MCW

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PGY1 Community-Based Residency Program
Pharmacy Residency Manual

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Residency Program Director Welcome!

Congratulations on starting your residency with the Medical College of Wisconsin School of Pharmacy! We are excited to have you join our team, as well as the team at your clinical practice site. We can't wait to see how you work with us to provide our patients with a high level of care and innovation.

Your residency year is a time for great personal and professional growth. You will learn much about yourself as a person and pharmacy practitioner. Your knowledge of pharmacy practice will grow exponentially. You will encounter challenges along the way, but also will experience many rewards, and we will be here to guide you every step of the way. You will get out of it what you put into it, and it will be a year to challenge yourself in many new ways!

Our team at MCW and our affiliated practice sites is here to ensure you achieve your goals you have for yourself as well as the goals the residency program has for you. Our program will work with you to ensure your goals are met. Our team is dedicated to enhancing your learning and practice experience and are excited to have you join our team!

Best,

Michael DeBisschop, PharmD
Residency Program Director, PGY1 Community-Based Residency Program

Residency Program Leadership

George E. MacKinnon III, PhD, MS, RPh, FASHP, FNAP
Founding Dean and Professor

For over 30 years, George E. MacKinnon, III, PhD, MS, RPh, FASHP, FNAP has engaged in clinical practice, research, teaching and academic administration through joint academic appointments in medicine and pharmacy at several educational institutions. Dr. MacKinnon's previous appointments include vice president of academic affairs with the American Association of Colleges of Pharmacy in Alexandria, Virginia, and director of global health economics and outcomes research of Abbott Laboratories. Dr. MacKinnon has help found and accredit four academic pharmacy programs, in three states. Dr. MacKinnon received a Bachelor of Science degree in Pharmacy and a Master of Science degree in Hospital Pharmacy, both from the University of Wisconsin-Madison School of Pharmacy. He completed two years of post-graduate clinical pharmacy residency training at the University of Wisconsin Hospital and Clinics. Dr. MacKinnon earned a Doctor of Philosophy degree in Educational Leadership and Policy Studies from Loyola University, Chicago. He is a registered pharmacist in Wisconsin.

Michael DeBisschop, PharmD
Residency Program Director – PGY1 Community-Based Residency Programs
Professor, Department of Clinical Sciences

Prior to his appointment at MCW, Dr. DeBisschop was Director of Professional Development at Manchester University College of Pharmacy in Fort Wayne, IN. Prior to that role he was the founding department chair of pharmacy practice and administration and associate professor of pharmacy practice at St. John Fisher College Wegmans College of Pharmacy in Rochester, New York. He has more than 13 years of teaching experience, including eight years teaching pharmacy practice in ambulatory care at the University of Wyoming, College of Pharmacy. Dr. DeBisschop earned his PharmD from the University of Michigan College of Pharmacy and has been named an Academic Leadership Fellow of the American Association of Colleges of Pharmacy and a Diplomat of the American Society for Pharmacy Law. He has a wide variety of interests in the scholarship of teaching and learning, including evaluating new school-based professionalism and academic programs, investigating new teaching styles and techniques, and determining effective ways to provide student development in leadership, self-awareness, and teamwork.

Residency Program Overview

Residency Program Purpose

PGY1 community-based pharmacy residency programs build on the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and educational skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

Residency Program Description

The PGY1 Community-based Pharmacy Residency Program at the Medical College of Wisconsin School of Pharmacy prepares graduates to be leaders and innovators in community practice, with the goal of elevating pharmacy practice and improving patient health outcomes both in our region and nationally. Patient care will focus on optimizing medication and disease state outcomes by utilizing the Pharmacists' Patient Care Process to maximize efficacy and minimize unintended consequences of medication use. Additionally, residents will learn how to manage an independent community pharmacy, including human resources management, practice and personnel management, and practice development. Residents will develop the skills and confidence to implement, evaluate, and sustain patient care services that focus on advancing pharmacy practice to optimize patient care outcomes. Residents will also participate in the educational mission of the Medical College of Wisconsin (MCW) School of Pharmacy by delivering didactic, skills, and experiential education. In addition to precepting at the clinical practice site, the resident will also precept learners with MCW's adherence monitoring services and community outreach events. In addition, residents will participate in MCW's Teaching Certificate Program and will contribute to the scholarship of teaching and learning through participation in research activities. Upon completion of our program, residents are qualified to practice independently within a community, ambulatory or academic settings, and have the capability to adapt to future changes in healthcare.

Program Outcome

The PGY1 Community-based Pharmacy Residency Program at the Medical College of Wisconsin is intended to be a broad-based learning and practice experience. Through a combination of practice locations, the community-based pharmacy residency program focuses on generalist patient care and development of advanced patient care services implemented in community pharmacy settings.

ASHP Competency Areas, Goals, and Objectives

Available here: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/0825-COC-Decision-Updates/PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf

Resident Development Plan

The resident development plan is a document that will be maintained throughout the resident's PGY1 year. The initial development plan will be completed by the RPD within 30 days of the start of residency and will be based on the resident's incoming self-assessment. Plans will be updated quarterly by the resident and presented by the resident at the RAC meetings; plans will be finalized during the RAC meeting. Documentation of the development plan will occur in PharmAcademic.

Residency Program Organizational Chart

- Dean, School of Pharmacy
    - Chair, Clinical Sciences Department
        - Residency Program Director
            - Resident

Qualifications of the Residency Program Director

The Residency Program Director (RPD) is appointed by the Dean of the School of Pharmacy to oversee the residency program. The RPD serves as a role model in pharmacy practice and has demonstrated leadership within the organization through documented improvements in and contributions to pharmacy practice, maintains high professional ideals, and contributes to the profession. Moreover, the RPD has a desire and aptitude to teach. The RPD has earned an advanced pharmacy degree and completed an ASHP-accredited residency and/or equivalent experience.

Qualifications of the Site Coordinator

The Site Coordinator is appointed by the Residency Program Director, in cooperation with the practice location and the partnering organization. The Site Coordinator must be a licensed pharmacist who meets the minimum requirements to serve as a preceptor, must practice at the site at least 24 hours per week, must have the ability to effectively teach in a clinical practice environment, and must have the ability to direct and monitor the resident's and preceptors' activities at the site (with the RPD's direction and oversight).

Qualifications of the Preceptors

Each rotation is assigned a qualified pharmacist preceptor. Preceptors are selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Some preceptors have completed residency training or have obtained equivalent qualifications and experience.

