I. PURPOSE:
A. To establish criteria for approving employee travel and meeting requests; to encourage attendance at external continuing education (CE) programs and professional meetings based on department needs and individual interest.
B. To outline travel record keeping requirements for budgetary purposes.

II. POLICY:
A. Departmental funding for travel and meetings will be approved by the Leader who oversees the travel budget and input from the employee's supervisor if necessary (with input from the scheduling coordinator, if applicable) based upon established criteria and timely completion of the required documentation.
B. Scheduling needs, whether other staff members are attending, professional engagement and budgeted travel funds available are considered when determining approval for attendance at a meeting or program.
C. The Pharmacy Department Professional Travel or Meeting survey form link to the travel survey [Forms (sharepoint.com)] must be filled out and approved by the Leader who oversees the travel budget prior to the employee receiving meeting day(s) on the schedule.

III. DEFINITIONS

IV. PROCEDURE
A. Criteria for Travel or Meeting Attendance
   1. Acceptance of a paper and/or participation in the program as a presenter, officer, or committee member of the organization.
   2. Relevance of the meeting/program to an employee's area of practice.
   3. Employee's job performance and attendance at departmental meetings.
   4. Benefit to the individual and department by attendance at the program.
   5. Ability to meet staffing needs with respect to the number of pharmacists per work unit who request attendance and/or time off.
   6. Number of meetings previously attended by the requester.
   7. Employee's willingness to use own funds for travel or meeting expenses.
B. Funding

1. Funding will be based on travel funds budgeted and/or available at the time of request and the discretion of the director of pharmacy, the Leader who oversees the travel budget and the employee's supervisor if necessary.
   a. Expenses eligible for funding include: meeting registration fees, meeting days and travel related expenses such as transportation and lodging.
   b. Funding for meeting registration is paid at the sponsoring organization member rate; nonmembers must supplement the difference in cost.
   c. Pharmacists must be a Practice Advancement and Recognition Program level two or above to receive travel funding. Pharmacists within one year of their hire date and residents are excluded from this criterion and are eligible to receive funding.
   d. If the early registration deadline is missed due to lack of planning, the requestor must supplement the difference in cost. Registration will not be processed until payment is received.
   e. Out-of-state hotel expenses reimbursement amount will be determined by the Leader who oversees the travel budget
      i. Employees attending meetings at the request of the department (including recruiting, UW Health or departmental representation, new information or technology needed, etc.).
      ii. Employees presenting platform information at a professional organization meeting. Note: Posters are not included in this criterion.
      iii. Employees serving as an officer/committee member at a professional organization meeting.

2. Hospital Administrative Policy & Procedure #1.14 may be referenced for organizational limits; however, the Pharmacy Department does not necessarily fund travel at this level (allowing more employees to take advantage of the travel benefit).
C. Request Form

1. A “Travel or Meeting Survey form” is located on Sharepoint. All requests must be submitted on this form. Requests submitted on non-approved forms will be denied.

2. In conjunction with the annual pharmacy budget process and as early as possible prior to the meeting date, the employee completes the “Travel or Meeting Survey form” and submits it to the Leader of the travel budget.

3. The Leader of the travel budget will review the request to determine if travel funds will be budgeted.
   a. If so, amounts budgeted will be recorded:
      J:\Rx\Admindoc\Travel - Meghann's travel spreadsheet
   b. If not, the Leader of the travel budget will consult with the Director of Pharmacy to determine whether alternative funds should be used to permit the employee to attend.

4. When required, the scheduling coordinator/Leader will determine whether staffing levels are adequate to permit the employee to attend and the employee’s Leader will be consulted to verify department need and employee’s job performance.

