



# **SSM Health Residency Program Manual**

**SSM Health Monroe Clinic Medical Group and  
Hospital**

**PGY1 Pharmacy Residency**

**PGY2 Ambulatory Care Pharmacy Residency**

**2025 - 2026**



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## Definitions

**System Manual** purpose is to:

- Support systematic alignment of operational best practices for all SSM Health residency programs
- Directionally guide and support residency programs to meet accreditation requirements, the needs of the health system and the patients served, reduce variation, and bring value to residency training.

**Program Manual** purpose is to:

- Supplement the System Manual with site specific information and practices to satisfy ASHP accreditation standards.

## Expanded Purpose Statement

Expanded Purpose Statement: The Monroe Hospital PGY1 residency highly emphasis ambulatory care pharmacy and teaching.

## Standard 1: Recruitment and Selection of Residents

The following content expands upon the processes outlined in the Recruitment and Selection of Residents section of the SSM Health System Pharmacy Residency Manual.

### Interview Process and Candidate Evaluations

Interview Format: Virtual Platform and In-Person Options

- Individuals participating as interviewers may include members of RAC, pharmacy leadership, engaged pharmacy staff, and/or current residents.
- Every person interviewing a candidate will complete an interview assessment. Candidate interview performance will be objectively scored. Records will be kept per ASHP recommendations.
- Candidates may be asked to work up and present **a patient case on-site**. Patient case presentations will be evaluated based on presentation of:
  - Subjective information
  - Objective information
  - Assessment
  - Plan/recommendations
  - Flow, confidence, grammar/wording
- PGY1 Pharmacy Residency Interview:
  - **A short essay/writing exercise** may also be required. Essays are evaluated based on:
    - Overall organization
    - Clarity of thoughts
    - Confidence
    - Grammar
    - Spelling
- PGY2 Ambulatory Care Pharmacy Residency Interview: Applicants for the PGY2 ambulatory care residency must be licensed or eligible for license in both Wisconsin and Illinois prior to the start of the residency. Applicants must have completed or be completing an ASHP-accredited or candidate-status PGY1 residency.
  - **A 30-minute presentation** may also be required. Candidates may re-use a presentation from PGY1 Residency, APPEs or present on a new topic.
    - Flow of the presentation
    - Slide layout (I.e., typos, organization of slides)
    - Presentation skills (I.e., tone, volume, pace, use of filler words, confidence, etc.)
    - Audience engagement

## **Candidate Ranking**

The candidates will be initially ranked based on a combined score from the CV and letter of intent review, the interview, and other required components. The candidates are also ranked based on qualities that may include but are not limited to:

- Leadership ability
- Time management and wellbeing
- Teamwork
- Handling feedback
- Problem-solving/Decision-making skills
- Conflict resolution
- Self-assessment skills
- Motivation/commitment
- Confidence
- Goals alignment with program/work
- Communication skills
- Professionalism
- Maturity/preparedness

Candidate review or rank sessions are held to discuss the preliminary rank list and the strengths and weaknesses of each residency candidate. All rank meetings and discussions are strictly confidential.

- The RPD will lead and keep detailed notes of the rank discussion to consider modifications to the preliminary rank list.
- The rank order may be modified by the following:
  - Exceptional or outstanding qualities displayed by candidate during interview.
  - Qualities displayed by the candidate deemed concerning to the program RAC includes, but is not limited to, lack of professionalism or maturity, incompatibility with program, unclear commitment, or mismatched career goals to program offerings.
- The RPD will submit the final rank order to the National Matching Services based upon results from the rank meeting. The ultimate rank decision and position will be made by the RPD.

## **Post-Match Procedures and Phase II**

- The RPD will send a letter of acceptance to each candidate who is accepted to a pharmacy residency program, including all required elements and within the timeframe listed in the ASHP standard.
- The resident will return the signed letter which will be retained by the RPD.
- The matched candidate will complete an application for employment and the required employment screening.
- RPDs will follow ASHP recommendations for verifying completion of PGY1 residency programs for incoming PGY2 residents by August 1<sup>st</sup>.
- Phase II applicants will be reviewed utilizing the same criteria, but the process may be abbreviated as time allows. Interviews may be offered on a rolling basis. Should a position be available after phase II is complete, programs will consider entering the post-match. Applications will be reviewed on a rolling basis and interviews will be offered to qualified candidates. Positions will be offered to the best qualified candidates as determined by the interview team and RPD.

## **PGY2 Early Commitment**

See SSM Health System Pharmacy Residency Manual

## **Standard 2: Program Requirements and Policies**

### **Resident Time Commitment**

See SSM Health System Pharmacy Residency Manual

## Conference Attendance and Reimbursement

Specific conference information, including the Major/National Conference outlined in the SSM Health System Pharmacy Residency Manual, as well as additional opportunities are listed below:

### Required events:

- **Regional/Local Conferences:**
  - *Pharmacy Society of Wisconsin Educational Conference*
    - Location: Monona Terrace, Madison, WI
    - Date: April
    - Complete registration online
    - Required poster (if requirement not yet met) and podium presentation.
- **National Conferences** (*PGY2 resident can choose to attend either ASHP Mid-year or ACCP Annual Meeting*)
  - *ASHP Mid-year Clinical Meeting (required for PGY1 Residents)*
    - Location: Varies by year
    - Date: December
    - Register online
    - RPD will reserve hotel and make airline reservations
    - Opportunity to participate in Personal Placement Service
    - Poster presentation opportunity
  - *ACCP Annual Meeting (optional for PGY1 residents)*
    - Location: Varies by year
    - Date: October/November
    - Register online
    - RPD will reserve hotel and make airline reservations
    - Opportunity to participate in Career Fair/Personal Placement Service
    - Poster presentation opportunity

**Other events that the resident may attend during the residency year include, but are not limited to, the following:**

- Pharmacy Society of Wisconsin Annual Meeting
  - Location: Varies by year
  - Time: August or September
  - Register online
  - Poster opportunity

- UW-Madison School of Pharmacy Career Days
  - Location: University of Wisconsin Madison School of Pharmacy; Madison, WI
  - Time: October
  - Concordia School of Pharmacy Days
  - Medical College of Wisconsin Career Days
  - ASHP Summer Meeting (poster presentation opportunity)
  - Pharmacy Society of Wisconsin Legislative Day
    - Location: Madison, WI
    - Time: February
  
- All residents should have an active role in each professional meeting they attend. Activities may include a platform or poster presentation, participation in a committee meeting, or recruiting resident candidates. Residents will be expected to share meeting pearls with staff either locally, regionally, or system-wide after attending a conference.

Additional costs incurred by the resident as part of their role that are eligible for reimbursement (e.g., mileage) include:

- Residents will receive reimbursement for mileage from Monroe to Freeport IL if the distance to Freeport (in miles) exceeds the distance from their residence to Monroe (in miles). The resident will be reimbursed for the difference of the two distances.
- Reimbursement will be provided for parking during the School of Pharmacy pharmacotherapy teaching activity. Mileage to Madison from Monroe for Pharmacotherapy Teaching activity will not be provided.
- The resident will receive reimbursement for all expenses related to participation in the Teaching Certificate Program offered at University of Wisconsin School of Pharmacy (UW SOP).
- Submission of itemized receipts is required. Contact the Residency Program Director for further details.

### **PTO and Time Away from Program**

- See SSM Health System Pharmacy Residency Manual for general PTO guidance
- Unless scheduled for a hospital staffing shift, the resident is expected to use PTO for all holidays, as the Clinic is closed.
  - It may be possible for a resident to substitute ‘planned’ PTO holiday hours by working in the clinic (retail) pharmacy or hospital pharmacy. Holiday hour substitutions are not guaranteed and must be approved by the RPD and staffing or clinic pharmacy preceptor.
- Pre-planned PTO hour requests should be emailed to the RPD and preceptor. Once approved, the PTO requests should be entered into Workday in advance.
- Unscheduled PTO should be entered into Workday by the Monday of the following week no later than 10am.
- The resident is expected to notify the Residency Director **and** Learning Experience preceptor as soon as the dates of PTO are known. The appropriate preceptor **and** Residency Director must approve all PTO.
- Resident attendance throughout each rotation is essential for optimal learning and successful completion of the Residency Program. Therefore, the resident will be required to make up time (i.e., extend the residency year and complete any competencies missed) for any PTO, or absences taken that exceeds the accrued amount during the residency year, or exceeds 40 hours in any single non-longitudinal rotation.
  - PGY1 Pharmacy Residents: **Please limit vacations to no longer than one week** and be mindful of rotational restrictions for time off.
  - PTO is discouraged during the last month of the residency except for job interviews.
- Regardless of PTO taken during a month, distribution/staffing requirements remain the same and the resident will be expected to find another resident to swap shifts.
- Weekly topic discussions and/or journal club sessions that fall during the resident’s PTO may be expected to be made up at another time, at the discretion of the preceptor and/or Residency Director.

## Extension of Program for Leave of Absence

See SSM Health System Pharmacy Residency Manual

## Duty Hours

See SSM Health System Pharmacy Residency Manual

## Moonlighting

The following content expands upon the requirements and limitations identified in the Moonlighting section of the SSM Health System Pharmacy Residency Manual.

- **PGY1** residents are prohibited from seeking additional employment during the residency year as the resident's primary obligation is to the residency program.
- **PGY2** residents may seek additional pharmacist staffing hours internally at the SSM-Health Monroe Clinic Pharmacy upon RPD approval and Clinic Pharmacy need. Requests should be emailed to the RPD at least 1 week before each shift for approval. The RPD may deny approval should they feel the PGY2 resident is struggling to keep up with residency-related responsibilities.

## Licensure Requirements

The following content expands upon the licensure requirements outlined in the SSM Health System Pharmacy Residency Manual.

- Residents must be licensed as a pharmacist through the appropriate state board(s) of pharmacy **within 60 days** to successfully complete the program.
  - **PGY1 Program: Wisconsin Pharmacist license**
  - **PGY2 Ambulatory Care Program: Wisconsin and Illinois Pharmacist license**
- The resident will attempt to be licensed as close to the start date as possible.
- If the resident has not obtained their license within 60 days, they will be granted a probationary status until that license is achieved (max 60 days of probation for a total of 120 days unlicensed). The resident will need to complete a remediation plan. The program will not need to be extended unless competencies are missed due to not being licensed.
- The resident will apply for a National Provider Identification number as soon as licensed at <https://nppes.cms.hhs.gov/#/>.