Residency Team Member Functions and Responsibilities

Residency Program Director

- Coordinates all recruitment- and promotion-related activities
- Develops and coordinates structured applicant screening, interviewing, and matching processes
- Oversees resident scheduling and training in partnership with MCW's Program Manager for Experiential Education, MCW's Business Manager, and Site Coordinator
- Oversees orientation for the resident
- Serves as Chair for the Residency Advisory Committee (RAC) and facilitates all RAC meetings
- Establishes Residency Development Plan during orientation
- Ensures learning objectives are described to the resident
- Evaluates resident progress on learning objectives and development plans quarterly
- Oversee resident progression through residency and determines if resident meets requirements for graduation
- Evaluates learning experiences and preceptors to ensure they are meeting the residency and

resident goals
- Appoints preceptors and preceptors-in-training
- Develops and coordinates preceptor development activities
- Ensures program meets ASHP standards for accreditation
- Establishes and leads quality improvement process for residency program

Site Coordinator
- Contributes to the resident recruitment process
- Coordinates orientation to practice at the practice site
- Ensures resident is trained on all applicable site policies and practices
- Serves on the Residency Advisory Committee
- Collaborates with RPD on development of learning experiences and residency projects
- Provides and evaluates learning experiences that allows resident to meet the goals and objectives of the residency program
- Communicates with resident at regular intervals to ensure goals and objectives of residency and resident are being met
- Evaluates resident progression through the residency program
- Collaborates with RPD to appoint preceptors and develop preceptors-in-training
- Participates in the quality improvement process for the residency program

Preceptors
- Participate in recruitment events as determined by RPD and site coordinator
- Orient resident to learning experience, including but not limited to workspace introduction, scope of practice, required technology, related policies, documentation, and learning experience goals and objectives
- Utilize the four preceptor roles (instructing, modeling, coaching and facilitating) to guide resident through learning experiences as needed based on resident progression
- Evaluate resident formally on structured and pre-determined learning objectives via PharmAcademic on achievement and progression of rotational learning objectives within 7 days of completion of the rotation or due date of quarterly evaluations (for longitudinal rotations)
- Provide ongoing immediate, specific, and constructive feedback to resident during participation in learning experiences
- Participate in preceptor development activities annually (at a minimum)
- Participate in the quality improvement process for the residency program

Mentor
- Appointed by RPD and is an MCW faculty or staff member
- Assists with resident development throughout the year
- Assists with achievement of residency and career goals and provides advice for career planning after PGY1 year
- Participates in evaluation of resident progress on resident development plan

Chair of the Department of Clinical Sciences
- Appoints residents to residency positions within MCW School of Pharmacy

- Collaborates with RPD on any disciplinary actions that are required with the resident, including dismissal

Teaching Certificate Program Directors

- Oversees resident progression through the Teaching Certificate Program
- Facilitates resident progression through required Teaching Certificate Program activities
- Communicates resident progression to the RPD
- Establishes and manages feedback for the resident's activities conducted via the Teaching Certificate Program

Research Committee

- Evaluates resident research protocols to ensure sound research strategies are utilized
- Provides feedback to residents to strengthen research methods
- Guides resident through the IRB process at MCW School of Pharmacy

National Pharmacy Practice Manager (PPM) – Kroger Health Only

The role of the PPM in a Kroger Health residency is to support the resident and residency programs throughout the region. PPMs communicate Kroger Health residency standards to the residency programs and contribute to the quality of residency across the enterprise. PPMs are involved in regular leadership and regional calls, preceptor development, and provide feedback and approval for Kroger Health on residency related projects.

Additional Support Staff

- Ensure hiring processes are completed and all necessary requirements for employment are achieved
- Manage payroll, paid time off, and benefits for residents
- Collaborate with residency program
- Support recruitment and marketing efforts
- Ensures resident has workspace, email, and all other items necessary to function within their role
- Provide general support to resident including lab coats, travel, posters, etc.

Preceptors

Criteria for Appointing and Reappointing Preceptors

Preceptors are appointed by the RPD, in collaboration with the practice site coordinator. The RPD will ensure preceptors meet the required criteria outlined in the Standards. Preceptors will be reviewed every 2 years, as part of the residency program's Quality Improvement Process. This includes review of the preceptor's Academic and Professional Record form and other professional achievements, quality of feedback provided to residents via PharmAcademic, adherence to timely completion of evaluations, and evaluation data from the resident.

Preceptors who fail to meet the required criteria in the Standards or are identified as not performing to residency program standards may be placed on a development plan. The development plan will be created by the RPD and the preceptor will be required to adhere to the plan and show documented improvement by the timeframes established by the plan. Residents may be removed from preceptor

supervision based on the assessment of the RPD. Failure of the preceptor to show improvement may result in removal of preceptor from the residency program. The preceptor development plan and progression of the preceptor will be communicated to the practice site coordinator by the RPD.

Preceptor Development Program

New preceptors will be introduced to the residency program upon hire. Preceptors will be required to complete an Academic and Professional Record form, which will be reviewed by the RPD to determine preceptor status (full preceptor or preceptor-in-training) based on the Standards. Preceptors-in-training will receive a development plan (see below).

Preceptors will participate in a minimum of 1 live preceptor development event annually, which is coordinated by MCW. Additional live preceptor development events will occur quarterly and be coordinated by the RPD, with the preceptor and preceptor-in-training strongly encouraged to attend. Attendance at all preceptor development events (live or online) will be tracked by the preceptor and shared with the Program Manager for Experiential Education biannually. Preceptors will also be able to participate in any continuing education events offered by MCW School of Pharmacy (generally 6 sessions annually are offered). A needs assessment for preceptor development will be sent to preceptors every 2 years to help with preceptor development session planning.

Preceptors will be formally evaluated by the resident via PharmAcademic, and the preceptor will be required to cosign this formal feedback. Preceptor feedback will also be reviewed by the RPD biannually, with any concerning feedback discussed directly with the preceptor. Preceptor concerns may be addressed by the Residency Advisory Committee and the preceptor may be subject to a preceptor development plan.

Preceptor-in-Training Development Plan

Any preceptor who does not meet the Standards as a preceptor will be designated as a preceptor-in training. The RPD will establish a preceptor development plan with the goal of the preceptor-in-training reaching preceptor status within 2 years. The preceptor-in-training will be assigned a mentor who will work with the preceptor-in-training meeting the goals as defined in the preceptor development plan. The development plan will include the following:

- Read and discuss the Guidance Document for the ASHP Accreditation Standard for Post-Graduate Year 1 Community-Based Pharmacy Residency Programs with the RPD
- Complete preceptor training, if not already complete
- Complete Academic and Professional Record form and Preceptor Self-Assessment and Development Form
- Completion of the Teaching Certificate Program will be highly encouraged, in coordination with the practice site
- Assignment of a preceptor mentor
    - Preceptor mentor will cosign any evaluations completed by the preceptor-in-training
    - Mentor will work with the preceptor to design educational activities and assessment for the resident
    - Mentor will assess preceptor-in-training's interactions with the resident and provide specific, immediate, and direct feedback on how to improve
    - Preceptor-in-training will sign up as a preceptor with the MCW School of Pharmacy and

serve as the primary preceptor for introductory and advanced pharmacy practice experience students (IPPEs and APPEs)
    - Preceptor-in-training will serve as a co-preceptor to residents
- Participate in preceptor development training, where topics may include but are not limited to: structuring rotations, identifying and utilizing the four preceptor roles, setting expectations, providing structured and effective feedback, crucial conversations, motivating learners, layered learning, and writing letters of recommendation.

Residency Advisory Committee (RAC)

Purpose: To establish and guide the residency program in accordance with the ASHP Accreditation Standards and to ensure the program leadership, site coordinators, and preceptors are engaged in the design, oversight, and quality improvement of the program.

