UW Health
PGY-2 Pharmacy Residency in Internal Medicine

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I. PGY 2 Internal Medicine Pharmacy Residency

Program Statement of Purpose:

The PGY2 Pharmacy Residency in Internal Medicine is designed to transition PGY1 Pharmacy resident graduate from a generalist to specialized practice focused on the care of adults with medical problems, primarily in the inpatient setting.

Program Philosophy:

Residents who successfully complete the PGY2 Internal Medicine Residency will be able to provide integrated pharmaceutical care at a patient-specific level as well as a patient population level across continuums of care. Furthermore, the program will provide residents with opportunities to conceptualize, integrate, and transform accumulated experiences and knowledge into skill, competence, and confidence in providing safe, efficient, and evidence based cost-effective patient care.

Residents will develop a philosophy of practice that includes:

III. Responsibility and accountability of pharmacists’ for pursuing optimal drug therapy outcomes and medication safety in the provision of patient care
IV. Education and training of other health professionals and students
V. Self-learning and continuing professional development
VI. Commitment to the profession and their community
VII. Appreciation for scholarly activity

Educational Outcomes:

Program outcomes: The following standards are required by the Accreditation Standard for PGY2 Internal Medicine residency programs:

Standard 1: Requirements and Selection of Residents
PGY2 residents must be pharmacists having sufficiently broad knowledge, skills, attitudes, and abilities in pharmacy practice necessary for further professional development at an advanced level of pharmacy practice.

Standard 2: Responsibilities of the Program to the Resident
It is important that pharmacy residency programs provide an exemplary environment for residents’ learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g., extended leaves, dismissal, duty hours).

Standard 3: Design and Conduct of the Residency Program
It is important that residents’ training enables them to achieve the purpose, goals, and objectives of the residency program. Residents should develop into more mature, clinically competent, and independent
practitioners able to address patients’ needs. Proper design and implementation of programs helps ensure successful residency programs.

**Standard 4: Requirements of the Residency Program Director and Preceptors**
The residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness. Their qualifications and skills are crucial. Therefore, the RPD and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

**Standard 5: Requirements of the Site Conducting the Residency Program**
It is important that residents learn to incorporate best practices into their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

**Standard 6: Pharmacy Services**
When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents’ expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy’s role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.
II. RESIDENCY STRUCTURE AND ROTATIONS

Residency Structure and Rotation Requirements:

The rotation schedule includes a combination of required and elective rotations to ensure a variety of experiences and exposure to patient populations, while considering the areas of interest for the resident. There are 6 required rotations. The final rotation schedule is determined based on preceptor availability, educational opportunities, and the needs and interest of the resident. The typical length of a required rotation is 4 weeks but this is flexible for elective rotations.

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<thead>
<tr>
<th>Required Rotations</th>
<th>Elective Rotations</th>
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<td>• Gastroenterology</td>
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<td>• Oncology</td>
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<td>• Informatics</td>
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<td>• Solid organ transplant</td>
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<td>• Medication safety</td>
<td>• Home infusion</td>
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<tr>
<td>• Hospice</td>
<td>• Specialty pharmacy</td>
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General Rotation Expectations:

1. Rotation attendance: Successful completion of a rotation is dependent on the active participation of the resident in the care of their patients. The resident should be on the patient care unit, rounding with his/her respective team, or in an ambulatory clinic daily Monday through Friday. The resident is expected to complete pre-rounding preparation, rounding, clinical monitoring, handoffs, code response, medication order review, admissions/discharges, clinical topic discussion and patient review. Typical hours vary depending on the rotation location. Generally, inpatient rotations begin at 0700. Ambulatory clinic schedule to be determined based on physician and clinic scheduling. The resident should be present at the rotation site throughout the day, only leaving for meetings or other obligations that have been agreed upon by the preceptor and the resident. If the resident does leave the rotation during normal rotation hours, the resident is responsible for giving hand-off information to the appropriate clinical pharmacist before leaving.

2. Monthly rotation calendar: Prior to the beginning of the rotation, the resident and primary preceptor of the rotation must meet to determine a rotation calendar. The calendar should include all activities that the resident will be completing over that month, both rotation and non-rotation related. The final calendar should be entered into the resident’s Microsoft Outlook calendar and submitted to the program director prior to the beginning of the rotation. Access to the resident’s Outlook calendar should be given to the program director at the beginning of the residency year. The purpose of the calendar is to set/communicate clear expectations of the resident and preceptor(s). In addition, the calendar will serve as a tool to hold the resident and preceptors accountable for their agreed upon commitments. If a conflict
arises after the calendar is agreed upon it is the responsibility of the individual with the conflict to coordinate rescheduling/making up any missed activities. Examples of information to be included on the calendar: staffing days, days off, clinic days, pharmacotherapy lab, clinical topic discussions, evaluations, in-services, etc.

