for every seven calendar days, averaged over a four-week block (calculated percentage of days off per calendar days in four-week block shall be greater than or equal to 14.3%)
    c. Minimum of eight (8) hours off between scheduled clinical work and education periods
3. The resident shall maintain an ongoing and accurate tracking of duty hours worked in the MedHub platform, and in any other format as requested by the PD. It is the resident's responsibility to ensure that they stay current with logging of duty hours within MedHub. This will be monitored by the program administrator and PD on periodic basis (no less than once monthly) to ensure compliance.
4. Any violation from duty hours criteria shall be reported by the resident to the PD and program administrator immediately (pro-actively or as soon as reasonable to practice obligations). The PD shall determine what corrective action is appropriate; this may include adjustment of resident schedule or adjustment program and/or service responsibility.
5. The PD shall report to the Graduate Medical Education Committee (GMEC) and Director of Medical Education (DIO) at minimum quarterly on resident adherence to program and institutional duty hour policy, as well any steps that have been taken to address non-compliance.

REF: Clinical Experience and Education

MOONLIGHTING

1. Residency is a full-time obligation. Residents must manage their activities, external to those required by the residency program, so as not to interfere with their commitment to complete the educational goals and objectives established for the residency program.
2. Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside of Emplify Health (external, includes any regionally affiliated critical access hospitals) or within any of Emplify Health's pharmacies (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
3. External moonlighting is not permitted.
4. Internal moonlighting may be allowed if the following conditions are met:
    a. Resident has achieved Wisconsin pharmacist licensure
    b. Resident is in satisfactory academic standing in the program
    c. Permission to engage in moonlighting activity is granted by the PD, using the following criteria to guide determination:
        i. Resident has received training sufficient to permit independent practice in practice area/responsibilities for requested moonlighting shift(s);
        ii. Moonlighting time will not place resident in violation of duty and work hours policy;
        iii. In the PD's best judgment, resident is not demonstrating signs of fatigue or burn-out and/or moonlighting not felt to be interfering with resident's ability to provide safe patient care or successfully achieve educational goals and objectives of the residency program.
5. The resident will not be permitted to complete more than 16 hours of moonlighting within any four-week period.
6. All requests for moonlighting hours must be approved in person or via email by the PD, APD, or Clinical Manager – Hospital Pharmacy.
7. The resident is obligated to report all moonlighting hours as duty hours, using process as detailed in the 'Duty and Work Hours' policy.

REF: General Moonlighting, MedEd-300; Clinical Experience and Education

TIME AWAY FROM TRAINING

1. Leave

Each resident is allowed up to twenty-five (25) days of personal leave during the residency program year. The maximum allowance for subcategories of personal leave per program year are:

- **Personal leave: 15 days**
    - Planned personal leave includes vacation; time off for holidays or cultural observances; elective personal time away
    - Unplanned personal leave includes absence due to illness or unanticipated emergent circumstance
- **Wellness leave: 2 days**
    - See #4 below regarding definition of and parameters related to wellness time

- **Professional individual leave: 3 days**
    - Defined as: time off required to take licensure exams or meet other regulatory requirements for practice; time off to travel to and/or conduct interviews in pursuit of post-program employment or further post-graduate training; time off for examination to achieve advanced certification
    - Professional leave does not include time away from site to attend extramural conferences or symposia for educational and professional development
- **Leave for other reasons: 5 days**
    - Defined as: Absence related to jury duty or other mandatory civic obligation; bereavement leave; leave related to required military service; medical treatment leave (not preventative care)

The maximum allowance for leave during each discrete learning experience block (not applicable to longitudinal learning experiences):

- No more than three (3) days of leave may occur during any required (core) four-week learning experience
- No more than five (5) days of leave may occur during an elective four-week learning experience
    - For elective learning experiences of planned duration less than four weeks, amount of personal leave allowed during the block will be at the discretion of the PD, with emphasis on allowing resident sufficient time during learning experience to allow for demonstration of progression of ability and achievement of learning goals for block

