**PGY1 Program Purpose**
PGY1 pharmacy residency programs build on PharmD education and outcomes to contribute to the development of a clinical pharmacist responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

**Recruitment and Selection of Residents**

1. The Department shall participate in the Resident Matching Program of the American Society of Health-System Pharmacists (ASHP).

2. The Department shall participate in the Residency Program Showcase at both the Minnesota Society of Health-System Pharmacists (MSHP) and ASHP Midyear meetings.

3. At the ASHP Midyear Clinical Meeting, program representatives [e.g., the Residency Program Director (RPD), current residents, and preceptors] in attendance shall participate in the recruitment of candidates for the residency program.

4. Those candidates who wish to be considered for an on-site interview shall submit an application, current curriculum vitae, college transcripts, and three letters of recommendation or standardized recommendation forms via Phorcas by January 15.

5. Only applicants who have/will have graduated from an Accreditation Council for Pharmacy Education (ACPE) program (or are in the process of becoming accredited) or who have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP) will be considered.

6. The RPD and program preceptors will evaluate all applicants using a pre-interview scoring rubric to help determine which candidates are invited for an on-site interview.

7. A sufficient number of candidates shall be invited for an on-site interview.

8. The interview shall include meeting with preceptors from each site as well as the current program resident(s).

9. After the interview process is completed, the interviewers shall meet to discuss and evaluate each candidate. A post-interview scoring rubric is available for preceptor use and can aid in candidate discussion and ranking consideration.

10. The rank list will be determined based upon each candidate’s total score, pre-and post-interview, as well as discussion of the evaluating preceptors and RPD.

11. The RPD shall submit the approved rank list to ASHP Resident Matching Program.
12. If the program does not match all positions, they will participate in the second round of the match. The program will use resources of the National Matching Service to identify candidates. In the case of out of state candidates, interview by telephone or video-link is considered appropriate. The interview team will then rank candidates. The RPD will offer the position to the top candidate(s).

General Information

1. The residency is a 12 month learning experience, scheduled from July 1 to June 30 of the following year.

2. The Residency Program Director (RPD) shall serve as program advisor for each of the residents and will guide the resident in meeting the requirements for successful completion of the residency.

3. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge and to develop an individualized plan based on the resident’s previous preparation and professional practice goals.
   a. The evaluation and planning process shall be documented in PharmAcademic in the Customized Training Plan form using the Resident Self-Assessment Form.
   b. The resident and RPD will develop a customized residency program plan for each resident based on resident’s goals, interests, strengths, weaknesses, and opportunities available within Mercy and Unity Hospital.
   c. The Resident Self-Assessment and Planning Form will be used to develop each resident’s schedule of rotations.
   d. Once residency rotations have been assigned, the resident may request a change in assigned rotations. Requests will be accommodated whenever possible and appropriate for their training plan.

4. A copy of the Residency Manual shall be provided electronically to each resident outlining the requirements of the residency program.
   a. Residents shall make themselves knowledgeable of all program requirements.
   b. Residents shall make themselves aware of important dates and deadlines set forth and identified in the program manual.

5. Orientation to University of Minnesota Human Resources, Mercy and Unity Hospitals, and the Department of Pharmacy will take place during the first weeks of the program.

6. Residents are classified as regular, full-time, exempt employees of the University of Minnesota and are eligible for benefits as such.
7. Vacation Leave/Paid Time Off (PTO)
   a. Residents receive 22 days of PTO and also receive 10 paid holidays as full-time
      exempt employees of the University of Minnesota. PTO may be used for
      vacation time, doctor appointments, job interviews and educational meetings
      that are not sponsored by the program. PTO remaining at the end of the
      residency may be paid out per University policy.
   b. Vacation requests must be submitted in writing, via email, to the Program
      Director. The resident will first discuss the request with the affected rotation
      preceptor to ensure that rotation objectives can be met. After receiving
      preceptor approval, the resident will copy the consenting preceptor on the email
      to the Program Director. In addition, the resident will record all time away from
      work on the excel spreadsheet.
   c. Residents requesting 5 or more consecutive days of vacation should request this
      within the first two weeks of the residency, as possible, to facilitate rotation
      scheduling.
   d. To ensure quality rotation experiences, it is strongly recommended that vacation
      days are limited to a maximum of two days per rotation. If more time off is
      required, the RPD must be informed to ensure rotation objectives can be met.
      The rotation may need to be extended, possibly shortening an elective rotation,
      if rotation objectives cannot be met. This decision will be made by the RPD after
      discussion with the rotation preceptor(s).
   e. All vacation days taken also need to be documented in the University of
      Minnesota's system per their HR procedures and on the Resident Rotation
      Schedule and Time Accountability log by clicking here.