3. **Excused absence:** If an unanticipated conflict arises that causes the resident to be absent from rotation they must: verbally notify the unit/team pharmacist, email the rotation preceptor and email the program director, or the absence will be considered unexcused.

4. **Unexcused absences:** If a resident accrues 2 unexcused absences during a rotation or 3 over the course of the residency, the program director and resident’s advisor will pursue disciplinary action per **Pharmacy Department policy 18.2 Disciplinary and Corrective Action Policy for Residents.**

5. **Rotation transition:** To facilitate communication and setting expectations from one rotation to another, the resident/preceptor will ensure rotation evaluations are done before the last day of the rotation. Part of the evaluation must include areas of improvement that should be a focus of the next rotation. The resident in collaboration with their advisor and program director will ensure that this feedback is incorporated into the customized learning plan. A copy of the evaluation and customized learning plan will be given to the new preceptor at the start of a new rotation.

6. **Daily required clinical rotation activities:**
   a. The resident will complete the following activities for their patients, when applicable:
      i. Pre-rounding preparation (vitals, labs, medication profile, MAR, progress notes, etc.)
      ii. Attend medical work/teaching rounds
      iii. Complete and document daily profile review per **pharmacy policy 3.3**
      iv. Medication reconciliation (admissions, transfers, discharges)
      v. Review accuracy and appropriateness of medication profiles. Resolve any medication issues found with patient and provider and ensure that medication profile has been corrected.
      vi. Document medication interventions via progress note as appropriate
      vii. Medication teaching for patients in collaboration with physicians and nurses.
      viii. Immunization screening/documentation for the resident’s patients
      ix. Review/verification of medication orders
      x. Admission medication histories and discharge patient counseling
      xi. Research and answer drug information questions
      xii. Therapeutic drug monitoring and documentation in clinical progress notes (when applicable)
      xiii. Provide pharmacist-pharmacist handoff to oncoming pharmacist(s)
   
   b. Preceptor/unit pharmacist responsibilities
      i. Review the resident’s understanding of subjective/objective, assessment, and plan for each of their patients (focus on medical and pharmacy perspectives)
      ii. Provide feedback to the resident on their performance, including both positive feedback, as well as constructive criticism
      iii. Serve as a resource to help the resident(s) care for his/her patients
      iv. Challenge the resident to support patient care recommendations with evidence
      v. Test the resident’s clinical/operational knowledge via oral examination
      vi. Provide clinical topic discussions, pearls, articles, and/or resources to help resident fill in gaps in knowledge
c. Additional rotation activities
   i. Team-related projects (practice management, quality improvement/audits, policy and procedures, etc.)
   ii. Preceptorship of students (shadow, clerkship)
      a. Residents are expected to be actively involved with the training of pharmacy students while on rotations
      b. Residents will assist students in orientation to the unit, daily activities, answering questions, and other teaching opportunities
      c. Residents are encouraged to invite students to resident activities that would provide a learning environment for the student (clinical coffees, conferences, grand rounds, in-services, etc.)
   iii. Rotation-specific meetings (weekly conference meeting, fellow’s curriculum meetings, grand rounds, etc.) as directed by the rotation preceptor or residency program director

Communication Expectations:

1. The resident is the primary pharmacist responsible for monitoring patients on his/her service and clicking the RPh daily profile review button.
   a. The clinical pharmacist should refrain from making interventions or changing therapy per protocol to give the resident a chance to perform these activities.
   b. The clinical pharmacist should discuss any patient care issues with the resident when going over patients rather than taking care of them him/herself.
2. Following work rounds with the attending/fellows/NP’s/residents in the morning (and prior to morning sit down rounds) the resident will check-in with the pharmacist to go over patients, discuss interventions made and communicate outstanding issues.
   a. More extensive discussions regarding patients and/or disease states may occur later in the day if time is limited in the morning.
3. The resident will attend morning sit down rounds and is the primary pharmacist representative for the patients on his/her service at these rounds.
4. Order verification for patients the resident is following should primarily be done by the resident. The clinical pharmacist monitoring the queue may verify orders if needed when the resident is unavailable, however, notes should be entered into the appropriate monitoring section in the pharmacy monitoring tool regarding changes in therapy in order to keep everyone informed.
5. The resident may be responsible for completing some admission medication histories, admit medication reconciliation, discharge medication reconciliation and discharge teaching on his/her clinical service
6. The resident is always available by pager. It is the responsibility of the clinical pharmacist to page the resident if there are questions or issues to communicate about any patient issue.
Rotation Specific Learning Descriptions, Goals and Objectives:

All rotation specific learning descriptions, goals and objectives and activities are available in PharmAcademic for the resident and preceptor to review prior to the start of rotation.

UW Health Pharmacy Resident Polices:

Resident Policy:
- 18.1 Pharmacy Resident Practice Experience
- 18.2 Disciplinary and Corrective Action for Residents
- 18.3 Resident Candidate Recruitment, Selection, and Interviewing
- 18.4 Resident Advisory Committee
- 18.5 Pharmacy Resident Duty Hours and Moonlighting
- 18.6 Resident Objectives for Resident and Certificates
- 18.7 PGY-1 and PGY-2 (Non-Master’s) Major Project Proposal
- 18.8 Extended Leave of Absence-Pharmacy Residents
- 18.9 Resident Scheduling for Professional, Practice and Leisure

Administrative Policy:
- 1.5 Pharmacy Licensure Requirements

III. Residency Activities and Requirements

Licensing requirements:

PGY2 residents will be forwarded information on licensing soon after match results are announced. As per department policy 1.5 Pharmacist Licensure Requirement, residents should be licensed by August 1st. If licensing by September 1st does not occur, a meeting between the resident and PGY2 program director, and director of pharmacy will occur to discuss remedial action and may include dismissal from the program.

Electronic (Outlook) Calendar and Pager:

Residents must keep their network Microsoft Outlook calendars up-to-date with view access to all department pharmacists. An introduction to the system will be provided during resident orientation, after which experienced resident colleagues can assist in using the calendar system if needed.

Residents will be provided an alpha numeric pager for the residency. The pager should be updated with paging 2-2122 with the resident’s name and listed in the web paging directory. Accurate paging status should be updated by the resident as appropriate (e.g. if pager is off at home, status should be changed to unavailable by pager)
Department of Pharmacy Required Activities:

- All Resident Coffee – The residents are scheduled to meet with the director of pharmacy and/or manager(s) at monthly morning coffees (residents are expected to come prepared with current issues, questions, areas of interest, or other topics for discussion) and management topic discussions. This is held at 0700 on the 3rd Tuesday of the month.
- The Non-administrative Resident Coffee is every 4th Tuesday of the month at 7 am.
- National Pharmacy Week Activities – in October. The resident is expected to participate in any and all National Pharmacy Week Activities as assigned by the Director of Pharmacy
- ASHP Recruiting activities – The resident is expected to participate in the setting up/taking down of the University of Wisconsin Hospital and Clinics exhibit board and table(s) during the Residency Showcase and is expected to attend the showcase and help with recruiting as assigned by the residency director/director of pharmacy.
- Weekly Wednesday Administrative Seminar – weekly administrative seminar held at noon every Wednesday. Attendance for the Internal Medicine PGY2 is optional based on interest.
- Resident Report is a required event and occurs weekly on Tuesdays from 1130-1230 with two 30-minute sessions presented by a resident or 4th year residency track student. Throughout the year the PGY2 internal medicine resident will present interactive teaching material once as assigned as well as serve as a formal evaluator for fellow presenters as assigned (2-3 times).

Scheduling Vacation/Days Off and Leave of Absence Policy:

1. PGY2 Internal Medicine Pharmacy resident shall be scheduled to work an average of 12 hours per week throughout the residency year. This includes working every other weekend. (Please refer to the Pharmacy Resident Pharmacy Practice Experience, Policy 18.1) If a resident needs a day off on a weekend he/she is scheduled to work, it will be the responsibility of the resident to switch out of the shift(s). A shift change notice must be submitted to the pharmacy office. EXCEPTION: In December, residents will work the 2nd and 3rd weekends or 2nd and 4th weekends to accommodate the ASHP Midyear Clinical Meeting and holiday staffing. For residents who normally work on the weekend of the Great Lakes Pharmacy Resident Conference, they will be scheduled to work as long as conference travel is completed by Friday.