Membership: The RAC will be chaired by the RPD with additional membership comprised of the site coordinators and resident mentors. Primary preceptors, if different than site coordinators, will also be invited to attend. Additional preceptors and residents may also be asked to attend as warranted.

Functions:

- Ensures compliance with ASHP accreditation standards
- Establishes, maintains, and evaluates resident learning experiences to ensure learning objectives are met and the resident is able to be exposed to activities to help him/her achieve residency goals and objectives
- Reviews Resident Development Plan during orientation and then quarterly to evaluate resident progress toward completion of the residency and contributes to goal setting to ensure the resident appropriately progresses through the program
- Evaluates and implements corrective action for residents and determines dismissals if appropriate, in conjunction with the RPD, Department Chair, and Business Manager
- Establishes, maintains, and participates in candidate evaluation either through application review or interviews
- Participates in the quality improvement process, evaluating current process and resident feedback and developing a plan for improvement

Meetings: The RAC will meet quarterly, with additional meetings occurring more frequently as needed. The agenda will be developed by the RPD in conjunction with site coordinators, preceptors, and other program staff. Minutes will be kept by a designee of the RPD. Agendas and minutes will be maintained by the RPD.

Qualification and Selection of Residents

Qualifications

Minimum requirements include a PharmD degree from an ACPE-accredited School of Pharmacy, eligibility for licensure to practice pharmacy in the state of Wisconsin, and a commitment to a career in community-based pharmacy practice. Residents must be U.S. citizens or permanent residents. Residents must also adhere to the rules of the National Matching Service.

Application Requirements

Applicants must apply through PhORCAS. Application requirements include: 3 letters of recommendation, letter of intent, Curriculum vitae, an official transcript from the school/college of pharmacy, and any other materials as required by the program and shared on the ASHP website.

Recruitment

Recruitment will occur locally at the Pharmacy Society of Wisconsin Residency Showcase and nationally via virtual informational sessions. Assessment of applicants will begin at these events and continue through formal application submission.

Selection

Upon receipt of final application through PhORCAS, resident applications will be evaluated by standardized rubric. Application evaluation will be conducted by the RPD and members of the RAC, as assigned by RPD. All assessment criteria are non-discriminatory and race neutral. RAC members will be trained on standardized rubric to ensure equal assessment by all members. After all applications have been evaluated, candidates will be invited to interview based on application ranking. Interviews will be at the candidate's expense. Interviews may be held on-site or virtually. During the interview, candidates will meet with members of the RAC as well as other site preceptors. The candidate will be asked to provide a presentation in addition to answering formal interview questions. All interviewers will assess the candidate via standardized rubric, will rank candidates interviewed, and submit rubric scores and rank list to the RPD. A finalized rank list will be determined by the RPD and the site coordinator, considering feedback from members of the RAC. The finalized rank list will be submitted to the National Matching Service by the RPD.

Quality Improvement Process

The RAC will conduct ongoing quality improvement assessment of the residency program, as well as a formal quality improvement assessment at the end of the residency year. The assessment will include data obtained from evaluations in PharmAcademic, RAC meetings, via a written resident evaluation conducted at the end of the residency year, and at the end of the residency (exit interview). The process will ensure assessment of resident achievement of their Development Plan, residency goals and objectives, and determination of whether the residents fulfilled the program purpose. It will also assess areas of improvement for the residency program and preceptors.

Residency Practice Sites

Evergreen Pharmacy

Mission: Improve the lives of our patients by continuously redefining conventional practices

Vision: Promote ambulatory care pharmacists in the community through training and delivery of diverse care services. Empower pharmacy technicians to expand their roles within our organization and to advance professionally

Services

- Enhanced patient care
- Medication Synchronization (Med Sync) of Maintenance Medications

- Specialty Disease State Management
- Expertise in Biologic and Non-Biologic Therapies
- Specialty Medications for Long Term Care Facilities

Specialties

- Asthma & Allergy
- Behavioral Health
- Dermatology
- Gastroenterology
- Infectious Disease
- Long Term Care
- Neurology
- Pulmonology
- Rheumatology

altScripts Specialty Pharmacy

altScripts Specialty Pharmacy offers a patient-centered care model, providing specialty services to patients and health care providers, to simplify complex medication therapies, enabling optimal results and ensuring patients receive quality, timely care. Pharmacists practice as patient advocates, taking a personalized approach to provide optimal therapy and affordable solutions to what is otherwise considered high-cost treatment.

Services

- Enhanced patient care
- Medication Synchronization (Med Sync) of Maintenance Medications
- Specialty Disease State Management
- Expertise in Biologic and Non-Biologic Therapies

Kroger Health

Kroger Health, the healthcare arm of The Kroger Co., is one of America's leading community healthcare organizations, with over 2,200 pharmacies, more than 200 retail-based clinics, and dietitian services available across all 35 states in which we operate. Our team of 24,000 healthcare practitioners - from pharmacists and nurse practitioners to dietitians and technicians - serves over 16 million patients.

Kroger Health is dedicated to changing the way healthcare is delivered in America. We aspire to create a world where the preventative power of food reduces the need for medications, where positive outcomes outnumber chronic diseases, and where all Americans have access to the foods, medications and services they need to live healthier lives.

Our Purpose: To Feed the Human Spirit
Our Vision: To help people live healthier lives
Our Mission: Improve outcomes through simplified solutions that combine health, wellness, and nutrition; connecting with people on an emotional and personal level.

Kroger Health pharmacies span across 20 banners, including Fry's, Ralphs, Smith's, Dillons, Harris Teeter, King Soopers and Fred Meyer. Kroger Health is committed to the development of a community-based pharmacist practitioner focused on providing care throughout the patient-centered dispensing process. We strive to develop leaders who work as part of both pharmacy and interprofessional teams to create, provide, and manage innovative patient care services that support Kroger Health's purpose, vision, and mission.

Pick N Save Pharmacy

The resident's primary practice site is a Pick N Save Pharmacy – Hales Corners location. Our pharmacies are committed to providing a holistic, personalized, quality health experience. In addition to dispensing medications and counseling, we provide everyday health and wellness services. These include vaccinations, health screenings, point of care testing, transitions of care services, medication management consisting of comprehensive and targeted medication reviews, medication synchronization, and adherence services. Chronic disease management, coaching and prevention programs are also delivered in our pharmacies and advanced clinical services with prescriptive authority are practiced where authorized. In select locations, pharmacists collaborate with nurse practitioners, physicians, dietitians, and other internal and external healthcare practitioners in patient care.

Division Office

The Division Office leadership provides support and guidance for pharmacy locations in the division. The Division structure includes a Health and Wellness Leader, Pharmacy Practice Coordinators, Operations Manager and Operational Specialists who are responsible for driving the execution of the company's strategic plan at the individual pharmacy level.

Residency Year Calendar

The residency year begins on July 1st, and ends on June 30th of the subsequent year, and is one year in length. On average, the resident will be expected to provide patient care four (4) days per week at their practice site and assist with the education of pharmacy students or work on project-related items one (1) day per week. This schedule may vary by week depending on the needs of the practice site or school of pharmacy.