## Certificate of Program Completion for PGY2 Residents

See SSM Health System Pharmacy Residency Manual

## PGY2 Additional Requirements

- The PGY2 Ambulatory Care Pharmacy resident must apply for credentialing and privileging as medical staff prior to or during the orientation period with the expectation that privileges will be granted **within 60 days** of the start of the residency program.
- The PGY2 Ambulatory Care Pharmacy resident must apply for provider credentialing with WI Medicaid.

## Graduation Requirements

The following content expands upon the minimum graduation requirements outlined in the SSM Health System Pharmacy Residency Manual.

	<b>PGY1 Graduation Requirements</b>
<b>Orientation</b>	<ol style="list-style-type: none"><li>1) Review and accept program policies and procedures</li><li>2) Complete learning experience</li><li>3) Participate in wellbeing and burnout educational session</li></ol>

<b>Learning Experiences</b>	<ol style="list-style-type: none"><li>1) Complete required learning experiences</li><li>2) Complete elective learning experiences, as assigned</li></ol>
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<p><b>Objectives</b></p>	<p>ACHR the following <b>critical</b> objectives:</p> <ol style="list-style-type: none"> <li>1) Select objectives in Competency Area R1: Patient Care <ol style="list-style-type: none"> <li>a. All objectives in R1.1 – Provide safe and effective patient care services following JCCP (Pharmacists’ Patient Care Process).</li> <li>b. All objectives R1.2 - Promote patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.</li> <li>c. All objectives in R1.3 - Promote safe and effective access to medication therapy.</li> </ol> </li> <li>2) Objective R:3.2.3: Demonstrate responsibility and professional behaviors.</li> </ol> <p>Score SP or higher on 100% of assigned, <b>non-critical</b> objectives</p>
<p><b>Presentations</b></p>	<p>Deliver a minimum of 10 presentations. Qualifying examples include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Patient cases</li> <li>2) Journal clubs</li> <li>3) Clinical debate</li> <li>4) In-service, topic discussion, or grand rounds conference</li> <li>5) Seminar</li> <li>6) Poster presentation from a required project</li> </ol> <p>Deliverables: develop verbal and/or written educational presentation</p>
<p><b>Continuing Education</b></p>	<p>Prepare and present an SSM Health Joint Accreditation-approved multidisciplinary CE topic as assigned (counts toward the 10-presentation minimum)</p>

<b>Projects</b>	<p>Complete at least 3 short-term projects, one of which is a monograph or drug class review. Other qualifying examples include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) DI question</li> <li>2) Monograph or drug class review</li> <li>3) Pharmacy management or operational project</li> <li>4) Guideline/protocol development or revision</li> <li>5) Order set development or revision</li> </ol> <p>Deliverables: Develop a project plan, develop and present a final report</p> <p>Complete 1 longitudinal project (research or quality improvement) Deliverables:</p> <ol style="list-style-type: none"> <li>1) Develop a project plan</li> <li>2) Submit to Institutional Review Board or equivalent for QI</li> <li>2) Submit for presentation at a local, regional, or national professional meeting</li> <li>3) Present findings locally and /or at a professional meeting</li> <li>4) Complete a manuscript</li> </ol>
<b>Staffing</b>	<ol style="list-style-type: none"> <li>1) Independently staff, outside of scheduled learning experience hours, a minimum of 360 hours</li> <li>2) Hours completed prior to full licensure will count toward minimum requirements</li> <li>3) Independent staffing is defined as any time that a resident is caring for patients and not being directly supervised by another pharmacist</li> </ol> <p>Specific schedule and learning experience will vary by program to meet the needs of the pharmacy department and may include weekends, evenings, and /or holidays</p>
<b>Complete Tasks</b>	<ol style="list-style-type: none"> <li>1) Maintain membership in a professional organization for the duration of the residency program</li> <li>2) Participate in resident recruitment</li> <li>3) Community service activity</li> <li>4) Participate as a member of a committee</li> <li>5) Teaching and learning curriculum or certificate program (<i>if not previously completed, optional, but encouraged if available</i>)</li> </ol>
<b>Program Close Out</b>	<ol style="list-style-type: none"> <li>1) Exit interview</li> <li>2) Cessation of employment tasks (e.g., turn in workstation, badge, etc.)</li> </ol>

<b>Evaluations</b>	<ol style="list-style-type: none"> <li>1) Complete final quarterly plan / exit summative evaluation</li> <li>2) Upload completed and deidentified versions of required projects and presentations to the evaluation management system</li> <li>3) Complete all evaluations in the evaluation management system as assigned</li> </ol>
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<b>PGY2 Graduation Requirements</b>	
<b>Orientation</b>	<ol style="list-style-type: none"> <li>1) Review and accept program policies and procedures</li> <li>2) Complete learning experience</li> <li>3) Participate in wellbeing and burnout educational session</li> </ol> <p>*SSM Health orientation is optional for PGY2 who has completed an SSM Health PGY1 residency Required for PGY2 who completed PGY1 residency outside of SSM Health</p>
<b>Learning Experiences</b>	<ol style="list-style-type: none"> <li>1) Complete required learning experiences</li> <li>2) Complete elective learning experiences, as assigned</li> <li>3) Complete Appendix requirements per ASHP Standards</li> </ol>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>✓ ACHR <b>Critical</b> Objectives: <u>all</u> objectives in Competency Area R1: Patient Care</li> <li>✓ Score SP or higher on 100% of assigned, non-critical objectives</li> </ul>