2. Duty Hours and Moonlighting: Refer to Pharmacy Resident Duty Hours and Moonlighting Policy 18.5

3. Each resident is given five vacation days and nine holidays for the year. Should the resident wish to take vacation days, the request for days off system should be used:
   3.1. Vacation days are requested and granted per departmental policy #1.7 (Administrative standards).
   3.2. The resident records the vacation days on his/her electronic calendar.
   3.3. Residents are encouraged to take vacation before the end of the program.
   3.4. Vacation cannot be taken the last week of the residency.

4. Job Interviews
   4.1. Days taken from rotational responsibilities for job interviews will not be counted as vacation days.
   4.2. Notify rotation preceptor, program director, and office manager as far in advance as possible.
4.3. Up to three interview days are generally allowed; if more are needed this is reviewed on a case-by-case basis.

5. Sick Days
5.1. The resident shall receive up to 5 days of sick leave each year. Any time taken for illness should be communicated to the office manager, rotation preceptor, and program director.

5.2. CALLING IN SICK ON A WEEKEND OR HOLIDAY: The supervisor on call should be contacted – pager 8771 or via the paging center (262.2122).

5.3. CALLING IN SICK ON A WEEKDAY (ROTATION):
   ✦ You must page or call the floor/unit pharmacist and speak to him/her about your absence. Leaving a voicemail or e-mail message is not adequate since the preceptors often do not get the message in time. Make sure that you have the unit pager and phone numbers at home or with you in case you need to call.
   ✦ Timing: Make the call before the time you are supposed to arrive on the unit.
   ✦ Do not page the administrative resident carrying the sick call pager.
   ✦ Follow up with an e-mail or voicemail message to the office manager, rotation preceptor and program director so that benefit time is kept up-to-date.

6. Holidays
6.1. Upon beginning the residency program, residents will be notified of major holiday staffing commitments. They will be scheduled to work either Christmas (including dates 23-26) or New Year’s Day plus Thanksgiving (again, with days around the holidays included) and a minor holiday staffing commitment (Labor Day, Memorial Day, or July 4th.)

7. Leave of Absence Policy for Residents
7.1. Refer to Resident Policy 18.8

Pharmacy Organizations:

• The resident is encouraged to be a member of PSW and is encouraged to attend one meeting hosted by PSW in the residency year.
• The resident is encouraged to be a member of ASHP and is encouraged to attend the Midyear Clinical Meeting.
• Residents are encouraged to be a member of ACCP.
• The resident is required to complete at least one poster or oral presentation at a clinical meeting (ASHP Midyear Clinical Meeting, Vizient Annual Conference or alternative meeting).
• Residents may be required to attend and participate in the Great Lakes Residency Conference

Resident Travel:

• Travel Reimbursement
  o The resident will be reimbursed for registration and airline for one clinical meeting. The resident will be responsible for the cost of lodging and meals during the meeting.
  o Great Lakes Residency Conference – the Department of Pharmacy will pay for travel to and from the meeting and lodging during the event. The resident will be responsible for meals during the event.
- The resident is responsible for submitting a time off request via the scheduling program which includes the days of travel and meetings marked with an “M” so that the resident will not be scheduled to staff during these times.

**School of Pharmacy Involvement:**

1. **Clinical Instructor Status**
   1.1. Residents will fill out the “UW School of Pharmacy Entry Level PharmD Program Clinical Instructor Application” upon beginning the program in order to be granted clinical instructor status with the School of Pharmacy.

2. **Pharmacotherapy Lab**
   2.1. The PGY2 Internal Medicine resident will participate in teaching the pharmacotherapy lab for 3rd year PharmD students if the schedule allows.
   2.2. Residents are required to report back to the rotation unit and follow up on patient care responsibilities in the afternoons following morning pharmacotherapy labs.

3. **Lecture opportunities**
   3.1. Opportunities to provide internal medicine related pharmacotherapy lectures are available. The resident will work with the RPD or delegate to coordinate these lectures.

4. **Preceptorship of students (shadow, clerkship)**
   4.1. Residents are expected to be actively involved with the training of pharmacy students while on rotations.
   4.2. Residents will facilitate topic discussions with students on their clinical rotation teams on an ad hoc basis.
   4.3. Residents will assist students in orientation to the unit, daily activities, answering questions, and other teaching opportunities
   4.4. Residents are encouraged to invite students to resident activities that would provide a learning environment for the student (clinical coffees, conferences, grand rounds, inservices, etc.)