5. The Leader of the travel budget will review the information above and do a final assessment of whether support is available and justified.
   a. If travel is approved, the confirmation is sent to the requestor indicating what is approved (e.g. Flight, Hotel, Registration, etc), and the Admin staff for the specific area is copied for coordination of travel.
   b. The Admin staff will coordinate with the employee to complete the Conference Registration form, most registrations are available on-line only.
   c. Once the on-line registration (employee section) is complete we will complete the credit card info and submit the registration.
      i. Once registration receipt is received the credit card form and the conference receipt should be scanned and sent to Ann Sadek to reconcile credit card statement.
POLICY & PROCEDURE

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<tr>
<th>Effective Date:</th>
<th>Administrative Manual</th>
<th>Policy #: 1.17</th>
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<td>□ Original</td>
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<td>Title: Travel and Professional Meeting Request Procedure</td>
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6. All air travel must be booked using the hospital's travel agency, refer to Hospital policy 1.14 for specifics on booking flights. If travel is approved, the employee will book their own flight and request reimbursement through Oracle when the conference is complete. Please refer to the SWD located in: J:\Rx\Pharmacy Management\Admin Ops Standard Work\Standard Work Documents – Final

7. If travel is approved, travelers are responsible for making their own lodging arrangements and request reimbursement through Oracle when the conference is complete.
   a. If travel is not approved, the Leader of the travel budget will follow up with the employee and the employee's leader to discuss the reasons for denial of the request.

8. The Admin staff will enter the final travel dollar amounts in the travel budget spreadsheet located J:\Rx\Admin\Travel

9. Program attendees must share information obtained and knowledge gained at meetings/programs with other staff members by:
   a. providing a departmental inservice
   b. presenting the information at a department staff meeting
   c. developing a meeting summary for distribution
   d. sharing information in the department newsletter or via email
   e. presenting the information at a team meeting

V. REFERENCES AND RELATED POLICIES, PROCEDURES
   A. UW Health Travel Policy 1.14

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<th>Approved By:</th>
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<tr>
<td>Senior Director of Pharmacy Services</td>
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I. PURPOSE: To outline the UW Health Department of Pharmacy system for disciplinary action of residents when necessary.

II. POLICY: At any point during the residency program, if it is determined that a resident is not fulfilling the expectations of the residency, a fair and consistent process for disciplinary and corrective action shall occur.

   A. When a member of the department identifies that the resident is not meeting expectations, this information shall be communicated to the resident, the resident’s assigned advisor, and the residency program director.

      1. The advisor shall schedule a meeting with his/her resident and the program director to discuss and identify problem areas and issues. A list of areas for improvement and goals to be achieved will be defined at this meeting.

      2. The resident will write a formal improvement plan with measurable and time bound goals with oversight by the advisor and the program director, the plan should not exceed four weeks.

      3. The resident shall schedule a follow-up meeting at the agreed upon timeline(s) with the advisor, the program director, and other applicable preceptors to discuss progress and improvements made.

      4. The advisor shall present these issues to the appropriate Resident Advisory Committee (RAC) subcommittee to obtain feedback on the issues in question and to determine if these are recurring or widespread problems for the resident.

      5. The advisor shall follow-up with the department member who identified the problem to confirm improvement throughout the timeframe of the plan.

      6. Human resources will be informed throughout the process.

   B. At the agreed upon timeline(s), if it is determined that the resident is still not meeting expectations of the residency and the goals of the original improvement plan were not met, human resources will be informed that a performance improvement plan is required, and the program director will schedule a meeting with the resident to discuss the next steps.

      1. At this meeting, the previously established list of goals to be achieved and areas for improvement will be reviewed.

      2. All areas in which it is believed the resident is still not meeting expectations shall be documented in writing and communicated to the resident.

      3. A mutually agreed upon timeline shall be recorded jointly by the program
director and resident for the completion of the remaining goals and priorities. The resident and the program director shall sign this document.

4. This document shall go into the resident’s personnel file and will also reflect the understanding that if progress is not made during this time frame, there is a possibility of termination or reassignment of the resident.

5. It is the responsibility of the resident to achieve the documented goals and to schedule follow-up meetings with the program director, based on the established timeline.

D. At the end of the second round of improvement planning, if it is determined that the resident has not met the goals outlined, the program director shall discuss termination of the resident with the resident’s advisor, appropriate RAC members and the manager that oversees the resident. After discussion with HR, the manager may make a decision to terminate.

Approved By: ____________________________
Senior Director of Pharmacy Services

Date: __________
I. PURPOSE: To establish a departmental policy and procedures for end of residency checkout and to establish how residency certificates are granted.

II. POLICY: All pharmacy residents will complete all program requirements prior to receiving a residency certificate and to be considered a graduate of the UW Health residency program.