2. Procedure for Unplanned Absence

A. Sick Call: If resident is unable to be at rotation and/or complete assigned staffing shift(s) due to illness, the resident is expected to contact the following as soon as possible:
    - Hospital Pharmacy Pharmacist-in-charge via telephone (available 24/7)
    - Program Director either via office phone extension (may leave voicemail) or email
        - Though not required per policy, if the resident has scheduled obligations (e.g. committee meetings, faculty discussions), they are encouraged to also facilitate communication to the affected parties as a professional courtesy

B. Personal Emergencies: If extenuating and unforeseen circumstances occur which would preclude the resident from fulfilling her/his program and professional obligations (including attendance on rotation and/or staffing shifts), the resident shall contact the PD via the PD's personal telephone (cellular). The contact must be verbal; messaging may initiate the contact but is not solely sufficient. If, after a reasonable time frame, the resident is unable to verbally communicate with the PD, the resident shall instead contact the APD via personal telephone (cellular).

3. Procedure for Anticipated Absences

- Requests for preplanned absence must be e-mailed to the PD at minimum 30 calendar days prior to the requested date(s). The PD has sole discretion whether to approve or deny the resident's request.
- Planned personal leave may not be requested for days in which the resident is scheduled for a designated staffing period (when slated to complete a scheduled shift on the pharmacist schedule).

- No more than 5 days of planned personal leave may occur within the final 45 days of the program year.
- If approved, the PD will confirm via email reply to the resident, lead/coordinating preceptor for the resident's rotation at time of leave (if identified at time of request), APD, and the program administrator.

4. Wellness Leave

Wellness leave is provided as a benefit to all Gundersen post-graduate trainees with intent of promoting trainee self-care.

- Pharmacy residents may elect one of the following options for wellness leave:
  - One half (1/2) day (defined as no more than 4 hours removed from program obligations) per program quarter
  - One (1) full day per program half-year
- Requests for wellness leave must be approved by the PD. Optimally, residents will request wellness leave at least 30 days in advance of the date; however, the PD will evaluate requests for leave submitted less than 30 days in advance on a case-by-case basis.
- Wellness leave may not be claimed during any designated staffing periods (when slated for a scheduled shift on the pharmacist schedule)

5. Total Time Away From Training

A resident is allowed up to a total of twenty-five (25) days away from training during the PGY1 residency term. Cumulative time away from training that exceeds this, regardless of reason, will necessitate an extension in residency term by a number of days equal to the amount of time beyond the maximally allowed twenty-five (25) days, and equivalent in competency focus.

REF: Resident/Fellow Medical Care Policy; Resident/Fellow Time off for Job/Fellowship Interview; Bereavement HR-515

HOLIDAYS

1. Major holidays for Gundersen Lutheran Medical Center Hospital Pharmacy are defined as Thanksgiving, Christmas Day, and New Year's Day. For these major holidays, residents shall not be scheduled into service nor expected to be on site.
   - If the holiday falls on a weekday, the resident is required to use planned personal leave.
   - A resident may elect to be on-site and use the holiday for offline work related to program requirements and assignments (e.g. project time) and remain on call to the department as back-up if needed based on workload, at discretion of the pharmacist-in-charge. If this is case, the resident shall not be required to use personal leave.
   - A resident can volunteer to work a staffing shift on the holiday. The resident's request to do this is required to be approved by the PD and clinical manager for hospital pharmacy, subject to same criteria as described in the program moonlighting policy. If the resident's request is approved, the resident shall be remunerated at standard moonlighting rate of pay.

2. Minor holidays for Gundersen Lutheran Medical Center Hospital Pharmacy are defined as Memorial Day, Independence Day, and Labor Day. If a minor holiday falls during a resident's scheduled period of staffing (regardless of day of week), the resident shall be scheduled into a shift. Other residents are not required to be on site.
    - If the resident elects to take the day off, the resident is required to use planned personal leave.
    - A resident may elect to be on-site and use the holiday for offline work related to program requirements and assignments (e.g. project time) and remain on call to the department as back-up if needed based on workload, at discretion of the pharmacist-in-charge. If this is case, the resident shall not be required to use personal leave.
    - A resident can volunteer to work a staffing shift on the holiday. The resident's request to do this is required to be approved by the PD and clinical manager for hospital pharmacy, subject to same criteria as described in the program moonlighting policy. If the resident's request is approved, the resident shall be remunerated at standard moonlighting rate of pay.