**Teaching Certificate Program:**

The Teaching Certificate Course is one offered by the School of Pharmacy and is intended to help the resident hone his/her teaching skills, develop a philosophy of teaching, and develop a portfolio for future reference of teaching experience. This course is optional for oncology pharmacy PGY2 residents who have not already completed such a course. The course fee is paid by the Department of Pharmacy.

**Career Counseling:**

During the second year of residency, career counseling will occur no less than quarterly when the resident’s customized training plan is updated. The career counseling process is not meant to be a precise, inflexible set of procedures. It is an ongoing opportunity for growth encouraged by discussion of influences that may affect a person during a career and a lifetime.
The list of questions and recommended activities found below may be used to guide career counseling sessions. In order to best prepare the resident to actively pursue positions, the resident should complete the process at least once before the ASHP Midyear Clinical Meeting.

1. State, from your perspective, the differences between a "job" and a "career."
2. Do you have any misgivings regarding your choice of pharmacy as a career?
3. What do you think your primary value to society is as a pharmacist?
4. What is your main practice interest? State this as concisely as you can.
5. State how your strengths and interests support your choice in #3 above.
6. Identify personal limitations that could prevent achievement of your ideal career. Identify personal strengths that could facilitate ideal career achievement.
7. How many years will it require to achieve maximum effectiveness in your career? Why do you think it will take that amount of time?
8. What are your personal life needs? Are they consistent with your career interests?
9. What role, if any, do you expect professional organizations to play in advancing your career?
10. Identify individuals who you consider role models and explain why.
11. What activities should you avoid that could be detrimental to successful career development?
12. What is your plan for life-long learning? How will you remain stimulated and up-to-date throughout your career? Include thoughts regarding continuing educational needs as well as further academic work.
13. Do you have restrictions or preferences regarding where you will locate -- small town vs. bustling metropolis? East vs. west coast? Close to home? How will this limit your job placement?
14. What do you think your salary should be?
15. What activities/responsibilities that you love would like to see in your future position?
16. What activities/responsibilities that you dislike do you want to minimize or eliminate in a future position?

Major Research Project:

The Internal Medicine resident will complete a major research project throughout his/her residency. Completion of a major research project will allow the residence to gain confidence in project management, navigate IRB and PRMC approval, and design/implement a research protocol. Specific details, including a sample time line for research projects and specific standards, outcomes, goals and objectives to be achieved through the completion of the major project can be found in the Major Research Project learning experience description.
**IV. Administrative Details and Operations**

**Resident Selection Procedure:**

Please refer to Resident Policy 18.3. The UWHC Department of Pharmacy has established the following policy for the selection of residents in order to assure a consistent process as well as decrease potential for biased selection of candidates.

1. The selection committee composition will provide a broad-based evaluation of candidates by including the perspectives of practitioners, administrators, and residents. This does not preclude input from any other member of the department. Positive or negative comments are forwarded to the committee for consideration. Candidates are interviewed by the following members of the UWHC Department of Pharmacy:
   1.1. Program Director
   1.2. Pharmacy Manager(s)
   1.3. Lead preceptors
   1.4. Clinical pharmacists (Team 6)
   1.5. Current resident
   1.6. Physician(s) with significant program involvement

2. Each interviewer reviews applications, including letters of interest and specifically-requested information, before interviewing candidates.

3. Evaluations/references are reviewed and further information obtained, if necessary.

4. Grade point/transcript information and curriculum vitae are reviewed. Although high academic achievements are important for success in the program, other experiences in professional practice are taken into consideration, since a correlation between grades and professional practice does not always exist.

5. In addition, applicants are evaluated in terms of pharmacy practice and work experiences, communication skills, goals and program fit, motivation, leadership qualities, confidence and maturity, and references

6. Each interviewer will complete the Candidate Evaluation Form following completion of the interview and forward it to the Residency Program Director. The program director will tabulate scores for each candidate to establish a preliminary ranking.

7. The selection committee will meet to review the preliminary rankings and evaluation comments after all interviews have been completed. A final ranking order will be determined based on the discussion and decision of the selection committee.
Residency Advisory Structure:

1. Resident Advisory Committee (RAC)
   1.1. The purpose of RAC is to provide information regarding the residency to members, review project proposals, and supervise the UWHC Pharmacy Department residency programs. RAC is the major policy-setting body for the residency programs.
   1.2. Please refer to Resident Policy 18.4 for RAC details.