III. PROCEDURE:

A. Each residency program director will maintain a list of the necessary items to be completed prior to checkout and receiving a residency certificate. This list will specify the requirements and include documentation that must be provided to the residency program director.

B. Residents must complete a minimum of 8 months of residency activities as a licensed pharmacist is required to be eligible for successful completion of the residency as outlined in Policy 18.8.

C. Residents must complete all requirements for their major residency project.
   1. The resident’s final project manuscript must be received and deemed acceptable by the resident’s project advisor and program director.
   2. Copies of all documents related to the project must be provided to the residency program director. These documents include, but are not limited to, the following:
      a. Residency Conference abstract and drafts
      b. Residency Conference presentation and evaluations and drafts
      c. Professional organization meeting (i.e. Vizient, ASHP, HOPA, PPAG, etc.) abstract and poster and drafts
      d. Electronic copy of all references
      e. IRB submission and approval letters
      f. Data collection forms and spreadsheets

D. Development Plans
   1. All residents must have development plans uploaded into PharmAcademic with quarterly updates as discussed with and approved by the resident’s program director.

E. Evaluations
1. All learning experience evaluations must be completed prior to checkout and signed off by the residency program director.

F. Residency Goals and Objectives
1. Goals and objectives determined to be required for residency completion must be achieved in order to receive a residency certificate.
   a. Each program director will determine a selection of ASHP goals and objectives for their program and maintain these required goals and objectives in program-specific residency manuals.
   b. If during quarterly development planning, the resident has not achieved all required goals and objectives, an action plan for completion will be developed by the resident in consultation with their residency program advisor and director.

G. Practice Development Experience (Staffing)
1. All assigned Practice Development Experience hours must be completed.

H. Other Activities
1. Each program director will include a list of other required work products for completion of the residency (i.e. presentations, medication use evaluations, drug monographs, etc.)

I. Actions
1. All residents will complete an exit interview with the residency program director.
2. All residents must provide updated contact information to the pharmacy department administrative staff.
3. All residents will provide their new position to the residency program director, pharmacy department administrative staff, and Director of Pharmacy.

J. Presentations / Publications
1. Master's Project, if applicable, must be completed and on file in publishable format, and signed off by the project advisor(s) and Director of Pharmacy.

K. Office
1. All personal items must be removed from resident offices by the last day of the residency year.
2. Return office key, pager, and ID badge to pharmacy administrative office staff by the last day of the residency year.
3. All university and hospital fees must be paid in full prior to residency checkout.

Approved By: ________________________________
Senior Director of Pharmacy Services

Date: ________________________________
I. PURPOSE: To outline the requirements of Pharmacy Resident Pharmacy Practice Experience (PPE), defined as experiences where residents engage in professional pharmacy work of clinical and non-clinical staffing.

II. PROCEDURE:
   A. General Considerations
      1. Residents will be required to successfully complete either inpatient or ambulatory staff pharmacist training and all required competencies.
      2. Residents are expected to complete 664 hours of PPE per resident year. The number of expected hours may be adjusted to less than, but never more than this requirement. Hours are distributed as evenly as possible across schedules.
         a. Residents will be scheduled PPE an average of every other weekend.
         b. All residents will be scheduled for PPE on one major and one minor holiday.
            i. Minor holidays: Labor Day, Memorial Day, or July 4th.
            ii. Major holidays: New Year’s Eve/New Year’s Day; Christmas Eve/Christmas Day; Thanksgiving Day/Friday after Thanksgiving.
         c. For schedules where holidays fall on weekends, residents for whom it is their weekend assignment but not their required holiday will be reassigned different weekends on that schedule.
      3. Requests off must be submitted to the scheduler by the deadline indicated for each schedule.
         a. Residents performing PPE on inpatient units will submit all requests for time off via the pharmacy department scheduling software system.
         b. Ambulatory residents will submit all requests for time off via the approved Time Off Request form.
         c. No time off requests will be granted the final week of the program.
      4. Resident scheduling will comply with ASHP Duty-Hour requirements for pharmacy residents. See duty-hour-requirements.pdf (ashp.org).
      5. The scheduler will track PPE hours and this document will be readily available for resident review.
   B. HSPAL Residents
      1. The Resident Scheduling Coordinator will account for academic classes when scheduling administrative residents to avoid PPE overlapping with courses.