3. Per Emplify Health system definition, Christmas Eve is only considered a holiday for shifts that begin after 1200. For the resident that is assigned staffing on December 24, the resident will be scheduled into a day-time shift (that does not end any later than 1730).

4. Residents that observe holidays based on religion or cultural tradition other than those previously identified in this policy are encouraged to discuss with the PD. The program and the department shall make every reasonable effort to make accommodation for the resident to provide for observance and celebration.

LEAVE OF ABSENCE

Residents are eligible to request leave of absence for immediate family or personal medical, parental, and caregiver leave, for qualifying reasons as consistent for appropriate accrediting body and applicable laws.

The PGY1 pharmacy residency will employ the process as outlined in the Gundersen Medical Foundation Graduate Medical Education policy: Resident & Fellow Medical, Parental, and Caregiver Leave of Absence

Key tenets:

- Duration of leave of absence may be up to six weeks.
- Leave of absence is available one (1) time per residency program term.
- Gundersen will provide the resident with at least the equivalent of 100 percent of their salary for the initial six weeks of the approved medical, parental, or caregiver leave of absence, and ensures the continuation of health and disability insurance benefits for the residents and eligible dependent(s) during the approved leave.
- The residency program term of training for a resident that takes leave of absence will be lengthened to assure completion of an equivalent of twelve (12) total months of PGY1 training.

REF: Resident & Fellow Medical, Parental, and Caregiver Leave of Absence

EXTENSION OF TRAINING

1. The term of residency training may be extended beyond the initial 12-month period (as per dates outlined in contract for residency position) for one or more of the following reasons:
    - A performance improvement plan initiated related to a resident's academic deficiency includes a timeline for resident corrective action and monitoring which would be completed after the scheduled end of the initial 12-month term of residency training.
    - Time away from residency training exceeds maximal allowance of twenty-five (25) days.
    - Resident utilizes medical, parental, and caregiver leave of absence.

2. The maximum allowable duration of extension of term of PGY1 training shall be three (3) months.

3. Emplify Health will provide the resident with at least the equivalent of 100 percent of their salary for a minimum of six weeks of an extended term of residency training, as well as ensuring continuation of health and disability insurance benefits for the residents and eligible dependent(s) during same period. Emplify Health will make every reasonable effort to continue salary and benefits for the resident if the extension exceeds six weeks, but is not guaranteed.

4. Gundersen Medical Foundation resident and fellow housing is administered through a year-long lease. If the resident lives in this housing and needs to extend their term of training beyond the initial 12 months, there is not guarantee that continuation of housing will be available.

REF: Extension of Training - Residency/Fellowship

ANTI-HARASSMENT POLICY

It is the policy of Emplify Health to provide equal employment opportunities and foster a good working environment to all current and prospective employees.

The pharmacy residency will employ the definitions and process as outlined in system policies Sexual Harassment HR-220 and Discipline HR-235.

IMPAIRMENT AND SUBSTANCE MISUSE AND ABUSE

Consistent with the Drug-Free Workplace Act of 1988, it is the policy of Emplify Health to create and maintain an alcohol and drug-free workplace. Being under the influence of alcohol and illicitly obtained medications while on the premises of any Emplify Health campus is inconsistent with the behavior expected of residents appointed to this program, subjects other residents, employees, patients, and visitors to unacceptable safety risks, and undermines Emplify Health's ability to operate effectively and efficiently.

The unlawful manufacture, distribution, dispensation, possession, sale, or use of alcohol or a controlled substance in the workplace or while engaged in Emplify Health business off premises is strictly prohibited.