2. PGY2 Advisory Structure
   2.1. An advisor will be assigned to the internal medicine pharmacy resident. His/her responsibilities include communicating with residents regarding the individualized plan and updating throughout the year, expectations and performance, ensuring completion and filing of evaluations, career counseling, and follow-up on issues identified by the resident or preceptors. The resident should meet with his/her advisor quarterly, at a minimum.
   2.2. The resident should arrange to meet with his/her rotation preceptor at least once a week. (See specific rotation requirements.)
   2.3. After the resident selects his/her residency project, project advisors will be assigned to assist the resident and oversee the project.
   2.4. The program director will schedule an exit interview with the resident before the resident leaves the program.
   2.5. The resident may request meetings with the program director and/or other administrative staff members at any time.

Requirements for Completion of the Program:

1. Refer to Resident Policy 18.6 and the Internal Medicine PGY2 End of Year Checklist for more details.
2. Learning experiences, goals and objectives, evaluations
   a. Completion of all required and elective learning experiences/rotations
   b. Completion of all summative self-evaluations, preceptor and summative learning experience evaluations.
   c. Successful achievement (100%) of the required program goals and objectives must be documented in PharmAcademic.
   d. All projects associated with learning experiences must be completed per rotation preceptor.
   e. Core experiences documentation forms completed with dates of completion for each experience/topic and signatures of preceptors. Original and scanned copy to be given to program director
3. Residency Project
   a. The residency project must be sufficiently completed by the end of the residency year.
b. This includes appropriate project selection, proposal approval by the RAC, IRB approval or exemption (if necessary), project completion and data analysis, and a final manuscript submitted for publication.
4. The resident must complete all Travel and Presentations as outlined in the residency manual.
5. The resident must be licensed in Wisconsin in accordance with UWHC Department of Pharmacy policy.
6. Participation in required residency activities:
   a. All required rotations
   b. All elective rotations
   c. Staffing requirement – consists of an average of 12 hours per week, including every fourth weekend and 8 hours every other week in the ambulatory oncology clinic pharmacy, in addition to one major holiday (Thanksgiving and New Years OR Christmas) and one minor holiday (Memorial Day, July 4th, Labor Day). In addition there are extra staffing days scheduled at the end of training to ensure the resident is comfortable prior to starting his/her regular staffing schedule.

**Internal Medicine PGY2 End of Year Checklist:**

The resident is responsible for completing all items on this checklist. Once completed, the resident will forward this completed list to the Residency Program Director in exchange for their residency certificate. The resident must save a copy of all documents on the J-drive.

A resident is not considered a graduate of the UW Health PGY2 Internal Medicine residency program unless all items on this list have been completed and accepted by the program director.

Resident’s Name: __________________________________________________________

**Project**

☐ Project final manuscript given to and accepted by program director
☐ All documents related to project given to program director
  ☐ Great Lakes Pharmacy Residency Conference abstract
  ☐ Great Lakes Pharmacy Residency Conference presentation
  ☐ UHC or ASHP abstract
  ☐ UHC or ASHP poster
  ☐ Electronic copy of all references
  ☐ IRB submission
  ☐ IRB approval letter
  ☐ Data collection spreadsheets / forms

**Customized Plan**

☐ Initial customized plan completed in Pharm Academic before end of orientation.
☐ Follow-up customized plans completed in Pharm Academic during October, January and April
Residency Goals & Objectives

- All rotation / learning experience evaluations completed by each preceptor
- At least 100% of required goals “Achieved” during the residency
- Resident self-evaluations completed for each rotation / learning experience
- All resident’s evaluation of each rotation / learning experience and preceptor completed
- Core experiences documentation forms completed with dates of completion for each experience/topic and signatures of preceptors. Original and scanned copy to be given to program director.

Residency Accomplishments

- Electronic list of all residency accomplishments given to program director
- Electronic copy of all materials related to accomplishments given to program director. This includes all presentations and projects.
- Exit interview completed with Program Coordinator and RPD

Presentations

- Electronic copy of all presentation (s) given to program director

Certifications / Competencies / Licensure

- Licensed as pharmacist in the State of Wisconsin
- BLS up-to-date throughout residency
- All required competencies completed

Resident Office

- All personal items removed from resident office

Pharmacy Office

- Return office key, pager and ID badge to Mary Demski in the Pharmacy office
- Leave forwarding address with RPD and Mary Demski in the Pharmacy office