<b>Presentations</b>	<p>Deliver a minimum of 10 presentations. Qualifying examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>7) Patient cases</li> <li>8) Journal clubs</li> <li>9) Clinical debate</li> <li>10) In-service, topic discussion, or grand rounds conference</li> <li>11) Seminar</li> <li>12) Poster presentation from a required project</li> </ul> <p>Deliverables: develop verbal and/or written educational presentation</p>
<b>Continuing Education</b>	<p>Prepare and present an SSM Health Joint Accreditation-approved multidisciplinary CE topic as assigned (counts toward the 10-presentation minimum)</p>
<b>Projects</b>	<ul style="list-style-type: none"> <li>✓ Complete a minimum of 1 short-term project. Qualifying examples include but are not limited to: <ul style="list-style-type: none"> <li>○ DI question</li> <li>○ Monograph or drug class review</li> <li>○ Medication use evaluation</li> <li>○ Pharmacy management or operational project</li> </ul> </li> <li>✓ Complete at least 1 longitudinal project (research or quality improvement) <ul style="list-style-type: none"> <li>○ Submit to Institutional Review Board</li> <li>○ Submit for presentation at local, regional, or national professional meeting.</li> <li>○ Present findings locally and/or at a professional meeting</li> <li>○ Complete a manuscript</li> </ul> </li> </ul> <p>Deliverables: Completed short term projects, IRB application, manuscript</p>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>✓ No staffing requirement</li> </ul>
<b>Complete Tasks</b>	<ul style="list-style-type: none"> <li>✓ Maintain membership in a professional organization for the duration of the residency program</li> <li>✓ Participate in resident recruitment, if applicable</li> <li>✓ Community service activity</li> <li>✓ Participate as a member of a regional or system committee</li> <li>✓ Prepare or review a protocol related to ambulatory care (workflow, scope of practice, CPA, clinical practice protocol, etc)</li> <li>✓ Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service</li> <li>✓ Complete appendix requirements</li> <li>Teaching and learning curriculum or certificate program (optional, but encouraged)</li> </ul> <p>Deliverables: Protocol, business plan, teaching certificate if applicable</p>
<b>Program Close Out</b>	<p>Cessation of employment tasks (e.g., turn in workstation, badge, etc.) Exit interview</p>



<b>Evaluations</b>	<p>Complete final quarterly plan / exit summative evaluation</p> <p>Upload completed and deidentified versions of required projects and presentations to the evaluation management system</p> <p>Complete all evaluations in the evaluation management system as assigned</p>
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### Rotation Requirements

- The resident is expected to contact the rotation preceptor and appropriate nursing staff/manager of the department (as applicable) **at least one week prior** to each rotation to introduce themselves and establish where and when to meet the first day.
- The residents will choose their first and second choices for elective rotations during the orientation period. Elective rotations will be assigned based on Preceptor availability and coordination of resident schedules.
  - All **PGY2** electives are longitudinal.
  - Should the resident wish to change their elective rotation selection(s) after they have been assigned, they should submit a formal request to the RPD.
    - **The Elective Rotation Change Request Form** can be found in the residency folder in the Residency Shared Drive. Changes will be approved based on RPD approval, and Preceptor acceptance and availability for the resident.
- The resident is responsible for maintaining **their Residency Completion Tracker** throughout the year which documents and tracks all required activities. This tracker complements the resident portfolio which is kept electronically in the Residency Shared Drive and should be submitted to the RPD every quarter and at the end of the residency program.
- **PGY1** residents are responsible for tracking the approximate time spent with all preceptors by the end of the day Friday each week. Hours will be tracked using Clockify.
- For **PGY1** staffing requirements, holiday weekends will be divided up evenly, as applicable.

### Remediation/Disciplinatory and Grievance Procedures

See SSM Health System Pharmacy Residency Manual

### Artificial Intelligence

- Principles of Artificial Intelligence (AI) use: AI is technology that enables computer systems to simulate human intelligence and problem solving capabilities. To employ AI safely and effectively in health care education and practice, pharmacy residents first must have proficiency in the subject area, must accept the responsibility of verifying accurate output of AI models, and should follow processes for appropriate documentation.
- Approved uses for AI (examples, but not limited to)
  - Email verbiage cleanup
  - Editing grammar, recommendations to meet word count
  - Brainstorming project timeline or potential data/outcomes to collect for projects, student topics/ideas
  - Figuring out statistical analysis needed for project (chi-square test, Mann-Whitney, etc.)
  - Finding primary literature
  - Providing a general overview of a topic
  - Recording/taking notes
  - Generation of pictures/figures/charts (based on discussion with preceptor)
- Disallowed uses for AI (examples, but not limited to)
  - Creating presentations
  - Creating journal clubs