8. Holidays Staffing
   a. Residents are required to staff at least three holidays during the year. The
      holiday staffing may differ between the two sites.
   b. The weekends covered by residents include: Labor Day, Thanksgiving Day,
      Christmas Day, New Year’s Day, Easter and Memorial Day. Additional days such
      as Good Friday and day after Thanksgiving may be included.
   c. Weekends around holidays may also be adjusted per each site’s scheduling
      committees. The resident should discuss this with the RPD or site coordinator at
      the beginning of the residency.

9. Sick Leave/Leave of Absence(s)
   a. When the resident is unable to work as a result of illness, either on their rotation
      assignment or staffing assignment, the resident shall immediately notify central
      pharmacy staff via telephone and rotation preceptor via email.
   b. The resident shall subsequently and additionally notify the RPD of their absence
      from rotation and submit documentation of the sick day per the University of
      Minnesota’s HR procedures. The resident will further document their sick time
      on the Resident Rotation Schedule and Time Accountability log by clicking here.
c. Sick time in excess of 5 days per year may affect the duration of residency (i.e., the residency program may need to be extended).

d. Any leave of absence is administered through the University of Minnesota. Applicable University of Minnesota policies and procedures can be found at https://humanresources.umn.edu/benefits/vacations-and-leaves.

9. Excessive absence during the program
   a. A preceptor, site coordinator, or the RPD may decide that absences from the rotation or the program are excessive when there is concern about the resident meeting program expectations and/or completing program requirements. Excessive absence may be due to illness or other factors.
   b. When situations such as these occur, the resident must work closely with the preceptor, site coordinator, and RPD to develop an action plan to ensure the resident meets program requirements.
   c. Despite all arrangements, a situation may arise where the resident has not completed the rotation experience and program requirements. This determination shall be made by the rotation preceptor in conjunction with the site coordinator and RPD. An alternate written plan will be developed to enable the resident to successfully complete the program requirements if possible.
   d. If the resident fails to complete the plan, disciplinary action will be considered. Residents unable to complete program requirements according to the written plan in the specified timeframe will not graduate from the program.

10. Disciplinary Action and Dismissal
    Disciplinary action within the Mercy and Unity Pharmacy Residency Program will align with the University of Minnesota Corrective Action Policy. If disciplinary action is deemed necessary or if a resident fails to make satisfactory advancement in any aspect of the residency program, the following steps shall be taken:
    a. The Resident will meet with the RPD and/or involved preceptor to discuss the identified issue(s).
    b. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired.
    c. Together the RPD, site coordinator, and rotation preceptor (if applicable), in conjunction with the resident, will determine an appropriate solution to rectify the behavior and/or deficiency. A corrective action plan with specific goals and a specified timeframe for re-evaluation and monitoring progress will be developed. These suggestions will be documented in the resident’s personnel file by the RPD.
    d. The resident will be given a second warning if the resident has not improved within the determined time period set forth by the RPD.
    e. If the preceptor/RPD determines that the resident cannot complete the residency program in the designated timeframe, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Director of Pharmacy Services
reviews the report and recommendations concerning any final action to be
taken. If the Director of Pharmacy Services feels that the action recommended
by the Preceptor/RPD is appropriate, the action will be implemented. Action may
include, but is not limited to, remedial work or termination.
f. When and if dismissal is recommended by the RPD, the Director of Pharmacy
Services will have a meeting with the resident to discuss the final decision.
g. Certain violations may be grounds for immediate dismissal per U of MN and/or
hospital policies.
h. Should dismissal occur, the RPD will notify ASHP of the concern and final
decision.

11. Pharmacist Licensure in Minnesota
a. All residents are required to be eligible to work in the United States and pass a
background check prior to their first day of residency. Residents must be licensed
in the state of Minnesota to practice as a pharmacist by August 1. If the resident
is not licensed by this date, the resident may be dismissed from the program.
Each instance of non-licensure will be evaluated on a case-by-case basis by the
RPD.

