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Policy Area Pharmacy
Applicability WA - Providence St. Peter Hospital

Pharmacy Residency Program Policy

PURPOSE:

Outline the requirements of the Providence South Puget Sound (SPS) Pharmacy Residency Program, consistent with [American Society of Health-System Pharmacists \(ASHP\)](#).

Including:

1. Recruitment & Selection
2. Licensure
3. Letter of Acceptance, Contracts, and Job Description
4. Pre-employment Requirements
5. Program Benefits
6. Orientation & Training
7. Artificial Intelligence (AI)
8. Resident Staffing Expectations
9. Duty Hours
10. Time Off & Leave of Absence
11. Corrective Action Process
12. Program Dismissal
13. Program Completion

APPLIES TO:

This policy applies to all Pharmacy Residents of Providence South Puget Sound (SPS) Providence Swedish St. Peter Hospital (PSPH).

POLICY STATEMENT

PGY1 Program Purpose: PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

RECRUITMENT & SELECTION

This section applies to Phase I and Phase II of The Match.

1. To be eligible for the PSPH residency position:
 - A. Graduate (prior or anticipated) of an ACPE-accredited college of pharmacy or Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate and is licensed or eligible for licensure in Washington State
 - B. Providence does not sponsor work visas
 - C. Registered to participate in the ASHP Residency Matching Program
 - D. Must satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check
2. Applicants must complete the Pharmacy Online Residency Centralized Application Service (PhORCAS) Application, including:
 - A. A letter of intent, stating reasons for applying to PSPH
 - B. An updated resume or curriculum vitae
 - C. Three letters of professional reference
 - D. One copy of college of pharmacy transcripts
3. Residency Advisory Council members, including the Residency Program Director, review applications and provide objective scores to pre-screen candidates and determine the list of candidates to interview.
4. Interview and Ranking Process:
 - A. An interview is required, which may include meeting with Residency Program Director, preceptors, and current residents. Candidates are offered a tour. Interview questions are standardized.
 - B. The applicant is ranked by the Residency Advisory Council members on a numeric

scale, rating the application materials and the interview itself, and an overall score is determined from the average of the ratings.

- C. The rank list for the match is determined by scoring from interviews, and submitted to the Match process by the residency director.

5. The Residency Advisory Council documentation, including Rank lists, will be kept confidential.

LICENSURE

PGY1 Residents must be licensed in the State of Washington to practice pharmacy at Providence.

Residents are strongly encouraged to be licensed as pharmacists by the residency start date.

- If a pharmacist license is not obtained by the onboarding/hire date, then an intern license or a graduate pharmacist license must be obtained by the start date.
- Obtain pharmacist license in the State of Washington prior to or within 90 days of the start of residency. Residents must complete at least two-thirds (eight months) of the program as a licensed pharmacist. Inability to do so will result in termination of this agreement.

LETTER OF ACCEPTANCE, CONTRACTS, AND JOB DESCRIPTION

The RPD will contact matched applicants in writing no later than 30 days after the match results with a letter outlining their agreement to participate in the program. The written contact will include a link to the resident manual, defining the terms and conditions of the resident's participation. This policy and a job description will be available for residents to review.

Matched applicants will return a signed copy of the agreement by stated due date.

PRE-EMPLOYMENT REQUIREMENTS

The resident must complete all pre-employment requirements:

- I. Online Employment Application (required upon matching with program)
- II. Complete new hire paperwork for Human Resources which may include, but not limited to:
 - A. Immigration Reform and Control Act form (I-9)
 - B. Internal Revenue Service W-4
- III. Criminal Background check
- IV. Pre-employment drug screen if requested
- V. Health screening through Providence Caregiver Health
 - Immunization or immunity records as requested

After completing the application for employment, the resident will receive an official Job Offer which they must accept prior to the start of their residency year.

PROGRAM BENEFITS

Residents are considered 1.0 FTE staff and receive a stipend for the year.