Expectations for Professional Practice

Professional Conduct

Residents are expected to abide by the policies within the MCW Faculty Handbook, Code of Conduct, and Residency Program Manual. Expectations of professional behavior during residency include:

- Arriving at the site on time, prepared, and ready to be an active participant
- Behaving ethically and compassionately
- Completing assignments on time and at the highest quality
- Adhering to site and school policies and procedures
- Presenting a professional image through dress and behavior
- Accepting constructive performance feedback
- Reviewing and responding to emails in a timely fashion

Professionalism is an important component of the residency program. If a resident becomes deficient in any aspect of professionalism, it will be addressed directly by the RPD. If corrective action is required, it

will be initiated by the RPD. It is the responsibility of the preceptors and site coordinators to notify the Residency Program Director if a resident has violated or does not adhere to professionalism policies.

Professional Dress

The resident will dress professionally in business attire when in contact with patients, other healthcare providers, or students unless otherwise instructed. When the resident represents the School to another healthcare provider or patient, he/she should also wear a long white medical coat or other MCW-approved clothing with appropriate labeling. Residents must adhere to any additional guidelines in place at each assigned practice site.

ID Badge(s)

The resident must wear his/her name badge when conducting the business of the School or affiliate institution.

Confidentiality

The resident will have access to confidential information regarding patients and students. This information must remain confidential and may not be disclosed to any unauthorized individuals in accordance with HIPAA (http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/) and FERPA (http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html), respectively. In addition, confidential information can never be included in emails of any kind. Violation of this confidentiality policy is grounds for dismissal from the program.

Attendance

Residents are required to attend all professional functions dictated by the RPD, site coordinators, and rotation preceptors. Residents are responsible for their assigned duties of the residency program (e.g., rotations, staffing, etc.), and to assure commitments are met in the event of an absence. All leave requests should be submitted in advance to the RPD after discussion with relevant preceptors. An excused absence is defined as leave approved by the RPD.

Inclement Weather

On rare occasions, severe external conditions (such as inclement weather or other potentially hazardous or emergency situations) may require MCW to close or delay opening. Announcements pertaining to closures are coordinated through the Office of Communications and are posted on the Office of Communications website and broadcasted on several local AM and FM radio and television stations.

The Office of Public Safety will coordinate the announcement of a closure through the mass notification system, which notifies residents via their MCW email address in addition to other means of communication which residents have entered into the system, such as personal phones or email.

It is the general policy that MCW will maintain a normal operating schedule. A resident should never assume that MCW will close, delay opening, or close early. MCW will open on its regular schedule with the expectation that employees will report, regardless of the weather condition, unless otherwise officially announced by MCW.

Residents are encouraged to make every effort, consistent with their own safety, to arrive to school or

their practice site as scheduled. Residents are required to inform the Residency Program Director and/or Site Coordinator and/or Preceptor(s) by email if they are unable to report or anticipate arriving late due to adverse weather conditions or some other emergency.

General Responsibilities of the Resident

Employee Eligibility

Residents must meet state and federal guidelines for employment at the Medical College of Wisconsin.

Pharmacist Licensure

- Pharmacist licensure in Wisconsin is required within 90 days of the residency start date in order to ensure optimal residency outcomes
- Failure to meet the 90-day deadline will result in schedule adjustment and may result in suspension without pay until licensure is obtained, or dismissal from the residency program for failure to meet conditions of continued participation.
    - Schedule adjustment will occur to ensure staffing requirements are met (20% of time at the practice site), as independent staffing can only occur once licensed.
    - Suspension without pay may occur if resident has not passed the first attempts of the MPJE or NAPLEX and has not pursued the second testing attempt (i.e. has not received ATT within 30 days of the previous MPJE or 91 days of the previous NAPLEX and has not attempted to call Pearson VUE. Leave without pay will have to be made up, either on weekends or after the conclusion of the residency year, provided contracting will allow.
    - Dismissal from the residency program will occur if the resident does not pass the NAPLEX within 2 attempts or does not pass the MPJE within 3 attempts, or if the resident's practice is a risk to patient safety, as determined by the site coordinator and RPD.
- Failure to achieve licensure within 120 days of the start of residency may result in extension of the program, suspension from the program, or dismissal from the program. The resident must demonstrate 2/3 of the program was completed as a licensed pharmacist per ASHP accreditation standards.
    - The program may be extended if the resident is showing progression toward licensure (has submitted required documentation for testing, has an ATT, has a test scheduled), if the resident rotations can be modified to accommodate needs of the residency. This may result in staffing rotations being moved to the end of the residency year, the resident working additional staffing shifts on weekends, or the resident extending the residency beyond June 30. If the residency is extended beyond June 30th, a contract extension is required. The contract extension must include information about salary and benefits. Both parties must agree to the contract. If the contract is not agreed to, the residency will not be extended and the resident is subject to dismissal from the program. If the residency is extended beyond June 30, the resident will have up to 6 months after June 30th to complete all requirements.
    - Suspension without pay may occur if the resident is showing progression toward licensure (has submitted required documentation for testing, has an ATT, has a test scheduled), and if the resident rotations cannot be modified to accommodate needs of the residency. This may result in the need to extend the program and extend the resident's contract with MCW. If an extended contract is not agreed to, the resident will

be subject to dismissal.

- Residents are not permitted to staff independently at their practice site or serve as the sole preceptor for any learners until they are licensed.

Health Status Documentation Requirement

Residents are required to provide documentation of immunization to measles, mumps, rubella, and diphtheria and record of any past immunization against or infection with varicella (chicken pox). Results of a skin test for tuberculosis within the past six months must also be provided. If BCG was administered in the past, please note this. Furthermore, documentation of immunity to Hepatitis B by serologic testing must be provided. If this documentation is lacking, the incoming resident will be required to obtain Hepatitis B vaccination at the time of employment. It is the resident's responsibility to provide the required immunization and tuberculosis skin test data prior to initiating clinical duties. Failure to do so will delay the resident's participation in the program. Compliance with OSHA and CDC safety, bloodborne pathogen and infection control guidelines is also required. Residents are required to obtain the annual influenza vaccine. Residents must have a physical assessment within the last 12 months. Clinics will be provided at the Medical College of Wisconsin. Health documentation will be retained by the Residency Program Director and must be up-to-date prior to providing patient care.

Pharmacy Malpractice Insurance

MCW's Professional Liability Self-Insurance Program began on July 1, 1988. MCW Risk Management coordinates the Professional Liability Self-Insurance Program and assures liability coverage with the Wisconsin Injured patients and Families Compensation Fund, in excess of the primary annual limits of $1,000,000 per incident and $3,000,000 in the aggregate. The resident is encouraged to obtain their own insurance as well.

Basic Life Support

Each resident will successfully complete basic life support training or ensure that their certification is up-to-date. A copy will be retained by the Residency Program.

Professional Memberships

The resident will become a member of the Pharmacy Society of Wisconsin as part of his/her employment with MCW School of Pharmacy.