12. Travel
a. Professionalism
   i. Residents are expected to be involved and active members in
      professional societies on a local, state and national level. Professional
      societies are vital to developing a resident’s network and achievement of
      professional and personal goals.
   ii. Residents are required to be involved and active members of the
      Minnesota Society of Health-System Pharmacists (MSHP). Residents
      should attend meetings including Midyear Clinical (Fall) and Annual
      (Spring) meetings and special programs.
   iii. Residents are also required to join the American Society of Health-
      System Pharmacists (ASHP) and attend the Midyear Clinical Meeting.
   iv. Residents must appropriately represent the residency programs at all
times. It is expected they act in a professional manner including
      attending multiple sessions at conferences and not leaving early.

b. Reimbursement
   i. All travel requests must be pre-approved by RPD by assigned deadline.
   ii. Registration will be reimbursed at the member rate.
   iii. Flights are subject to RPD approval prior to booking.
   iv. Residents are expected to share a hotel with another resident or only be
      reimbursed half of the room cost.
   v. The program will not reimburse for any upgrades made to flights.
vi. The program will only reimburse for lodging during the attended conference dates, any additional cost incurred outside these dates must be covered by resident and vacation days used per vacation policy.

vii. Reimbursement may be forfeited if the educational program is not attended or resident professionalism is questioned.

viii. Travel reimbursement documentation must follow U of MN policies found here: http://policy.umn.edu/finance/travel-appi http://policy.umn.edu/Policies/Finance/Travel/TRAVEL_PROC02.html

13. Residency Program Certificate
   a. Upon successful completion of all program requirements and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the residency for the appropriate program. The language on the certificate will match ASHP’s requirements for certification of graduation.
   b. Residents that fail to complete program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion of the residency program.
   c. Certificates will only be awarded to residents who have completed the following:
      i. Completed 85% or more of their Goals as achieved for residency (ACHR) and all other goals and objectives marked as “satisfactory progress” or “achieved” in PharmAcademic.
      ii. Completed all required activities, projects and presentations for residency. See appendix A for complete list.
      iii. Turned in a formal written manuscript of their year-long project to the RPD and project mentor who deem the document acceptable for submission to a journal.
      iv. Turned in a completed electronic e-portfolio of all their written projects, presentations, rotation overviews, and readings as appropriate.

14. Supervision, Work Ethic and Professionalism
   a. The resident is expected to achieve the objectives of the Residency Program related to both administrative and professional practice skills. The resident reports to and is supervised by the rotation preceptor and the RPD. During staffing, the resident is under the supervision of his/her primary staffing preceptor or the most senior pharmacist.
   b. Hours of practice vary according to the requirements set forth by the preceptor and director. The resident is expected to be present for all assigned activities of the service they are currently a part of, including clinical responsibilities, educational classes, and administrative activities.
   c. It is not uncommon for the resident to be assigned duties that require early hours and work after-hours or that continue during days away from the hospital. Although these assignments may be frequent, they will not be beyond the
expectations of other pharmacy professionals’ duties. An eight hour day is a minimum requirement for physical presence on site during assigned work days.

d. The work of the Department is the resident’s most important commitment. Working outside the residency program (moonlighting) is strongly discouraged, particularly at the beginning of the residency. During the residency year, residents may be considered for employment as a casual pharmacist employee of Mercy & Unity Hospitals and pick up additional shifts as available. Moonlighting must be approved by the RPD, and hours worked will be reported on a monthly basis by each resident. The ASHP duty hour requirements are to be followed at all times. Duty hour link can be found here: ASHP Duty Hours.

e. The resident is expected to professionally represent pharmacy at all times and adhere to the Allina Health and pharmacy dress code policies.

f. A designated resident workstation including computers will be provided at each site. It is acceptable to bring a “smart phone” or other electronic handheld device for use when away from the computer. If the use of the device becomes excessive or inappropriate as deemed by preceptor or violates Allina policy it will not be allowed.

15. Service Commitment

a. The Mercy and Unity Clinical Managers are responsible for coordinating staffing requirements and scheduling with the resident. The RPD assures that the residency complies with the current duty hour standards of ASHP.

b. The resident will staff an average of four shifts a month starting in July and ending in June the following year. The shifts may be 8-12 hours in duration depending on the staffing needs of the pharmacy.
   i. The resident will work every other weekend.
   ii. The weekend shifts can be either day or evening shifts.
   iii. The shifts may be either decentral or central and will be at Mercy and/or Unity Hospitals based on resident’s match site.

c. The resident can request a day off during the week before or after their scheduled weekend to work. The day off will count as a vacation day. The day off must be coordinated with the preceptor of the rotation and requested per the vacation policy.