Benefits include:

1. Medical/Dental/Life/Vision Insurance
2. Paid Time Off (PTO) and Washington Safe Sick
3. Education Funding: attendance at regional residency conference and some or all funding for the ASHP Midyear Clinical Meeting; amount disclosed prior to making reservations
4. Free Parking
5. Advanced Cardiac Life Support (ACLS)
6. Teaching Certificate via affiliated colleges of pharmacy

ORIENTATION AND TRAINING

Residents will attend New Caregiver Orientation, be oriented to the department and complete a department orientation checklist.

The resident will participate in ACLS certification during orientation.

Each resident is highly encouraged to complete the Teaching Certificate program through one of the affiliated colleges of pharmacy.

ARTIFICIAL INTELLIGENCE (AI)

We recognize that artificial intelligence (AI) has the potential to improve patient care and the medication-use process. However, we also acknowledge that AI has limitations, including incorrect responses and bias. Therefore, the ability to critically assess AI is a necessary skill.

Appropriate use of AI in residency:

- I. AI may be utilized as a supplemental tool but not for original thought creation.
- II. AI should never be used in place of healthcare recommendations and peer-reviewed research.
- III. Use of AI must be disclosed including what was used and how it was used, and that the information has been validated
- IV. It is not appropriate to use AI to analyze data for projects and MUE, as learning data analysis is an important part of residency.
- V. Specific examples:
 - A. Topic discussions: resident must be able to critically assess literature and create own summary – AI may be used to search for additional resources or create visual

summary based off of resident's work

- B. Drug Info questions: resident must be able to critically assess literature and create own summary – AI may be used as editing/formatting tool
 - C. Powerpoint presentations: resident must be able to compile relevant information for presentation – AI may be used as editing/formatting tool or to generate slides from resident's work
- VI. For anything not specifically addressed, consult with preceptor prior to using AI
 - VII. The preceptor has the discretion to limit/prohibit the use of AI in any capacity during their rotation
 - VIII. Preceptors are encouraged to use AI checking tools as needed to validate resident deliverables
 - IX. AI systems have increased energy demands which negatively impact the environment. Residents should take this into consideration and practice good stewardship.
 - X. The use of AI must align with current Providence policies ([Viewing PSJH-EIS-908 Use of Providence-Approved AI Solutions](#))

Inappropriate use of AI may result in disciplinary action up to and including dismissal from the program.

RESIDENT STAFFING EXPECTATIONS

1. Residents are expected to staff 16 hours every other weekend (Saturday and Sunday) as part of the longitudinal experience evaluated throughout the residency year.
2. Residents are expected to work up to three holidays, including Thanksgiving or Christmas.
3. PGY1 residents will be assigned to work independently after orientation.
4. In rare instances, residents may be assigned to cover for sick leave or other emergencies on day or evening shift.
5. Any additional pharmacist shifts must be approved by the RPD. Additional hours are paid at the starting pharmacist rate after pharmacist license is obtained. (See Duty Hours: Moonlighting below)
6. The resident will staff at both Providence St. Peter Hospital and Providence Centralia Hospital. There is no travel reimbursement for travel to the non home-site hospital.

DUTY HOURS

Purpose

To comply with [American Society of Health-System Pharmacists \(ASHP\) duty hours requirements](#) and provide a healthy work environment for Pharmacy Residents.

Policy Statement

The Residency Program Director, or designee, shall be responsible for:

- Creating rotation schedules that ensure compliance with the duty hour standards.
- Educating residents on the duty-hours policy and the importance of compliance.
- Monitoring moonlighting hours through PharmAcademic.

Procedure

I. Maximum Hours of Work per Week and Duty-Free Times:

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and all moonlighting.
- B. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- C. Residents should have a ten-hour time period (free from duty) between all scheduled duty periods.

II. Moonlighting

- A. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
- B. Residents are required to receive permission from the Residency Program Director prior to any moonlighting activities.
- C. Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
- D. The maximum moonlighting hours allowed is 16 hours per week.
- E. Moonlighting will be prohibited if it appears to be interfering with the resident's judgment or ability to achieve educational goals and objectives of the residency program.