Reviewed by: Residency Advisory Committee, Department Pharmacy Managers

Approved By: __________________________
Senior Director of Pharmacy Services
Date: __________________
I. PURPOSE: To outline expectations for pharmacy resident duty hours and procedures for monitoring and documentation to be consistent with ASHP duty-hour requirements for pharmacy residencies.

II. DEFINITIONS:
   a. Duty hours include all clinical and academic activities required of the residency program; i.e., patient care (both inpatient and outpatient within the facility or from the resident’s home when assigned to be completed virtually), staffing/service commitment, administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.
   b. Duty hours exclude reading and preparation time spent away from the duty site or Master’s degree requirements, travel time (to/from work and conferences), hours that are not scheduled by the RPD or preceptor.
   c. Fatigue management: recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.
   d. Fitness for duty: mentally and physically able to effectively perform required duties and promote patient safety.
   e. Scheduled duty periods: assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.
   f. Home call (pager call): Scheduled patient care assignments beyond the normal work day that are taken from outside the assigned institution. It generally involves residents providing coverage to a population of patients from their home, with the expectation that they may need to come into the hospital upon being called, or via the telephone direct other health professionals in providing patient care. This also includes administrative resident technician sick call pager coverage.
   g. In-hospital call: scheduled patient care assignments beyond the normal workday where residents are required to be immediately available in the assigned institution (generally from evening until the next morning).
   h. Moonlighting: Any voluntary, compensated patient care activities outside of the educational program that residents engage in at sites used by the educational program (“internal” moonlighting) or other clinical sites (“external” moonlighting). Most often this takes the form of “overload” shifts.

III. POLICY:
   a. Pharmacy resident duty hours
i. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-hospital call and moonlighting activities.

ii. Home call does not count toward this limit unless the resident is required to come into the hospital or is utilizing the electronic medical record related to the home call program.

iii. Academic coursework toward degree programs that residents may be pursuing do not count toward this limit.

iv. Residents must be provided with one day in seven free from residency required educational and clinical responsibilities averaged over a four-week period, inclusive of any on-call activities, both home and in-hospital.

v. A maximum shift length of 16 hours is preferred for any non-home call shift. An 8-hour time off period between duty hour periods is required.

b. On-call Activities
   i. In-hospital call:
      1. Prior to the start of the call activities residents will be trained on napping or other sleep deprivation management techniques.
      2. Can occur no more frequently than every third night, averaged over a four-week period.
      3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to two additional hours to participate in educational or transition of care activities.
      4. A 14-hour time off period following 24 hours of in-house duty is required.
   
   ii. Home call (or pager call)
      1. The frequency of home call is not subject to the every-third-night, or 24+2 limitation. However, home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
      2. Residents taking home call must be provided with one day in seven completely free from all required residency program responsibilities, including home call, averaged over a four-week period.
      3. When residents are called into the hospital from home, the hours residents spend in-hospital are counted toward the 80-hour limit.

   c. Moonlighting
      i. External moonlighting is not permitted for pharmacy residents.
ii. Internal moonlighting, excluding emergent situations, must be approved by the resident’s program director and not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

iii. Any internal moonlighting must be considered part of the 80-hour weekly limit on duty hours, exceeding 1 shift per month must be approved by the program director.

d. Fatigue
   i. Program directors, preceptors and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

IV. PROCEDURES
   a. Monitoring and Documentation
      i. Residents will provide regular documentation regarding their compliance or non-compliance with duty hours.
      ii. Residents will document their compliance or non-compliance with duty hours within PharmAcademic. Documentation will include internal moonlighting, total hours and a subjective evaluation of fatigue.
      iii. False documentation will be subject to resident disciplinary policies.
      iv. Innuedos/rumors of unreported non-compliance will be followed up with a formal investigation by the Residency Program Director of that resident’s program.
      v. The Residency Advisory Committee will review all variances across programs to identify structural changes that may be necessary for specific rotations and/or programs to comply with the policy.
      vi. New resident and new preceptor orientation will include time to review this policy and procedure and training on recognition of fatigue and mitigation strategies.
      vii. The scheduler will verify with the resident’s RPD prior to any moonlighting hours being accepted by the resident.