Any resident who violates this policy shall be subject to potential disciplinary action, up to and including termination of his or her appointment as a resident. The process to be used in connection with disciplining a resident who violates this policy is set forth in system policies Resident and Fellow Disciplinary Process and Discipline HR-235.

Emplify Health, in its sole discretion, reserves the right to require residents who violate this policy to participate in and successfully complete an alcohol and drug abuse assistance or rehabilitation program as a condition of continued participation in the residency program.

Emplify Health also reserves the right to require such residents to undergo appropriate tests designed to detect the presence of alcoholic, illegal drugs and other controlled substances where, in best judgement, there is reasonable suspicion that a resident may be under the influence of any of these substances. Refusal to consent to such a test may result in disciplinary action, up to and including termination of the resident's appointment.

REF: Discipline HR-235;

Fitness for Duty HR-430;

Resident and Fellow Disciplinary Process

CORRECTIVE ACTION, SUSPENSION AND TERMINATION OF RESIDENTS

This policy covers corrective actions, suspensions, and terminations of residents, as well as any complaints or grievances that residents may have relating directly thereto.

The pharmacy residency will follow the process for all Gundersen Medical Foundation-sponsored residencies and fellowships as outlined in system policy Resident and Fellow Disciplinary Process

- Pharmacy residency program-specific definitions and clarifications for the above Medical Education policy include:
    - 'Academic Deficiency' is defined as unsatisfactory progress toward achieving the specified learning objectives, competency outcomes, and requirements established for the residency program
    - 'Clinical Competency Committee' shall consist of the Residency Program Director, Associate Program Director, and core faculty members of the Residency Advisory Panel (RAP)
    - The 'Performance Improvement Plan' modifications and action steps shall be documented within the resident's learning and development plan within the PharmAcademic platform
    - The cumulatively maximum allowable duration of extension of term of PGY1 training to accommodate corrective action(s) as part of an established performance improvement plan shall be three (3) months.

REF: Extension of Training - Residency/Fellowship

ADJUDICATION OF RESIDENT COMPLAINTS AND GRIEVANCES

This policy covers all resident complaints and grievances except those arising from or relating to suspensions, terminations, and other corrective actions referred to in the program policy on Corrective Action, Suspension and Termination of Residents.

The pharmacy residency will follow the process for all Gundersen Medical Foundation-sponsored residencies and fellowships as outlined in system policy Adjudication of Resident

REDUCTION OR TERMINATION OF RESIDENCY PROGRAM

If it becomes necessary for Gundersen Medical Foundation/Emplify Health to terminate or reduce the size of its PGY1 pharmacy residency program during a term of training, current residents will be notified by the Vice President of Medical Education as soon as possible. In such an event, Emplify Health will make every effort to allow residents currently enrolled in the program to complete their post-graduate training and assist displaced residents in transferring into an alternate residency program in which they can continue their training.

REF: Plan to Address a Disaster that Alters Graduate Medical Education Experience

ACHIEVING CERTIFICATE OF RESIDENCY

The following is a list of minimum program completion requirements. A resident must complete the program's curricular requirements to receive a certificate of completion of the program. Successful completion of the requirements is determined by the residency program director and associate program director in collaboration with the Residency Advisory Panel. If a resident does not successfully complete these requirements, they will not receive a certificate of completion or be considered a program alumnus.

1. Minimum of 66% of ASHP-required educational objectives evaluated as 'Achieved for Residency' **within each** required competency area
    a. R1 Patient Care: 10 of 14
    b. R2 Practice Advancement: 4 of 6
    c. R3 Leadership: 4 of 6
    d. R4 Teaching and Education: 3 of 5
2. No objectives evaluated as Needs Improvement (NI) by the final time the objective is evaluated
3. One (1) medication use evaluation completed, inclusive of written summary and presentation at system-level committee
4. One (1) monograph evaluation for therapeutic entity considered for formulary inclusion OR comprehensive medication class review for evaluation of formulary inclusion(s) completed, inclusive of written summary and presentation at system-level committee
5. One (1) standard operating procedure composed (new) or reviewed AND published within internal GHS platform
6. Poster presentation delivered at local, regional, or national professional event
7. Oral/podium presentation delivered at local, regional, or national professional event
8. Three (3) didactic educational presentations; these may include (but are not limited to):
    a. Wednesday Pharmacy Residency Curriculum didactic series
    b. Family Medicine Therapeutics morning conference
    c. University of Wisconsin APPE student seminar
9. Written executive summary and/or manuscript (in publishable format) of Longitudinal Project 1 completed
10. Formal proposal for Longitudinal Project 2 completed and accepted by GHS Research Department