d. If the resident needs off on his/her weekend to work, it is the resident’s responsibility to trade with another resident or staff pharmacist who can work the assigned shift to ensure adequate coverage.

e. Casual and part-time staff may not be utilized to pick up the resident’s shift(s) without a corresponding trade.

f. The appropriate Clinical Manager along with the RPD and resident may mutually agree on changes to these requirements during the course of the residency.

g. The resident will be involved in a teaching experience for a minimum of 24 hours. The experience will be coordinated by the University of Minnesota College of Pharmacy.
16. Resident Portfolios
   a. Each resident is responsible for maintaining their professional resident portfolio throughout the year.
   b. This portfolio will include all completed projects, presentations and write-ups the resident has completed during the year.
   c. Portfolios may be print outs or electronic copies in a shared drive.
   d. Portfolios should be kept continuously up to date and will be reviewed at each quarterly evaluation.
   e. Portfolios will be retained by residency program to assist with future ASHP accreditation surveys.

17. Posters
   a. Residents will need to make posters for display at both the ASHP Midyear Clinical meeting and the spring MSHP Annual meeting.
   b. It is expected that residents work with their project preceptor teams to develop and review the posters.
   c. Once poster content and preliminary formatting is complete, drafts can be sent to Allina Creative Services (contact: John Grancorvitz – john.grancorvitz@allina.com)
   d. Residents are encouraged to verify the ASHP and MSHP poster requirements to ensure compliance.
   e. Printing costs will be covered through the pharmacy cost center.
Appendix A

RESIDENCY REQUIREMENT TRACKING FORM
RESIDENT: ____________________________

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Check when Complete</th>
<th>Project Title(s), if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete and turn in Initial Assessment of Competency (IAC) and Orientation</td>
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<tr>
<td>Checklist</td>
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<tr>
<td>Complete minimum of 2 Medication Use Evaluations (MUEs), one of which is a</td>
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<tr>
<td>multi-site evaluation:</td>
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<tr>
<td>MUE #1</td>
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<tr>
<td>MUE #2</td>
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<tr>
<td>Plan and coordinate activities for Pharmacy week</td>
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<tr>
<td>Participate regularly in residency touchpoint meetings</td>
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<tr>
<td>Develop/revise a Pharmacy policy and seek approval via appropriate committees</td>
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<tr>
<td>Successfully complete all required core rotations, including rotation projects,</td>
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<tr>
<td>and achieve ≥85% of all goals and objectives</td>
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<tr>
<td>Complete a minimum of 3 department clinical conferences/CE programs:</td>
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<tr>
<td>Clinical conference #1</td>
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<tr>
<td>Clinical conference #2</td>
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<tr>
<td>Clinical conference #3</td>
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<tr>
<td>Complete a minimum of 2 journal club presentations:</td>
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<tr>
<td>Journal club presentation #1</td>
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<tr>
<td>Journal club presentation #2</td>
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<tr>
<td>Complete a minimum of 2 healthcare professional inservices:</td>
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<tr>
<td>Health care inservice #1</td>
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<tr>
<td>Health care inservice #2</td>
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<tr>
<td>Routinely participate in assigned Pharmacy &amp; Therapeutics Committee duties</td>
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<tr>
<td>including presentations (ISMP, projects, medication safety, System Formulary</td>
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<tr>
<td>review) and minutes</td>
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<tr>
<td>Fulfill staffing hours commitment</td>
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<tr>
<td>Complete TA hours (24 hours required)</td>
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<tr>
<td>Task</td>
<td>Status</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>Regularly attend and participate in multi-site Residency Topics meetings, including leading one topic discussion</td>
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<tr>
<td>Complete Medication Safety article submission</td>
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<tr>
<td>ASHP poster submission and presentation</td>
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<tr>
<td>MSHP research award submission</td>
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<tr>
<td>MSHP research poster submission and presentation</td>
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<td></td>
</tr>
<tr>
<td>Submit abstract for Midwest Pharmacy Residency Conference (MPRC)</td>
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<tr>
<td>Practice Capstone presentation to pharmacy staff</td>
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<tr>
<td>Present at Midwest Pharmacy Residency Conference</td>
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<tr>
<td>Present Capstone to P&amp;T committee and/or other key stakeholder groups</td>
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<tr>
<td>Complete manuscript</td>
<td></td>
<td></td>
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<tr>
<td>Submit manuscript</td>
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<tr>
<td>Complete all PharmAcademic evaluations, including final self-assessment and program evaluation with RPD</td>
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</tr>
<tr>
<td>Participate in Residency Program recruitment activities (e.g., residency showcases; Allina Day; U of MN Career Fair; Residency interviews and candidate review)</td>
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</tbody>
</table>
## Appendix B: Mercy/Unity Residency Program: Sample Timeline