Residency Program Completion, Attendance Requirements and Extended Absences

The pharmacy residency programs at the MCW School of Pharmacy are 52-week programs (July 1 – June 30). Two-thirds of the residency program must be completed as a licensed pharmacist. In the event of unforeseen licensure delays (see Pharmacist Licensure section), extended or multiple intermittent absences beyond the PTO, Holiday, and Sick Day Benefits (described below in the Benefits section), residents may be allowed to extend the duration of the program up to 12 weeks beyond the original expected completion date to facilitate completion of all program requirements. If the program must be extended, an additional contract must be signed by the resident, and mutually agreed upon by the Medical College of Wisconsin and the resident. Absences of greater magnitude or frequency are considered too substantial of an interruption and will result in program dismissal without a residency certificate. Residents dismissed from the residency program due to absence will be allowed to reapply

to the program and participate in the matching program if so desired. Approval and handling of absences, including paid time off (scheduled and unscheduled) will be done in accordance with MCW SOP policies specific to the situation.

Residents with a disability (a personal health impairment that substantially limits a major activity, including chronic health conditions) that impacts attendance are responsible to promptly identify need for accommodation of disability to the Program Director. Documentation of disability may be required by the Program in order to identify or facilitate reasonable accommodations.

Residents experiencing pregnancy or childbirth during the residency program are encouraged to consult the Program Director and MCW Title IX office for assistance in planning accommodations of pregnancy, childbirth and parenting, including but not limited to leave of absence. In some cases, leave of absence may extend time for completion of the first year residency program.

Residency Program Completion Performance Requirements

In order for a resident to receive a graduation certificate for the Residency Program, the resident must complete 2/3 of the residency as a licensed pharmacist and must complete all program-specific requirements that are outlined in the residency manual (see section entitled Required Activities, beginning on page 19). Additionally, the resident must also demonstrate progress in meeting the goals and objectives of the residency by having 70% of goals deemed "Achieved for Residency" in PharmAcademic and "Satisfactory Progress" on any remaining goals. Documentation of completion will be made via the PGY1 Completion Requirements Checklist (Appendix A).

During each RAC meeting, resident progression will be discussed. Each quarter, goals and objectives that were achieved in the past quarter will be documented on the Resident Development Plan. Additionally, steps taken to ensure resident progress will also be documented.

Resident Performance Improvement Planning and Corrective Action

Please refer to the Faculty Handbook (available on MCW intranet called Infoscope) for policies and procedures related to performance improvement planning and corrective action, which will be managed jointly by the Office of Faculty Affairs and the Residency Program Director.

Resident Disciplinary Action and Dismissal

The resident may face disciplinary action if he/she violates any policy in this manual or his/her contract, is unprofessional, insubordinate or otherwise inappropriate, or is dangerously incompetent. In addition, residents may be dismissed for failure to demonstrate adequate progress towards the achievement of residency program outcomes, including goals, objectives, and activities, and for failure to perform assigned job duties. Violations should be reported to the RPD. The RPD, along with the department chair and the Office of Faculty Affairs, will discuss the violation(s) with the resident and document the meeting. The discussion and documentation should include a description of the violation, the seriousness of the violation, and a plan of correction. If the behavior continues and/or is particularly egregious, the resident may be subject to dismissal from the residency program. Please refer to the Faculty Handbook (available on Infoscope intranet).

Due Process

Please refer to the Faculty Handbook (available on Infoscope intranet).

Grievance Procedure

Please refer to the Faculty Handbook (available on Infoscope intranet).

PharmAcademic Evaluations

All MCW School of Pharmacy residency programs utilize PharmAcademic for completion of resident performance evaluations. All evaluations should be completed by the last day of rotation or absolutely no later than the following Sunday. PharmAcademic evaluations are critical for both monitoring resident progress and rotation experience and should be completed thoroughly. If comments are not included or minimally included, the resident and/or preceptor will be asked to revise the evaluation so formative feedback can be provided to enhance the resident's learning and experience.

The following criteria will be used to assess performance:

- *Needs Improvement*: The resident is not meeting expectations, and performing below expectations at that particular point in the residency program. If a resident is functioning at a level that requires improvement, he/she will display a minimum of one of the following:
    - Inability to take initiative to complete tasks; work is not turned in on time or work is turned in only with preceptor reminders
    - Requires significant intervention from the preceptor to complete patient care or other tasks
    - Unable to perform patient care unless under direct supervision of the preceptor
    - Does not incorporate feedback from preceptor
    - Unprofessional behavior

  **Residents who receive an assessment of Needs Improvement may have rotation schedules adjusted per the discretion of the RPD. Further assessment of resident skill will be necessary, and the Resident Development Plan will be adjusted to reflect next steps for the resident.*
- *Satisfactory Progress*: The resident is meeting expectations, and performing at a level that will result in mastery by the end of the residency/learning experience. If a resident is making satisfactory progress, he/she will display the following:
    - Takes initiative to independently complete daily work, or inquires what other daily work should be completed (if unknown); all work is completed on time with minimal intervention from the preceptor
    - Makes sound clinical decisions and executes safe and effective care plans for patients with occasional intervention from the preceptor
    - Requires occasional supervision and intervention from the preceptor
    - Incorporates feedback from preceptor
    - Maintains professionalism in all situations
- *Achieved*: The resident is consistently meeting expectations and independently performing at or above the level expected by the end of the residency program. The resident displays the following consistently:
    - Takes initiative to independently complete daily work or work that the resident notices must be complete; all work is completed on time
    - Makes sound clinical decisions and executes safe and effective care plans for patients independently
    - Seeks guidance when unsure of the answer or next step
    - Maintains professionalism in all situations and demonstrates ownership of actions

    - Demonstrates an ongoing process of self-reflection and improvement
- Achieved for Residency (ACHR): The resident has demonstrated sustained, independent performance that meets or exceeds expectations for the residency year.
    - The RPD is the only person who should note the resident as ACHR, in conjunction with the site coordinators and Residency Advisory Committee input.
    - Once a goal is marked ACHR, which can happen at any point during the residency, further evaluation of that learning experience is optional. The RPD may determine to reverse the decision of ACHR if the resident regresses in performance.

Preceptors and Residents should include comments for a minimum of two-thirds of objectives found on each evaluation. Comments should be specific and actionable, use criteria related to the objective (criteria may be found within the evaluations in PharmAcademic), describe skill development, and provide directed feedback as to how performance can be improved.

Duty Hours

Resident duty hours will reflect and reinforce the resident's obligation for adequate, continuous patient care while at the same time recognizing that prolonged and difficult practice duties detract from this obligation. The residency program adheres to the ASHP policy regarding duty hours.

Duty hours must be limited to 80 hours per week, with 1 day off for every 7 days worked, when averaged over a four-week period, inclusive of all in-house call activities and all moonlighting, unless otherwise agreed to based on extension requirements as needed due to delays with licensure. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

The resident is required to complete an evaluation at the end of each month in PharmAcademic where they document duty hours worked that month, hours free of work, moonlighting hours, and frequency of on-call hours worked that month. The evaluation is reviewed by the RPD whenever duty hours are not met. The RPD will evaluate duty hours worked, meet with the resident to discuss duty hours, meet with the site coordinators and preceptors to discuss duty hours, and develop a plan to ensure duty hours are met moving forward. The RPD will meet with the resident weekly for one month to ensure duty hours are met. These meetings may be extended as needed.