Evidence and supporting materials for curricular requirements 3-10 shall be uploaded and maintained into (1) resident's portfolio within PharmAcademic; (2) resident's folder within internal 'Pharmacy Education' share drive.

Additionally, the residents must ensure completion of each of the following responsibilities and actions related to program policy and conduct:

- Completion of all tasks within PharmAcademic
- Completion of resident program assessment survey (May)
- Documentation of all duty hours within MedHub and/or other designated platform

- Maintenance of updated resident portfolio within designated platform, to include designated work products related to completed learning experiences and educational objective-related deliverables
- Any other “ad hoc” assignments or requirements designated to the individual resident by the PD as a result of corrective action and/or performance improvement plan

PROGRAM STRUCTURE AND CURRICULUM

Required Learning Experiences

- **Orientation**: 4 weeks (initial 4 weeks of residency)
- ***Patient Care Core Learning Experiences***: 24 weeks (4 weeks each)
    - **Chronic Care – Ambulatory - CORE**
    - **Critical Care - CORE**
    - **General Medicine 1 – CORE**
    - **General Medicine 2 - CORE**
    - **Infectious Disease – Antimicrobial Stewardship - CORE**
    - **Pediatrics and NICU - CORE**
- **Hospital Pharmacy Service (Staffing):** Longitudinal – 604 hours
  Combination of operations-focused shifts within Central Hospital Pharmacy and decentralized/service-aligned shifts throughout hospital, scheduled based on resident's training to date during residency and demonstrated competency
    - 28 hours (July-Aug): Run-in period concurrent to first patient care learning experience, rotating between weekday 4-hour evening shifts (5-9 pm), weekend 8-hour day shifts (7:30a-4p), and weekend 4-hour evening shifts (4-8 pm)
    - 8 weeks (Sept-June): Scheduled for staffing shifts M-F every fifth week (40 hours/week); may include day or evening hours
    - 16 weekends (Sept-June): Scheduled for staffing shifts Sat-Sun (16 hours/weekend) two out of every five weekends; may include day or evening hours
- **Pharmacy Practice Management**: Longitudinal [completed concurrently with other scheduled learning experiences]
    - **PPM - Medication Safety**: CONCENTRATED - 2 months (weekly meeting with preceptor; additional assignments including RL6 medication event analyses)
    - **PPM - Operational Management and Leadership**: Longitudinal (Aug-June)
        - Leadership Colloquium (45 minutes monthly)
        - Completion of ASHP 'Pharmacy Leadership Certificate: Leadership Basics' curriculum (September-May)
        - CONCENTRATED - 1 month during second half of program year: Attendance at weekly 90-minute Hospital Change Management meeting
        - Additional assignments and workflow-related projects at preceptor discretion
    - **PPM - Therapeutics and Medication Use Policy**: Longitudinal (Aug-June)
        - Mandatory attendance at Therapeutic Review P&T subcommittee meetings (90 min monthly)
        - Attendance at bi-monthly P&T meetings strongly encouraged (**required** if on agenda to present)
        - Required completion of minimum of three assignments, including one medication use evaluation (MUE) and one therapeutic entity monograph and/or medication class review
    - **PPM - Continuing Professional Development**: Longitudinal
        - Precepting Student Learners (3-4 co-alignments/year)
        - Facilitation of Didactic Educational Presentations (minimum 3)
        - Formulation of personal CPD plan (Quarter 4)
- **Project**: Longitudinal [completed concurrently with other scheduled learning experiences]
    - **Phase 1** (July-Dec)