*Dates are subject to change based on individual resident goals/assigned tasks and list may not be all inclusive*

### July:
- ☐ Residency Program Orientation
- ☐ Review Residency Program Design and Conduct
- ☐ Initial self-assessment (Entering resident goals and objectives)
- ☐ Establish Resident Portfolio
- ☐ Begin orientation
- ☐ Meet regularly with staffing preceptor to review issues and verify how training is going
- ☐ Review Early Core Rotation schedule/verify dates/timelines with preceptors
- ☐ Review / schedule longitudinal experiences (Management, Med Safety, Drug Information, etc.)
- ☐ Start working on MUE (plan for poster presentation at ASHP MYCM)
- ☐ Start working on proposed capstone Residency Project
- ☐ Establish Practice Management Goals/Activities (MUE, policy development, P&T/Med Safety, meetings with the DOP, Leadership activities, etc.)

### August:
- ☐ Project topic/preceptor confirmed
- ☐ Register for ASHP MYCM
- ☐ Establish deadlines for various projects and assignments (P&T minutes, newsletter articles, CE program for pharmacists, etc.)
- ☐ Begin Clinical Rotations (ensure pre/post rotation goals/evaluations completed)
- ☐ Determine schedule for P&T participation, CE presentation and other
- ☐ Begin working on packet for prospective new residents (showcases start with MSHP in September)
- ☐ Start IRB training and submission

### September:
- ☐ Pre-travel registration due for MYCM
- ☐ Project Design/Methods write-up
- ☐ Project Proposal Summary and complete IRB application
- ☐ Begin working on abstract for ASHP poster application
- ☐ Begin working on plan for Pharmacy Week

### October:
- ☐ Submit project application to IRB if not already done
- ☐ ASHP MYCM poster abstract for residents **due TBD—Suggested October 1**
- ☐ Complete 1st Quarter Self-Evaluations
- ☐ Schedule 1st Quarter Evaluations with RPD

### November:
- ☐ Discuss CV preparation and interview opportunities in preparation for ASHP MYCM (at touchpoint meeting)
- ☐ Prepare poster for ASHP midyear presentation.
- ☐ Present poster draft to project committee for review
- ☐ Send poster to Allina design/printing
- ☐ Complete recruitment materials for ASHP Residency Showcase
December:
☐ Attend ASHP Midyear –Posters, showcase
☐ Determine 3rd Quarter Rotations (core and elective)
☐ Complete 2nd Quarter Self-Evaluations
☐ Schedule 2nd Quarter Evaluations with RPD
☐ Coordinate applications for new residents

January:
☐ Continue project work-data collection and analysis
☐ Determine medication safety activities, MUE and CE program for staff if not already planned
☐ Prepare abstract for Midwest Pharmacy Resident Conference(MPRC) - verify submission deadline
☐ Finalize remaining rotations
☐ Coordinate recruitment activities of new residents with RPD

February:
☐ Participate in interview activities of new residents with RPD
☐ Continue project work-data collection and analysis
☐ Make travel arrangements for MPRC

March:
☐ Finalize any outstanding project work
☐ Begin preparing PowerPoint Presentation for MPRC
☐ Present Project summary analysis to project committee
☐ Prepare and submit application and poster for MSHP Residency Research Award and Poster Session
☐ Review Residency Requirement List for outstanding projects to be completed
☐ Complete 3rd Quarter Self-Evaluations
☐ Schedule 3rd Quarter Evaluations with RPD

April:
☐ Pre-MPRC project presentation to staff
☐ Determine hospital committees/persons (key stakeholders) for project presentation

May:
☐ Attend MPRC
☐ Begin manuscript for final project
☐ Present poster of capstone project to P&T meeting.