- Creating topic discussion handouts
- Creating monographs
- Writing manuscripts (i.e. longitudinal project, PSW article)
- Competing drug utilization reviews/medication use evaluations
- Collecting data for your projects
- Only relying on AI to answer clinical or drug related questions
- Inputting any patient related information - Many commercially available AI systems are not HIPPA compliant). Entering patient (identified or de-identified) into such system is a violation of SSM Health policies
- Documentation
  - AMA Manual of Style (11th Edition): Section 5.2.1.1 Acknowledgment of Use of Artificial Intelligence and Language Models in Writing and Editing
- Resident responsibilities
  - AI has extensive healthcare limitations and may present the resident with misinformation. It is the residents responsibility to independently verify the information from AI models. Residents accept full responsibility for all AI-generated materials as if they produced them themselves.
  - All AI produced material will need to be documented according to above
  - Should a resident submit any allowed material, without AI disclosure, or any disallowed material, this is considered plagiarism and the resident will be subjected to the disciplinary policies as outlined in the manual. The resident will be asked to re-submit the material with the timeline for resubmission determined by the residency program director and/or preceptor.
- Preceptor responsibilities
  - A preceptor is able to input material to an AI checker (Grammarly, QuillBot) if he/she suspects that an assignment was completed using AI and the resident did not properly cite or if AI was not allowed for the assignment
  - The preceptor will notify the residency program director of these instances

### Standard 3: Structure, Design, and Conduct of the Residency Program

#### PGY1 Pharmacy Residency Program Structure

Learning Experiences	
Required - Rotational	Duration and/or specific time scheduled
Orientation	2 weeks
Pharmacotherapy Clinic	16 weeks total (Block 1: 8 weeks, Blocks 2 & 3: 4 weeks each)
Hospital Medicine	8 weeks (2 weeks in emergency department, 6 weeks inpatient)
Pharmacotherapy Lab Teaching	4 weeks total (Fall: 2 weeks, Spring: 2 weeks)
Community Pharmacy Practice – Outpatient Medication Management	4 weeks

Medication Use and Drug Policy	3 weeks	
<b>Required Rotational Time - Subtotal</b>	<b>37 weeks</b>	
<b>Required - Longitudinal</b>	<b>Specify # of weeks   Specify day(s) &amp; time(s), if consistent</b>	
Residency Project	52 weeks	Friday afternoons
Public Speaking and Presentations	52 weeks	Schedule will be provided during orientation
Distribution/Staffing	50 weeks	Every 3 <sup>rd</sup> weekend in the central hospital pharmacy (8AM-6PM Sat and Sun) One weekend in the clinic pharmacy during Community pharmacy practice rotation (8AM-4PM Sat and Sun) 64 hours of population health outreach calls – during free time throughout the week and/or during Friday afternoons
Professional Development Sessions	52 weeks	One Friday afternoon per month
<b>Available Electives (Resident will choose 3 electives)</b>	<b>Duration and/or specific time scheduled</b> <b>*One elective will be 5 weeks</b>	
Primary Care/Skilled Nursing Facility	4 weeks	
Emergency Medicine	4 weeks	
Antibiotic Stewardship	4 weeks	
Behavioral Health	4 weeks	
Pulmonology	4 weeks	
Oncology	4 weeks	
Neurology	4 weeks	
Nephrology	4 weeks	
<b>Elective Time Available- Subtotal</b>	<b>13 weeks</b>	
<b>Additional Time (e.g., discretion, conferences)</b>	<b>Duration and/or specific time scheduled</b>	
ASHP Midyear Meeting	1 week	
Flex/Project week	1 week	
<b>Additional Time - Subtotal</b>	<b>2 weeks</b>	
<b>TOTAL</b>	<b>52 WEEKS</b>	

## PGY2 Pharmacy Residency Program Structure

Required Learning Experiences	
Required - Longitudinal	Duration and/or specific time scheduled
Orientation	2 weeks

Introduction to Pharmacotherapy Clinic	4-6 weeks	
Freeport Pharmacotherapy Clinic	44-46 weeks	Monday, Wednesday, Friday mornings
Monroe Pharmacotherapy Clinic	44-46 weeks	Monday, Tuesday, Wednesday afternoons
Residency Project	52 weeks	Friday afternoons
Leadership and Practice Advancement	52 weeks	Thursday afternoons
Public Speaking and Presentations	52 weeks	Schedule will be provided during orientation
<b>Available Longitudinal Electives</b>	<b>Duration and/or specific time scheduled</b>	
Neurology	44-46 weeks	Tuesday and Thursday mornings
Pulmonology	44-46 weeks	Tuesday and Thursday mornings
Oncology	44-46 weeks	Tuesday and Thursday mornings
<b>TOTAL</b>	<b>52 WEEKS</b>	

### PGY2 Appendix Completion

The resident will track direct patient care experiences in at least eight areas. All documentation should be added to the Resident Online Portfolio and to PharmAcademic (deidentified as applicable). Up to two of these eight areas may be covered by case-based application through didactic discussion, case presentations, or written assignments:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatrics
- Hematology-Oncology
- Infectious Diseases
- Men's Health
- Nephrology
- Neurology
- Pediatrics
- Psychiatry
- Pulmonology
- Rheumatology
- Women's Health

For direct patient care experiences, PGY2 residents should upload into the Appendix tracker in PharmAcademic at least one de-identified SOAP note addressing the appendix area topic, and add a description of the specific disease state managed (i.e. cardiology: heart failure). For non-direct patient care experiences, PGY2 residents should upload their topic discussion, case presentation, or other activity into the appendix tracker.