        - Fundamentals of Practice Research curriculum
        - Completion of research/QI protocol initiated by previous PGY1 resident
    - **Phase 2** (Jan-Jun)
        - Formulation of new research/QI proposal to Research
        - Present results of Phase 1 project externally and in manuscript

Elective Learning Experiences

- 12 weeks: 3 x 4-week blocks
    - Selected learning experiences may be scheduled for truncated periods to allow for resident to use personal leave and/or complete additional elective learning experience(s)
- Electives are selected by the resident with guidance from program directors based on identified practice interests, learning needs, and professional goals.
- Core patient care experiences can be repeated as an elective learning experience (after completion of initial required block), with exception of Infectious Disease-ASP

Elective Learning Experience Options for 25-26 Program Year

Behavioral Health - Inpatient	4 weeks
Cardiology	4 weeks
Chronic Care – Ambulatory – ELECTIVE	4 weeks
Critical Care 2 - ELECTIVE	4 weeks
Critical Access Hospital Practice	2-4 weeks
Emergency Services	2-4 weeks
General Medicine 3 - ELECTIVE	4 weeks
Informatics	2 weeks
Infusion Services – Oncology	2 weeks
Overnights	2 weeks (7 on/3 off + 2 admin)
Pediatrics/NICU 2 – ELECTIVE	4 weeks
Surgery	2 weeks

Full description of each learning experience, including general description, expectations of resident, benchmarks for progression during learning experience, learning activities that support achievement of each evaluated learning objective, and description of evaluation plan, are accessible by residents and preceptor faculty in PharmAcademic.

Additional Scheduled Time

- 1 week (5 program days) allocated for resident attendance at American Society of Health-System Pharmacists national conference
    - Resident may select Midyear Clinical Meeting (December) or Summer Meeting (June)
- 3 program days to attend Pharmacy Society of Wisconsin (PSW) conference events
    - Annual Meeting (1 day: August or September)
    - Education Conference and Wisconsin Pharmacy Residency Conference (2 days: April)
- 1 program day to participate in offsite retreat (operations-based educational programming)
- Up to 5 days may be requested as dedicated “off rotation” time for work related to the resident’s longitudinal project(s), at discretion of PD

- Up to 4 days may be requested for participation in educational programming (off-site conference and/or virtual) in support of resident professional development and training plan goals, at discretion of PD

Sample PGY1 resident schedule

Week	Blocked Learning Experiences	Longitudinal Learning Experiences		
		Service (Staffing)	Practice Management – Concentrated LE	Project
1	Orientation	Introduction	Introduction	Introduction
2				
3				
4				
5	Core – Patient Care #1	Run-In (28h)		Phase 1
6				
7				
8				
9		Week 1		
10	Core – Patient Care #2			
11		Weekend 1		
12				
13		Weekend 2		
14		Week 2		
15	Core – Patient Care #3			
16		Weekend 3		
17				
18		Weekend 4		
19		Week 3	Medication Safety – Month 1	
20	Elective #1			
21		Weekend 5		
22				
23	Conference: ASHP Midyear			
24	Elective #1	Weekend 6	Medication Safety – Month 2	
25		Week 4		Phase 2
26	Core Patient Care #4			
27		Weekend 7		
28				
29		Weekend 8		
30		Week 5		
31	Core Patient Care #5			
32		Weekend 9	Change Management	
33				
34		Weekend 10		
35		Week 6		
36	Elective #2			
37		Weekend 11		
38				
39		Weekend 12		
40		Week 7		
41	Core Patient Care #6			
42		Weekend 13		
43	Conference: WI Residency Conference – PSW Education Conference			
44	Core Patient Care #6			
45		Weekend 14		
46		Week 8		
47	Elective #3			
48		Weekend 15		
49				
50		Weekend 16		
51				
52				