June:
☐ Submit manuscript for preceptor/committee review by June 1
☐ All Residency Requirements completed by June 15
☐ Residency Portfolio to RPD by June 15
☐ Complete 4th Quarter Self-Evaluations
☐ Schedule 4th Quarter Evaluations with RPD
### Appendix C: Onsite Preceptor Roster by Rotation: 2016-2017

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Mercy</th>
<th>Unity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation*‡</td>
<td>Jessica Swearingen, PharmD, BCPS</td>
<td>Ross Fishman, PharmD, BCPS</td>
<td>4-6 weeks</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td>Justin Hora, PharmD, MaKayla Swanson, PharmD, Dan Paley, PharmD (preceptor-in-training); Selam Melka, PharmD (preceptor-in-training); Jesse Scheid, PharmD; Gina Danielson, PharmD; Anna Miller, PharmD</td>
<td>Jenny Chapeau, PharmD, BCPS; Andrea Miskimins, PharmD (preceptor-in-training); Joe Kristoff, PharmD, BCPS; Phat Tran, PharmD</td>
<td>Longitudinal</td>
</tr>
<tr>
<td><strong>Internal Medicine</strong>‡</td>
<td>Ashley Philibert, PharmD; Jena Torpin, PharmD</td>
<td>Jeanine Asp, PharmD, BCPS; Jenny Chapeau, PharmD, BCPS</td>
<td>5 weeks</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td>Chris Davison, PharmD; Ashley Philibert, PharmD</td>
<td>-</td>
<td>5 weeks</td>
</tr>
<tr>
<td><strong>Critical Care</strong></td>
<td>Jeralyn Furst, PharmD, BCPS</td>
<td>Sarah Thunselle, PharmD, BCPS; Sarah Favour, PharmD, BCPS</td>
<td>6 weeks</td>
</tr>
<tr>
<td><strong>Infectious Disease</strong></td>
<td>Tram Dinh, PharmD</td>
<td>Ann Wigton, PharmD, BCPS</td>
<td>5 weeks</td>
</tr>
<tr>
<td><strong>Practice Management</strong></td>
<td>Jessica Swearingen, PharmD, BCPS; Brent Kosel, PharmD; Jill Strykowski, RPh, MS, BCPS; Venessa McConkey, PharmD, BCPS, CGP; Ross Fishman, PharmD, BCPS; Dan Niznick, PharmD, BCPS</td>
<td>-</td>
<td>5 weeks</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td>Kim Glasoe, PharmD; Jenna Paulson, PharmD; Jessica Tonder, PharmD, BCPS</td>
<td>Jennifer Gednalske, EMT-B, BS, PharmD, BCPS, BCACP, BCCCP; Jenna Phelps, PharmD, BCPS</td>
<td>6 weeks</td>
</tr>
<tr>
<td><strong>Patient Education</strong></td>
<td>Katie Haas, PharmD</td>
<td>Andrea Miskimins, PharmD; Sarah Thunselle, PharmD, BCPS</td>
<td>Longitudinal</td>
</tr>
<tr>
<td><strong>Precepting/Teaching</strong></td>
<td>Ashley Philibert, PharmD; Jena Torpin, PharmD</td>
<td>-</td>
<td>Longitudinal</td>
</tr>
<tr>
<td><strong>System Formulary</strong></td>
<td></td>
<td>Kelly Ruziska, PharmD</td>
<td>1 week</td>
</tr>
<tr>
<td>Project*</td>
<td>TBD based on project type</td>
<td>Longitudinal</td>
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</tr>
<tr>
<td>Oncology</td>
<td>Debbie Hodel, PharmD, BCOP</td>
<td>Sarah Favour, PharmD, BCPS</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Leadership</td>
<td>Jill Strykowski, RPh, MS, BCPS</td>
<td>2-4 weeks</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Justin Hora, PharmD</td>
<td>Jeanine Asp, PharmD, BCPS</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Transitions of Care</td>
<td>Jena Torpin, PharmD</td>
<td>2-4 weeks</td>
<td></td>
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<tr>
<td>Pain</td>
<td>Justin, Hora, PharmD</td>
<td>1-2 weeks</td>
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<tr>
<td>Ambulatory</td>
<td>Mckaya Schmit, PharmD, BCPS</td>
<td>4 weeks</td>
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<tr>
<td>Health System Administration</td>
<td>Anne Byre, PharmD</td>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>Toxicology</td>
<td>Stacey Bangh, PharmD, D.ABAT</td>
<td>4 weeks</td>
<td></td>
</tr>
</tbody>
</table>

*Denotes Core Rotations
‡Pre-requisite for Core and Elective Rotations
Other electives that could be arranged: pediatrics (Kati Munson, PharmD); hospice (Bill Axness, PharmD); rural health (TBD)