### Resident Self-Assessment and Development Plan

See SSM Health System Pharmacy Residency Manual

### Expected Resident Progression

See SSM Health System Pharmacy Residency Manual

### Evaluation of the Resident

Residency training is meant to be an educational experience, including a continuous process of evaluation. All residents shall be continually evaluated throughout the process to determine the extent to which learning objectives are achieved. The goal at the end of the program is for each resident to be a competent practitioner. All resident rotation experiences will be evaluated in the residency evaluation management system.

- Formal resident evaluations and self-evaluations will be documented in ASHP's PharmAcademic. The resident and preceptors are expected to provide narrative comments as applicable for all evaluated objectives.
- The resident, RPD (as applicable), and preceptor(s) will meet to discuss all evaluations prior to the formal electronic submission of PharmAcademic evaluations.
- All evaluations should be completed promptly, **within seven days** of the end of the rotation or quarter (for longitudinal learning experiences).
- The resident is responsible for scheduling a meeting with the applicable preceptor(s) and RPD (as applicable) to discuss evaluations.
- All supporting documents of presentations, projects, etc. should be placed in the Resident Online Portfolio in the Resident folder in the Residency Shared Drive. Copies of any evaluations not found of PharmAcademic should be placed in the Resident Online Portfolio as well.

### **Summative Evaluation Scale**

See SSM Health System Pharmacy Residency Manual

### **Preceptor and Learning Experience Evaluations**

See SSM Health System Pharmacy Residency Manual

## **Standard 4: Requirements of the Residency Program Director and Preceptors**

### **Residency Program Director**

[See SSM System Policy Handbook](#)

### **Residency Program Coordinator**

[See SSM System Policy Handbook](#)

### **Program Preceptors**

[See SSM System Policy Handbook](#)

### **Preceptor Appointment and Reappointment Criteria**

[See SSM System Policy Handbook](#)

### **Preceptor Development** [See SSM](#)

[System Policy Handbook](#) **Residency**

### **Advisory Committees** [See SSM](#)

[System Policy Handbook](#)

### **Preceptors:**

#### **Julie Bartell, PharmD, BCACP, FPSW (Residency Program Director)**

PGY1: Orientation, Pharmacotherapy Clinic, Residency Project, Professional Development

PGY2: Orientation, Introduction to Pharmacotherapy Clinic, Pharmacotherapy Clinic, Leadership and Practice Advancement, Residency Project



#### **Practice Highlights:**

Julie Bartell, PharmD, BCACP, FPSW obtained a B.A. in biology and Spanish from Washington University in St. Louis, and her Doctor of Pharmacy degree from the University of Wisconsin School of Pharmacy. She went on to complete a pharmacy practice residency in primary care at the William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin. Dr. Bartell has been published in various medical journals, including the Clinical Journal of Pain, the Journal of American Pharmacists Association, Journal School of Health, Student Pharmacist, and the Journal of the Pharmacy Society of Wisconsin. She joined the Monroe Clinic as Pharmacotherapist in July 2007 where she was the first pharmacist credentialed as an advanced practice provider, developing pharmacist-led ambulatory care services and prescribing under collaborative practice agreements. Dr. Bartell is also a Clinical Instructor and regular guest lecturer at the University of Wisconsin School of Pharmacy. She maintains active involvement with the Pharmacy Society of Wisconsin where she co-created and co-chairs the Ambulatory Care Advisory Board and is on the Provider Status Core

and Implementation Team. She is also active with the American College of Clinical Pharmacists where she has held several leadership positions within the Ambulatory Care Practice Research Network.

**Jacob Keeffe, PharmD, BCACP**

PGY1: Pharmacotherapy Clinic: Pain and Genomics, Residency Project

**Practice Highlights:**

Jacob graduated from the University of Wisconsin – Madison with a Doctor of Pharmacy degree in 2013. He completed a Pharmacy Practice Post-Graduate Year 1 residency in ambulatory care at Monroe Clinic. He worked for two years at the Monroe Clinic hospital pharmacy before switching to primary care. Interests include building digital tools, diabetes, geriatrics, pain and pharmacogenomics.

**Steph Garvin, PharmD**

PGY1: Pharmacotherapy Clinic, Residency Project, Public Speaking and Presentations

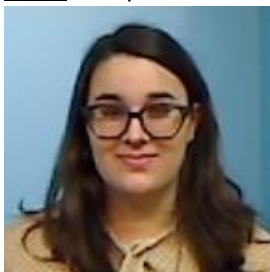
PGY2: Introduction to Pharmacotherapy Clinic, Freeport Pharmacotherapy Clinic, Pharmacotherapy Clinic, Public Speaking and Presentations

**Practice Highlights:**

Steph graduated from University of Wisconsin Madison School of Pharmacy in 2022. She completed her PGY1 and PGY2 at SSM- Health Monroe Clinic in Ambulatory Care and now works as a Pharmacotherapist in the pharmacotherapy department in both Monroe and Freeport. Her clinical areas of interest include diabetes management, anticoagulation, and heart failure.