Standing Wednesday Afternoon Curriculum Series

- Residents will have protected time on Wednesdays from 1:30 to 3 pm to participate in scheduled curriculum, designed to enhance and complement in-practice learning and education gained during program learning experiences. Components scheduled during the Wednesday afternoon curricular session include (but are not limited to):
    - Didactic reviews of pharmacotherapeutic topics led by pharmacy preceptor faculty
    - Fundamentals of Research topics led by GHS Research personnel
    - Leadership colloquium (as part of longitudinal PPM experience)
    - Teaching and Precepting Forums
    - Student learner case-based and educational presentations

- Residents are expected to attend all Wednesday curriculum sessions **in person**, unless:
    - Completing a scheduled staffing shift
    - On leave
    - Completing a learning experience off the main GLMC campus (Teams link may be available for virtual attendance)

- On Wednesdays in which curricular sessions occur, residents will be excused from learning experience-related service responsibilities no later than 1 pm. It is the expectation that residents will coordinate with their faculty preceptors and department colleagues to ensure that continuity of patient care occurs and any necessary hand-off is completed.

- Residents will record attendance through the *eeds* platform.

- Specified didactic sessions will be recorded and archived on the program SharePoint (internal website) for asynchronous access.

PROGRAM EVALUATION STRATEGY

1. Scheduled Formative Evaluations

- During blocked patient care-based learning experiences, preceptor will complete formative evaluations within PharmAcademic at the conclusion of each week, globally reflective of the resident's ability to perform activities defined within the learning experience during that week, with attention to those skills in which marked growth was demonstrated and any skills in which specific focus toward growth would benefit the resident. Items included:
    1. ***List two (2) areas in which the evaluated resident demonstrated growth or improvement this week***. (narrative)
    2. ***List goals for next week and/or strategies to improve***. (narrative)
    3. ***Is resident meeting performance expectations at this point in the rotation?*** (yes/no)

2. Unscheduled Formative Evaluations

- Any preceptor may electively initiate a formative evaluation within PharmAcademic. Generally, these will be unstructured (narrative only), without any specific rating scale utilized.
- The formative evaluation does not need to be directly tied to the evaluated learning objectives and/or designated learning activities for the assigned learning experience that the resident is completing at the time of the evaluation.

3. Summative Evaluations

- Assigned for completion within PharmAcademic at times based on type of learning experience.
    - Blocked learning experiences of $\leq$ 8 weeks of duration: at conclusion of learning experience
    - Longitudinal learning experiences: at minimum every 3 months including conclusion of learning experience (may be more frequent)
- Residents are evaluated on selected educational objectives noted within the learning experience description (within PharmAcademic) and identified by preceptor team at start of learning experience.
- Definitions for rating scales utilized for summative evaluations:
    - **Achieved (ACH)**: Resident performs activities defined within the learning experience description (specific to the practice area or function of focus during the scheduled learning experience) at level of competency expected for a pharmacist clinician who has completed PGY1 residency training (proficiency).
    - **Satisfactory Progress (SP)**: Resident performs activities defined within the learning experience description with increasing competency, but with continued opportunity for development before achieving proficiency; has demonstrated a trajectory of growth with the evaluated skills/criteria during the evaluated learning period such that the preceptor expects the resident will reasonably achieve proficiency by completion of PGY1 training.
    - **Needs Improvement (NI)**: Resident is not performing activities defined within the learning experience description at a level of skill commensurate with point in training; even with

some growth observed, concern that resident will not demonstrate growth sufficient to achieve proficiency by completion of PGY1 training.

- Preceptors must consult with PD prior to evaluating any resident as NI.
- Receipt of NI on any summative evaluation necessitates learning plan review between PD and resident, with documented adjustment to the learning plan (including, if necessary, initiation of formal improvement plan) to delineate what steps are being taken to provide the resident with deliberate and focused opportunity to correct the performance insufficiency.