III. Duty Hours Tracking

- A. The resident MUST document their duty hours in PharmAcademic, including any moonlighting.
- B. Duty hours attestation is assigned in PharmAcademic monthly, which the resident will complete for the past month and the RPD will review and co-sign.
- C. If the RPD finds duty-hours violations upon review, the RPD will discuss a plan with the resident to ensure the compliance in the future. The RPD will document plan in the co-signer comments of the evaluation.
- D. PharmAcademic Duty Hours Evaluation Questions (to be completed monthly)

1. I attest I was in compliance with the Duty Hours policy. During this time period, my Duty Hours:

Were less than 80 hours of work per week (averaged over a 4 week period.)
Included 8 hours free of work between duty periods.
Had 1 day free in 7 (when averaged over 4 weeks.), AND
Had no continuous duty periods of more than 16 hours (excluding in-house call).

- a. Yes, I agree
 - b. No, I disagree
2. I participated in external moonlighting (outside my institution).
 - a. Yes
 - b. No
3. I participated in internal moonlighting (inside my institution).
 - a. Yes
 - b. No
4. Total hours spent moonlighting
5. If an In-House On-Call program is required by the program, complete this section. (Note: PSPH does not require in-house on-call)
 - a. I attest I was in compliance with the Duty Hours On-Call policy. During this time period, I:

Completed in-house call every 3rd night or less (averaged over a 4 week period.)
Worked 24 hours or less during each in-house call assignment.
Had a minimum of 14 hours free of duty after each in house call assignment.

 1. Yes, I agree
 2. No, I disagree

Definitions

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

- Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

TIME OFF AND LEAVE OF ABSENCE

- I. The maximum time away from residency (including holiday, vacation, accrued sick time and educational leave) may not exceed 37 days in a 52-week period without requiring extension of the program.
 - Educational leave includes time spent at conferences, time spent offsite facilitating didactic lectures or small group discussion and time off for job/fellowship/specialty residency interviews. Each individual residency program is responsible for tracking time away from residency and being proactive to prevent residents from exceeding the maximum time away.
- II. Residents accrue time off in accordance with Providence policies. PTO must be requested and approved prior to taking it. PTO requests will be reviewed for approval by RPD and preceptor of the affected rotations on a case-by-case basis, with review of the total time away from rotation and residency to ensure compliance with ASHP Standards.
 - Assignments to attend meeting dates for Midyear Clinical Meeting, regional residency conference, or other required attendance by RPD will not require use of PTO but will count as time away from residency as outlined above.
- III. Extended time off (more than 3 days) for any reason during a rotation will need to be made up by the resident to include a written plan approved by preceptor and RPD.
- IV. If the resident is sick for a required staffing weekend, an effort should be made by the resident to have co-resident(s) cover the shift and organize a trade.
- V. Leaves of absence will be granted at the discretion of the RPD and pharmacy administration and in accordance with Providence policy and procedures.
 - A. If a leave of absence is approved, then the residency will be extended by the number of days that the resident is on extended leave, up to 4 weeks, to meet the 52-week requirement and allow the resident to complete program requirements.
 - B. Extended leaves of absences longer than 8 weeks or that jeopardize the resident from completing requirements for successful completion of the program (i.e., completion of major project and presentation at a conference) will result in dismissal from the program.

- C. Paid leave offered to the residents is defined in HR policy and is not defined by the ASHP PGY1 Standard.

VI. Absence without approved leave

- Residents are expected to communicate directly with the RPD in the event they are unable to participate in the residency program. If the resident does not communicate with the RPD, the Providence policy/procedure for unexcused absences and/or dismissal will be used.

CORRECTIVE ACTION PROCESS

Throughout the course of the residency year, if problems are identified by the resident or preceptor, efforts will be made to reach a resolution.

Procedure

1. If there are concerns about a resident's progress or behavior, the concern will be brought to the RPD and RAC for further discussion.
 - A. The RPD will help residents identify areas for improvement and provide remedial experiences or recommended resources in an effort to improve the resident's performance to a satisfactory degree.
 - B. A corrective action plan (CAP) may be considered in the following situations (including, but not limited to):
 1. Failing to progress in the educational goals and objectives
 2. Not on track for graduation requirements
 3. Not making progress on major project
 4. Consistently incomplete or late work
 5. Feedback or concerns brought forward from preceptors
 6. Failure to comply with duty hours or moonlighting policies
2. Process for CAP is as follows:
 - A. The CAP will consist of a written document that will be posted on PharmAcademic. This document will be verbally reviewed with the resident and preceptor(s):
 1. Describe what needs to be corrected
 2. Expectations to address performance or behavior concern
 3. Timeline for expected improvement and completion of CAP
 - B. Once the CAP is completed, a final evaluation will be completed by RPD to determine if the resident successfully met expectations or did not meet the CAP expectations.
 1. If expectations are not met and dismissal is warranted, the process will be started with HR.
 2. If expectations are partially met, the RPD and RAC may determine if the CAP can be extended or addended.