**Parissa Moghimi, PharmD, BCPS**

PGY1: Hospital Medicine, Antimicrobial Stewardship



**Practice Highlights:**

Parissa earned her Doctorate of Pharmacy from the University of Arizona in 2015 then went on to complete an acute care PGY-1 residency at Aurora St. Luke's Medical Center in Milwaukee. She works as a clinical pharmacist in the

hospital, where she serves on the Antimicrobial Stewardship Committee. Her clinical passions are infectious disease and critical care.

**Shawn Ferguson, PharmD**

PGY1: Hospital Medicine



**Practice Highlights:**

Shawn graduated in 2014 with his Doctorate of Pharmacy from Butler University in Indianapolis, Indiana. He began working as a hospital pharmacist at Monroe Clinic the summer after graduation and has been here ever since. When not at work, Shawn enjoys marathon training and backpacking.

**Ben Furbacher, PharmD, BCPS**

PGY1: Distribution/Staffing, Emergency Medicine



**Practice Highlights:**

Ben graduated from the University of Michigan College of Pharmacy in 2018. He completed his PGY1 at Monroe Clinic and joined the inpatient pharmacy team after graduation.

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**Drea Maier, PharmD, BCACP**



PGY2: Leadership and Practice Advancement

Drea earned her Doctor of Pharmacy degree from the University of Wisconsin–Madison School of Pharmacy in 2007. She completed her PGY1 residency at Meriter Hospital, where she went on to serve for a decade as an acute care clinical pharmacist with lead practices in general medicine and emergency medicine.

In 2017, Drea joined SSM Health as a Primary Care Clinical Pharmacist. She later served as the staffing supervisor for the SSM Health Dean Medical Group primary care team for four years before transitioning into a full-time administrative role as the Ambulatory Pharmacy Manager for Wisconsin.

Currently, Drea serves as the System Director of Ambulatory Clinical Pharmacy Services at SSM Health. In this role, she leads efforts to expand and advance ambulatory pharmacy services across the system, fosters strong partnerships with medical group and population health stakeholders, and champions the demonstration of both clinical and financial outcomes of pharmacy-led initiatives.

**Marina Maes, PharmD, BCPS**

PGY1 & PGY2: Pharmacotherapy Lab Teaching



**Practice Highlights:**

Marina grew up in Denver, CO and attended Colorado State University for her undergraduate coursework and earned her PharmD from the University of Colorado. She then went on to complete a first-year post-graduate pharmacy practice residency at the University of Michigan (which turned her into a wolverine fan – sorry!) followed by a second-year specialty residency in ambulatory care/family medicine back at the University of Colorado. During her training, Marina had the opportunity to practice in the inpatient hospital setting and in the outpatient clinic setting serving diverse patient populations. She developed a passion particularly for working in the family medicine clinic setting where she cares for patients with a multitude of chronic diseases and uses her expertise to ensure effective and safe medication use. She also was involved in several academic activities including precepting IPPE and APPE students and PGY1 residents, delivering didactic lectures, and facilitating active learning activities for both traditional and distance-degree learning students. Marina’s professional interests include women’s health and cardiovascular risk reduction in chronic disease.

**Andrea Porter, PharmD**

PGY1 & PGY2: Pharmacotherapy Lab Teaching



**Practice Highlights:**

Andrea joined the University of Wisconsin School of Pharmacy faculty in November 2008. She is involved in coordinating the Introductory Pharmacy Practice Experiences courses for the first-year Doctor of Pharmacy students and is the Pharmacotherapy Lab Coordinator for second-year students. Andrea received her PharmD from the University of Wisconsin in 2006. After graduation, she completed a Pharmacy Practice Residency at the Denver Veterans Affairs Medical Center in Denver, Colorado.

**Jess Bergsbaken, PharmD, BCPPS**

PGY1 & PGY2: Pharmacotherapy Lab Teaching



**Practice Highlights:**

Jessica Bergsbaken, PharmD, BCPPS received her Doctor of Pharmacy degree from Drake University in 2013. After graduation, Dr. Bergsbaken completed a PGY1 Pharmacy Practice Residency at the University of Minnesota Medical Center in Minneapolis, Minnesota. She then completed a PGY2 in Pediatrics at Texas Children's Hospital in Houston, Texas. Following residency training, Dr. Bergsbaken began working at UW Health and the American Family Children's Hospital as Pediatric Clinical Pharmacist where she has been since 2015. Dr. Bergsbaken is a board-certified pediatric pharmacy specialist (BCPPS). Her clinical interests include general pediatrics, compounding and dispensing, and preceptor development.

**Cecilia Volk, PharmD**

PGY1 & PGY2: Pharmacotherapy Lab Teaching



Practice Highlights: Cecilia Volk completed her undergraduate training at Northern Michigan University in 2016, studying biochemistry. She then came to the University of Wisconsin Madison School of Pharmacy to complete her PharmD training. In 2021, she completed a PGY1 residency at Rush University Medical Center. She then came back to the University of Wisconsin Madison to pursue the Infectious Disease Research Fellowship in 2023.