Approved By: ______________________
Senior Director of Pharmacy Services

Date: _______________________
I. PURPOSE: To outline the policy on paid time off (PTO) for pharmacy residents.

II. POLICY:
   A. Each resident receives 144 hours of PTO, inclusive of vacation, holidays, and sick time during each year of the residency program.
      i. Application of PTO:
         1. PTO must be utilized for any weekday a resident desires to have off.
         2. PTO must be utilized for all UW Health-recognized holidays the resident is not assigned to staff, unless the holiday falls on a weekend.
         3. PTO is not required for approved meeting days. Meeting days are approved as outlined in Pharmacy Policy 1.17.
         4. PTO is not required for approved professional interview days, unless the resident exceeds the allotted interview days, see below.
         5. If PTO is exhausted and leave is necessary, the resident must take unpaid leave.
      ii. Approval:
         1. PTO must be approved by the RPD and scheduling coordinator.
         2. PTO will not be granted for assigned staffing weekends, assigned holidays, or during the last week of the residency program.
         3. PTO approval is based on staffing needs according to Pharmacy Policy 1.11.
      iii. Documentation:
         1. PTO must be documented in the electronic scheduling system.
            a. Anticipated PTO (i.e.: vacations) must be submitted in the electronic scheduling system prior to the published request off date.
            b. Unanticipated PTO (i.e.: sick days) should be sent to the scheduling coordinator and RPD for documentation in the electronic scheduling system.
         2. PTO will be tracked via the online scheduling system and reports will be sent to individual residents on a biweekly basis.
      iv. PTO Carryover:
         1. Residents completing a combined two-year program (i.e.: HSPAL and MSO) start with a PTO balance of 288 hours. These hours
shall be used evenly over the course of the two years. Up to 40 hours of PTO can be carried over from year one to year two.

2. Remaining PTO at the time of separation from UW Health is not compensated.

3. PTO time is non-transferrable to new positions within UW Health (i.e.: separate PGY2 programs or non-resident positions).

B. A maximum of eight professional interview days are provided to the resident.
   i. Residents do not need to utilize PTO for the eight professional interview days.
   ii. If additional interview days are necessary beyond the allocated eight days, the resident will need to take PTO.
   iii. Professional interview may be used only for long distance travel to/from an interview and on actual interview days.
   iv. Interview days must be approved by the residency program director (RPD) and documented in the electronic scheduling system.
   v. If the schedule has already been released and the resident is scheduled to staff a shift during a time they need off for professional interview day(s) it is the resident’s responsibility to find shift coverage.

III. COORDINATION:
A. COMMITTEE APPROVAL: Resident Advisory Committee

Approved By: ___________________________  Date: ___________________________
Senior Director of Pharmacy Services
I. PURPOSE: This policy outlines expectations for PGY1 or PGY2 residents who require an extended leave of absence during their residency program.

II. POLICY: PGY1 or PGY2 residents who meet Family Medical Leave Act (FMLA) or Wisconsin Family Medical Leave Act (WFMLA) requirements will follow UW Health policy 9.40 for extended leaves of absences. The possibility of completion of 8 months of a residency program as a licensed pharmacist is required to be eligible for a certificate and to remain within a PGY1 or PGY2 residency program.

III. PROCEDURE:
   A. PGY1 or PGY2 residents eligible for FMLA or WFMLA will follow UW Health policy 9.40.
   B. In the event a resident requires an extended leave of absence (e.g.; absence of greater than or equal to four (4) consecutive work days) during their residency program, residents may take any accumulated vacation and sick time as well as additional days, without pay.
   C. An individualized plan for the resident will be developed with the resident’s program director, advisor and the director of pharmacy which will ensure all program requirements are successfully met.
   D. A minimum of 8 months of residency activities as a licensed pharmacist is required to be eligible for successful completion of the residency.
   E. Extended leave of absences may result in an extension of the residency program in order to meet program requirements. The residency extension cannot exceed 4 weeks. If with a 4 week extension 8 months of residency activities as a licensed pharmacist cannot be completed, the resident cannot receive a residency certificate. The resident, residency program director and manager of the resident will meet to determine transition plans to complete the year staffing, a portion of the year staffing or termination.