Complete details are available in the ASHP Duty-hour Requirements for Pharmacy Residencies. Residents and preceptors must adhere to these requirements at all times without exception. While it is the prerogative of the resident to decide whether to engage in moonlighting, the resident is required to discuss the potential moonlighting site, work activities, and hours of service at that site with the RPD before committing to any moonlighting activity. The RPD will assist the resident in determining how moonlighting could affect the resident's duty hours and his/her ability to fulfill the goals and objectives of the program.

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 (not applicable to this residency program); 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 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 RPD 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 RPD or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, 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 scheduled duty periods of the program.

On-call Requirements: Residents do not have any on-call responsibilities.

Official Policy Documents

All policies and procedures pertaining to employment at the Medical College of Wisconsin may be accessed on Infoscope. All policies and procedures pertaining to the residency program may be found in this manual.

Additional Information for Residents

Wellness and Resilience Resources

Wellness is an important component of a residency program, as wellness is necessary for optimal performance. MCW offers an employee assistance program, and further information and associated policy can be accessed on our intranet called Infoscope – search "Employee and Family Assistance Program." MCW also fosters and environment of wellness, with an abundance of resources that may be accessed on the Infoscope intranet – search "Wellness."

Structure of the Program

On average, the resident will spend the equivalent of 4 days per week at the clinical practice site and 1 day per week at the Medical College of Wisconsin School of Pharmacy. This schedule may vary by week depending on the needs of the practice site or school of pharmacy. After an initial, 5-week orientation rotation, the resident will simultaneously begin year-long longitudinal rotations. The schedule will be determined by the RPD in conjunction with the site coordinator and shared with the resident and preceptors during the orientation period.

Required Learning Experiences

Residents must complete 6 required learning experiences:

Learning Experience	Length
Orientation	5 weeks
Direct Patient Care (for Kroger Residency, this is titled: Patient Care and Advancement of Community-Based Practice)	Longitudinal
Staffing (for Kroger Residency, this is titled: Patient-Centered Dispensing and Pharmacy Management)	Longitudinal
Management/Administration (for Kroger Residency, this is broken into 2 learning experiences, titled: Program Development and Organizational Management and Leadership and Service)	Longitudinal
Research/Project	Longitudinal
Academia	Longitudinal

Elective Learning Experiences

Residents may choose to complete elective learning experiences based on their interest. If residents desire an elective experience, this request should be discussed with the RPD. An elective learning experience may be granted based on availability of preceptors, needs of the practice site, and contracting between the program and the site.

Required Activities

These required activities must be complete by the end of the residency in order to achieve the residency graduation certificate.

Major Project: Quality Improvement Project

The resident will be expected to conduct a year-long project developed in conjunction with the RPD and site coordinator. The resident will be expected to develop a timeline for his/her resident project that is then shared and approved with the project advisor. It is expected that the resident completes all assigned projects within the residency year. The resident will work with a project team to scope the project. The resident is responsible for writing the project protocol and submitting and presenting the project to MCW's Research Committee. The resident will also be expected to complete CITI training and complete all necessary IRB requirements. It is expected that the resident presents project results via presentation at the Pharmacy Society of Wisconsin's Pharmacy Residency Conference as well as at MCW's Research and Scholarship Forum (either via poster or live presentation). The resident will also be required to complete a manuscript outlining the project and its results. It is highly encouraged that the resident submit the manuscript for publication in an academic journal.

Secondary Project: Business Plan

The resident is expected to create one business plan for a new or updated service that will be offered by the community pharmacy. The resident will identify a potential service in collaboration with the site coordinator, will create a business plan, and work with key stakeholders to determine feasibility and impact. The resident will also implement the new service, train relevant pharmacy staff, and evaluate the impact of the service for the community pharmacy.

Collaborative Practice Agreement

The resident is expected to create or revise a collaborative practice agreement for the practice site. This may be done in conjunction with the business plan and/or quality improvement project, if applicable. Residents are encouraged to utilize the Collaborative Practice Toolkit through the Pharmacy Society of Wisconsin during this assignment: https://www.pswi.org/Resources/Toolkits-Manuals/Collaborative-Practice-Toolkit.

Continuing Education Presentation

The resident will be expected to deliver 1 live continuing education presentation developed in conjunction with the RPD and the Director of Outreach at MCW School of Pharmacy. The presentation will be a minimum of 30 minutes in length. The resident will be responsible for identifying a topic in conjunction with the RPD based on a gap analysis and needs assessment.

Journal Club/Clinical Topic/Case Presentation Meetings

The resident is expected to participate in a minimum of 11 monthly clinical topic meetings/journal clubs. The resident will lead this meeting 3 times during the residency year and will be responsible for presenting one clinical and administrative topic, one journal club, and one formal case presentation. This schedule will be presented to the resident during orientation. When not presenting, the resident will actively listen and participate in the discussion as led by the other residents.

Responsibilities of the resident:

When Presenting

- Select preceptor/advisor 4-6 weeks prior to your scheduled session (can be different preceptor for each session)
- Select session content 3-4 weeks prior to your scheduled session.
- Send out materials to meeting attendees via email 1 week prior to your scheduled session.
    - Evaluation forms for attendees to provide you feedback (Appendix B).
    - If applicable for your topic, email applicable readings/resources. Readings/resources should be approved by your preceptor/advisor prior to sending.
- Develop materials for meeting session when you will be presenting.
    - Powerpoint presentation required for case presentation.
    - Powerpoint presentation optional for topic discussion and journal club.

When Participating as an Attendee

- Complete any pre-work and required readings.
- Participate in the discussion when you are not presenting; at least one comment per session.
- Complete peer evaluation forms within 1 week of presentation and send to presenter.

Responsibilities of the preceptor/advisor:

- Assist the resident with selecting relevant readings.
- Discuss presentation content with resident to ensure resident has a solid understanding of the material.
- Review materials resident will be presenting during the meeting.
- Attend the session to help facilitate discussion.

- Evaluate resident on their performance using the evaluation forms in Appendix B

Teaching Responsibilities

Residents will be expected to participate in the following teaching at MCW:

- a minimum of 1 didactic lecture, including examination questions
- facilitating/evaluating a minimum of 10 patient care laboratories, including 1 OSCE, and design a Patient Care Lab
- complete MCW's Teaching Certificate Program with Academic Distinction
- Facilitate IPPE 5-minute case presentations

In addition to class instruction and facilitation, the resident will be expected to participate in additional student assessments, such as SOAP Note grading, Drug Information Question grading, Critical Thinking activity grading, etc. Residents will also be expected to participate in course coordination activities as assigned by the RPD.