**Treasure Wade, PharmD**

PGY1: Community Pharmacy Practice – Outpatient Medication Management



**Practice Highlights:**

Treashure earned her Doctor of Pharmacy degree in 2018 from the University of Wisconsin-Madison School of Pharmacy. She began working in retail pharmacy as a student, continuing throughout the first six years of her pharmacy career. Treashure recently joined SSM Health Monroe, March 2025, as the new supervising pharmacist in the outpatient clinic pharmacy. As a pharmacist, she is passionate about spreading hope, providing education, and being accessible to assist with community needs.

**Dan Boyle, PharmD, JD, BCPS**

PGY1: Medication Use and Drug Policy



**Practice Highlights:**

Dan graduated from the University of Wisconsin-Madison School of Pharmacy in 2009. He joined the Monroe Clinic team as an inpatient pharmacist after graduation. He has also worked as a clinical informatics pharmacist and as a coach/manager of the hospital pharmacy team. He currently serves as the Director of Pharmacy for SSM Health Monroe Hospital.

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**Olivia Stauffacher, PA-C**

PGY1: Primary Care/Skilled Nursing Facility



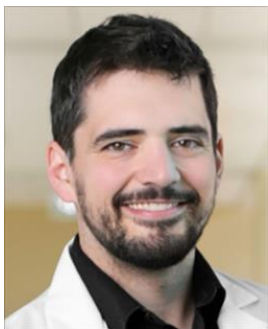
**Specialty:** Adult Medicine

**Practice Highlights:**

Olivia offers comprehensive, individualized care for all adults including back pain, abdominal pain, wart treatment, pink eye, GI issues, joint injuries and joint pain, bites, minor burns, cuts and rashes. Conducts annual physicals and sports physicals.

**Luke Johanson, APNP**

PGY1: Primary Care/Skilled Nursing Facility



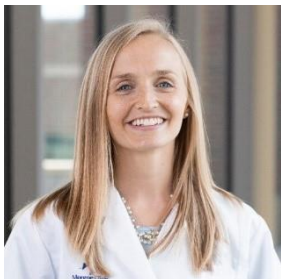
**Specialty:** Adult Medicine

**Practice Highlights:**

Luke's practice includes the treatment of chronic and acute problems, with a special interest in disease prevention and promoting wellness through good patient education and personalized care

**Sarah Smith, BSN, DNP**

PGY1: Primary Care/Skilled Nursing Facility



**Specialty:** Adult Medicine

**Practice Highlights:**

As an adult medicine nurse practitioner with certifications in adult gerontology, Sarah promotes patient well-being by providing high-quality, evidence-based care to adults in a primary care setting.

**Lindsey Houle, APNP**

PGY1: Behavioral Health



**Michael Netzel, MD**

PGY1 & PGY2: Pulmonology



**Specialty:** Allergy/Pulmonary

**Practice Highlights:**

As an allergist and pulmonologist, Dr. Netzel treats allergies and lung disorders in people of all ages. He also helps people suffering from sleep disorders. He completed his medical training and residency at Creighton University School of Medicine in Omaha, Nebraska. He joined Monroe Clinic in 1995. "I take care of allergy and respiratory problems over the patients' entire lifetime," says Dr. Netzel. "I focus on both upper and lower respiratory care issues." Dr. Netzel is board-certified in Internal Medicine, Pulmonology, and Allergy/Immunology. His specialties include allergies, asthma, bronchitis, and emphysema, as well as sleep medicine.

**Josh Morrison, MD**

PGY1: Neurology

PGY2: Neurology



**Specialty:** Neurology

**Practice Highlights:**

Dr. Morrison graduated with a medical degree from the Medical College of Wisconsin. He then went on to complete an internal medicine internship, neurology residency and clinical neurophysiology fellowship at the Medical College. He specializes in treatment disorders of the brain, spinal cord, and peripheral nervous system such as headache, neuropathy, stroke, Parkinson's disease, multiple sclerosis, epilepsy, and Alzheimer's disease.

**Jennifer Collins, MD**

PGY1: Neurology

PGY2: Neurology



**Specialty:** Neurology

**Practice Highlights:**

Dr. Collins graduated from the University of Wisconsin Medical School, and then completed a residency and neurology fellowship at the Medical College of Wisconsin.

**Charles Stuart, MD**

PGY1: Nephrology



**Specialty:** Nephrology, Wound Care

**Practice Highlights:**

Treating patients in a comprehensive way, since diseases of the kidney may affect the function of other body organs. Comprehensive wound care for patients suffering from chronic or non-healing wounds that are resistant to routine care including pressure ulcers, wounds associated with diabetes or poor circulation.

**Michael Huie, MD**

PGY1 & PGY2: Oncology



**Specialty:** Oncology/Hematology

**Practice highlights:**

Seeing patients with solid tumors and both benign and malignant hematologic disorders.

**Mia McDermott, APNP**

PGY1 & PGY2: Oncology



**Specialty:** Oncology/Hematology

**Practice Highlights:**

Treating patients with solid tumors and both benign and malignant hematologic disorders.