4. Resident-Completed Evaluations

- **Comprehensive Self-Evaluations**: At baseline (prior to start of residency training) and quarterly basis thereafter, residents will complete a self-evaluation of skills and abilities relative the to required PGY1 competency areas, goals, and objectives. For each of the four competency areas, residents will identify the following, as guided by the criteria related to each educational objective included under the competency area:
  - Strengths demonstrated with specific skills and attributes
  - Opportunities for Improvement to develop and/or strengthen specific skills and attributes
  - Demonstrative Progress Made Toward Previously Identified Opportunities for Improvement *(applicable to quarters 1-3 only)*

  The self-evaluation will be integrated into the resident's Learning and Development plan document, which is longitudinally updated throughout the term of residency training.

- **Resident Evaluation of Preceptor:** At the conclusion of the learning experience, the resident will complete an evaluation of all primary and supporting pharmacist preceptors that the resident worked directly with during the period that the learning experience was completed (as defined by program administration when entering the learning experience into the resident's schedule in PharmAcademic).
  - Evaluation consists of twelve statements describing the preceptor's demonstrated characteristics and aptitude toward clinical teaching and mentoring. Resident scores each statement as always, frequently, sometimes, or never.
  - For longitudinal learning experiences, preceptor evaluations may be assigned more frequently; refer to the learning experience description within the manual (and as indicated in learning experience description within PharmAcademic).
  - After completion by resident, preceptor evaluations are routed to the evaluated preceptor for review and co-sign.

- **Resident Evaluation of Learning Experience:** At the conclusion of the learning experience, the resident will complete an overall evaluation of the learning experience structure and execution.
  - Evaluation consists of multiple components:
    - Seven statements which the resident scores as consistently true, partially true, or false.
    - Three questions for narrative response:
      - ***What were the strengths of this learning experience?***

- ***What were the weaknesses of this learning experience?***
- ***What suggestions can you make to improve this learning experience?***

  - For longitudinal learning experiences, learning experience evaluations may be assigned more frequently; refer to the learning experience description within the manual (and as indicated in learning experience description within PharmAcademic).
  - After completion by resident, learning experience evaluations are routed to all primary and supporting pharmacist preceptors that the resident worked directly with during the period that the learning experience was completed (as defined by program administration when entering the learning experience into the resident's schedule in PharmAcademic).

5. Expectations Related to Evaluations

- Timely and substantive evaluation is critical to the growth and development of residents and to support the quality and rigor of the residency program.
- All evaluations need to include narrative that is criteria-anchored, illustrates areas of strength, growth, and further opportunities for improvement (as applicable, based on type of evaluation), and substantively supports the selected score(s).
  - Evaluations that do not include narrative of appropriate substance will be rejected by the PD and routed back to the evaluator for re-completion.
- Assigned evaluations within PharmAcademic need to be completed in a timely manner: optimally by the listed due date, but no later than seven days within the listed due date.
- These expectations are applicable to both preceptors and residents.
  - Rate for timely completion of evaluations is tracked for individual preceptors, and is one component of the criteria utilized to evaluate for faculty preceptor reappointment.
  - Timely completion of assigned evaluations, review and co-signature, and other tasks within PharmAcademic is a firm expectation of residents, and is one criteria utilized by the PD to evaluate progress toward achievement of the educational objectives under goal R3.2 (*Demonstrate leadership skills that foster personal growth and personal performance improvement.*).

6. Designation of 'Achieved for Residency'

- The PD will designate a specific educational objective (EO) as 'Achieved for Residency' for the resident based on aggregate scores on summative evaluations to date.
  - EO under R1.1 educational goal *(Provide safe and effective patient care services following the Pharmacists' Patient Care Process*.): Evaluation of EO as 'Achieved' on at least two summative evaluations
  - EO for all other goals: Evaluation of EO as 'Achieved' on at least one summative evaluation
- The PD will evaluate opportunities to designate EO as 'Achieved for Residency' at minimum quarterly, in conjunction with the formal quarterly resident learning and development plan review.
- The PD will document designation of specified EO as 'Achieved for Residency' within PharmAcademic and the Resident Learning and Development Plan document.
- Once a EO has been designated as 'Achieved for Residency', it will not be required to be evaluated on subsequent summative evaluations by either the preceptor or resident.