Teaching Certificate Program

The resident will be expected to enroll in the Medical College of Wisconsin's Teaching Certificate Program (TCP) and to complete all associated activities and assignments. Orientation to the TCP will be in July and incorporated into the resident's orientation schedule. More information related to the TCP can be accessed here: https://www.mcw.edu/education/pharmacy-school/programs/teaching-certificate.

Administrative Assignment

Each resident will be assigned one administrative activity to manage for the residency, and will be related to the structure and function of the residency program or academia. Administrative assignments will be assigned to the resident during orientation, and assignment will be based on resident prior experience and/or personal interests.

Scholarship of Teaching and Learning Project

The resident will be expected to participate in a minimum of 1 scholarship of teaching and learning project. Project options will be discussed during orientation, and the resident will be partnered with a faculty mentor who will assist with this project. By the end of the residency year, it is expected that the resident has submitted a manuscript to a journal related to this work or has submitted a final product as determined by the faculty mentor.

Saturday Clinic for the Uninsured

Residents will be required to participate in the Saturday Clinic for the Uninsured (SCU), a student-run medical clinic. Residents will be required to participate in a minimum of 4 clinic days, ideally one per quarter. Residents will be oriented to the practice and participate in the care of clinic patients and precept student learners at the clinic. This is in addition to time spent at the practice site/school (i.e. residents will not get a week day off when they spend a day at the SCU).

Additional Elective Residency Activities

Choose Your Own Adventure Case Development

Residents will be able to create a choose your own adventure (CYOA) clinical case that encourages student learners to apply critical thinking concepts to an evolving patient case. The case will incorporate multiple disease states and will progress into real-life scenarios (insurance coverage, cost, adherence challenges, adverse effects, etc.) based on the path chosen by the student learners.

Health Screening

Residents may participate in a health screening event in relation to MCW's community engagement mission. You will be able to select the date you participate based on your availability after your teaching requirements have been assigned. The health screening is usually a half-day event. You will be provided training for the screening and will also likely precept student learners during this experience.

Resident Mentors

Each resident will be partnered with a resident mentor. The mentor will be assigned during orientation. Residents are expected to meet with mentors each quarter, at a minimum. Residents are expected to schedule meetings with their mentor. Mentor roles have been further outlined on Page 5 of this manual.

Professional Meeting Attendance and Travel Funding

Residents are required to attend the Wisconsin Pharmacy Residency Conference coordinated by the Pharmacy Society of Wisconsin. The resident will also be required to attend any recruitment events (e.g. MCW's Career Expo, PSW Annual Meeting) as determined by the RPD. Professional development funding may be available for the resident to utilize for required professional meeting attendance.

Kroger residents are also required to attend the American Pharmacists Association (APhA) Annual Meeting.

Participation in Recruitment Efforts

Each resident will assist with program recruitment efforts. In addition to attendance residency showcases, each resident will serve as a source of information and advice for potential candidates. During interviews scheduled in January, February and March, there will be scheduled times for interviewees to interact directly with current residents. Residents may also follow-up with candidates and ensure all questions have been adequately answered.

Residency Benefits and Resources

Stipend

The university, in order to enable the resident to pursue their course of training in the program, will provide the resident an annual stipend, based on a 365-day year. The stipend is payable on the MCW biweekly payroll schedule. The university requires direct deposit.

Leave

All leave is granted at the discretion of the RPD and must be approved in advance and in writing by the RPD or his/her designee. The resident must contact the RPD via email or by phone in the event of urgent sick leave. Leave is described below, however it is important to note that time away for any reason can

NOT exceed 37 days in a 52-week time period (the residency year). If time away exceeds 37 days, the exceeded time must be made up per the discretion of the RPD. If there is need to make up time away after June 30th and residency extension is needed beyond June 30, a contract extension is required. The contract extension must include information about salary and benefits. Both parties must agree to the contract. If the contract is not agreed to, the residency will not be extended and the resident is subject to dismissal from the program. If the residency is extended beyond June 30, the resident will have up to 6 months after June 30th to complete all requirements.

Paid Time Off

A total of twenty (20) days of paid time off is granted during the fiscal year and must be approved by the Residency Program Director. Paid Time Off is usually considered as a short leave of absence from duty during the usual working week; however, the Program Director reserves the right to include weekends and official holidays if he/she believes it to be appropriate based on the resident's schedule. Any unused annual leave will be forfeited at the end of the contract year.

Holidays/Administrative Closing Days

Residents are granted paid time off for holidays as observed by the Medical College of Wisconsin and any administrative closing days as determined by the practice site. If holidays fall on a Saturday the holiday will be recognized on the Friday before, and if they fall on a Sunday they will be recognized on the Monday after. Eight paid holidays are included in the residency year: Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday following Thanksgiving Day, Christmas Eve Day, Christmas Day, and New Year's Day. A detailed list of holidays and when they are observed can be found on Infoscope.

Sick Leave

A total of 2 days/month will be awarded for sick leave. Sick leave can only be used for bonafide illness, which prevents the performance of professional duties and cannot be used for vacation, educational leave, professional leave, or other personal purposes. It is the responsibility of the resident to notify the RPD of illness, which prohibits them attending to assigned duties. The RPD has the right to request verification of any alleged illness. Where an employee must be absent because of illness in the immediate family, sick leave may be granted by the RPD. Parental leave will be treated as any other illness. Any unused sick leave will be forfeited at the end of the contract year.

Leave of Absence

Unpaid leave of absence must be approved by the RPD. Should any leave interfere with the ability of the resident to complete the requirements of their program as scheduled, such requirements must be completed after the projected completion date of the Program.
Any leave beyond what is provided above (paid time off, sick leave, holidays/administrative closing days) is considered a leave of absence. Any leave of absence will be unpaid. Pay will resume once the resident returns to the program . If the program must be extended, an additional contract must be signed by the resident, and mutually agreed upon by the Medical College of Wisconsin and the resident. Pay will resume once the resident's leave of absence is complete.

Family & Military Leave

Please refer to the Faculty Leave of Absence Policy in the Faculty Handbook, available on Infoscope intranet.

Health Insurance and other Benefits

As an employee of the Medical College of Wisconsin at the level of Instructor, residents are eligible for health insurance along with other benefits. Please visit the Infoscope intranet and search "Benefits."

Professional Development Expenses

The School of Pharmacy may reimburse you for professional development expenses, including professional memberships, academically related educational activities, travel and attendance at educational meetings, and other professional support in an amount to be determined annually and shared with residents during orientation. The total reimbursement amount may be adjusted according to department policy, and the amount will be shared with the residents during orientation. Reimbursement will be made in accordance with MCW Business Policies and is subject to approval by the Residency Program Director. A total of ten (10) workdays per year may be utilized for Professional Development activities.

Expense Reports/Reimbursement

Expense reports and requests for reimbursement must first be approved by the Residency Program Director. Approval must be secured before purchases are made. Approved reimbursements will be submitted to the designated administrative assistant or Business Manager for the School.

Academic Appointment

The Resident is a faculty member in the Department of Clinical Sciences at the rank of Instructor.

Office Space

The resident will be supplied with a dedicated workspace in a convenient location and necessary office supplies.

Computer

The resident will be supplied with an MCW-owned laptop computer that they should bring to all meetings, classes, and their practice site. This computer will allow for remote access to all MCW electronic resources. Residents have the privilege of using the site's computers and technology to aid in their education while on rotation. Residents have a responsibility not to abuse this privilege, as it can be revoked due to a policy violation. Residents are always required to follow the policies of their rotation site and preceptor.

Computer use policy violations include:

- Using computer resources for personal reasons
- Sending an individual or group repeated or unwanted (harassing) email or using email to threaten someone
- Accessing or attempting to access another individual's data or information without proper authorization

- Obtaining, possessing, using, or attempting to use someone else's email password regardless of how the password was obtained
- Using illegally obtained licensed data/software in violation of their licenses or purchase agreements
- Attempting to tamper with or obstruct the operation of the site's computer systems or networks
- Using or attempting to use the site's computer systems or networks as a means for the unauthorized access to computer systems or networks outside the site
- Viewing, distributing, downloading, posting, or transporting any pornography via the web, including sexually explicit material for personal use that is not required for educational purposes
- Violating Federal copyright laws

E-Mail

Residents are required to check their MCW email account daily and are strongly encouraged to check their email often during weekends and over breaks.

Parking

Residents should ask their Site Coordinator about parking availability and policies on or before the first day at the site. Some sites may require students to pay for parking, and residents are expected to comply with all parking rules at the assigned rotation sites. Residents may park in the MCW employee lot (x70) while at the school.

MCW Libraries

As employees of the Medical College of Wisconsin, residents have access to the resources available through MCW Libraries. Residents can access the library on the 2nd floor of the HRC Building, or by accessing Infoscope.

Remote & Personal Device Access

Residents will be provided with an MCW computer and remote access will be available to the residents for all MCW-related technology and software, and will be established for the resident during orientation. Residents may elect to receive MCW email on their personal phone, which can also be established during orientation.

Project Days/Working Remotely

Project days will occur longitudinally throughout the residency and will be noted on the resident's schedule. Project days will be proactively scheduled, but the resident can work with the RPD and site coordinators to adjust this schedule as needed. Any changes to the project day schedule will require approval from the RPD. The resident is expected to work on projects related to the residency program during this time.

Residents may work remotely on project days, but must be available via Microsoft Teams or phone at all times. The RPD must be informed of remote work. There may be times the RPD will instruct the resident to work remotely, at which time the resident must be available via Microsoft Teams or phone.

Appendix A: PGY1 Completion Requirements Checklist



Medical College of Wisconsin Community-Based Residency Program
Completion Requirements Checklist

Resident: **Residency Year:**

Directions:

- Review/update during quarterly meetings to discuss resident's development plan
- RPD reviews list at the end of the residency, updates if needed, and attest that resident completed all program requirements for residents receiving a certificate of completion
- Upload finalized checklist into the resident's PharmAcademic file.

Requirement	Date Completed
Complete 2/3^{rds} of residency as a licensed pharmacist	
Objective Achievement: 70% of objectives are rated as Achieved for the Residency (ACHR).	
No objectives rated as "needs improvement" on final rating.	
Complete all required learning experiences.	
Complete all assigned evaluations in PharmAcademic.	
Complete CPA review or development and present final copy to site and RPD.	
Major Project: Present major project at Wisconsin Residency Conference and MCW Research Forum	
Major Project: Manuscript/writeup of major project approved by primary project preceptor	
Secondary Project: Complete secondary project report (SOTL/business plan) and present to RPD	
Written **and** oral (30-minute) provider or patient education completed.	
Lead 3 topic discussions/journal clubs at the Community-Based Resident Topic discussions.	
Complete Teaching Certificate Program.	
Projects, presentations, work products uploaded to PharmAcademic (see Close-out process).	
Complete administrative checklist per RPD's instruction.	
Participate in a minimum of 4 Saturday Clinics for the Uninsured.	

All Program Requirements Completed:

_____ _____

RPD Signature Date

Appendix B: Monthly Topic Presentations/Journal Club/Case Presentations Evaluations

Topic Discussion/Journal Club/Case Presentation **Peer** Evaluation

Resident's Name: _____
Evaluator's Name: _____
Title of Topic Discussion/Journal Club:
Date of Presentation: _____6/18/2024 _____

Rate personal performance on a scale of 1 (poor) – 5 (satisfactory)

	- 1 - Poor	- 2 - Unsatisfactory	- 3 - Fair	- 4 - Good	- 5 - Satisfactory
ORGANIZATION Clear objectives Logical structure Signposting					
VERBAL SKILLS Accurate usage Vocabulary & Grammar Rhythm, Intonation, Accent Clear and Audible					
MASTERY OF SUBJECT Pertinence Depth of commentary Spoken, not read Response to inquiries					
VISUAL AIDS Presentation Slides Handouts/Resources Audio/Video/Etc.					
PRESENCE Body language Eye contact Audience Connection Poise Physical Organization					
OVERALL IMPRESSION Engaging Pleasant Communication					

Areas for continued improvement:

_____
_____
_____

Other:

_____
_____
_____

Audience Pre- and Post- Objective Assessment

Presenter:

Topic:

Date:

Select the rating that best represents your knowledge and skills related to each learning objective:

5 – Excellent 4 – Better than Average 3 – Average 2 – Less than Average 1 – Poor

	Before Session					**After Session**				
Objective 1	5	4	3	2	1	5	4	3	2	1
Objective 2	5	4	3	2	1	5	4	3	2	1
Objective 3	5	4	3	2	1	5	4	3	2	1
Objective 4	5	4	3	2	1	5	4	3	2	1

Topic Discussion/Journal Club/Case Presentation **Preceptor** Evaluation

Resident's Name: _____

Evaluator's Name: _____

Title of Topic Discussion/Journal Club:

Date of Presentation: _____ _____

Rate personal performance on a scale of 1 (poor) – 5 (satisfactory)

	- 1 - Poor	- 2 - Unsatisfactory	- 3 - Fair	- 4 - Good	- 5 - Satisfactory
ORGANIZATION Clear objectives Logical structure Signposting					
VERBAL SKILLS Accurate usage Vocabulary & Grammar Rhythm, Intonation, Accent Clear and Audible					
MASTERY OF SUBJECT Pertinence Depth of commentary Spoken, not read Response to inquiries					
VISUAL AIDS Presentation Slides Handouts/Resources Audio/Video/Etc.					
PRESENCE Body language Eye contact Audience Connection Poise Physical Organization					
OVERALL IMPRESSION Engaging Pleasant Communication					

Areas for continued improvement:

_____

_____

_____

Other:

_____

_____

_____

Audience Pre- and Post- Objective Assessment

Presenter:

Topic:

Date:

Select the rating that best represents your knowledge and skills related to each learning objective:

5 – Excellent 4 – Better than Average 3 – Average 2 – Less than Average 1 – Poor

	Before Session					**After Session**				
Objective 1	5	4	3	2	1	5	4	3	2	1
Objective 2	5	4	3	2	1	5	4	3	2	1
Objective 3	5	4	3	2	1	5	4	3	2	1
Objective 4	5	4	3	2	1	5	4	3	2	1