3. There will be no extensions of residency program duration for residents who are failing to progress.
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PROGRAM DISMISSAL

- I. The resident will adhere to Providence rules, regulations, procedures, policies, and Code of Conduct during their residency year.
 - A. Providence recognizes and asserts the right to discharge an employee “at will” with or without notice or cause at any time.
 - B. Human Resources policy and procedure will be utilized for violation of Providence policies.
- II. To allow a resident an opportunity to correct behavior or resolve a performance problem(s) a corrective action plan can be utilized. (see Corrective Action Process above)
- III. Under certain circumstances, immediate dismissal from the program will be the course of action.

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PROGRAM COMPLETION

Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion, in accordance with accreditation standards as set forth by [American Society of Health-System Pharmacists](#) (ASHP).

All of the following criteria must be satisfied to successfully complete the program:

- I. Score of "Satisfactory Progress" or "Achieved" for all ASHP objectives at the time of last evaluation.
 - A. Must have 83% (26 out of 31) objectives marked as "achieved for residency" - including the 26 specified objectives.
 - B. See Attachment: [2026 PGY1 CAGO - Required Objectives](#)
- II. Satisfactory completion of all rotations as determined by the preceptors for the rotations.
 - A. Required rotations
 1. Orientation (4-6 weeks)
 2. Acute Care Track (all rotations are 6-weeks)
 - a. Transitions of Care
 - b. St. Peter Family Medicine / Med-Surg
 - c. Antimicrobial Stewardship
 - d. Internal Medicine / Renal or Cardiology or Oncology
 - e. Emergency Medicine or Critical Care
 - f. Elective 1: any acute care rotation
 - g. Elective 2
 3. Ambulatory Care Track (all rotations are 6-weeks)
 - a. Transitions of Care
 - b. St. Peter Family Medicine / Med-Surg
 - c. Antimicrobial Stewardship
 - d. Internal Medicine / Renal or Cardiology or Oncology
 - e. Primary Care
 - f. Elective 1: ambulatory care elective
 - g. Elective 2
 4. Longitudinal (all residents)
 - a. Staffing
 - b. Leadership
 - Year-long leadership role
 - c. Practice Management

- i. Participation is expected in the weekly report-out meetings, quarterly development plan progress meetings, and weekly Practice Management meetings; absences must be approved by RPD.
 - ii. Participate in Monday Practice Management Meetings
 - iii. MUE or Clinical Protocol review
 - iv. System class review
 - d. Project
 - i. The project will be reviewed and approved by the Institutional Review Board (IRB)
 - ii. The project includes, at a minimum:
 - a. Presentation of a poster at the ASHP Midyear meeting.
 - b. Formal presentation at a Residency Conference and/or CME.
 - c. Full completion of final project expectations as determined by project preceptor.
 - d. Submission of final project write-up in a manuscript form suitable for publication in appropriate journal (e.g. AJHP).
 - 1. The manuscript will be reviewed by the project preceptor and the program director.
 - 2. Revisions are at the discretion of the preceptor and program director.

B. Elective Rotations

- 1. Acute care elective rotations
 - a. Psych
 - b. Palliative Care
 - c. Administration/Operations
 - d. Any PCH rotation can be used as an elective for PSPH residents
- 2. Ambulatory care elective rotations
 - a. Pharmaceutical Care Clinic
 - b. Providence Regional Cancer System
 - c. Ambulatory Geriatrics
 - d. Ambulatory Cardiology

- III. Completion of the required components of the residency. All must be deemed satisfactory by the program director and the preceptor of the rotation/activity.
- IV. Completion of [deliverables checklist](#).
- V. Completion of the online shared folder with completed work.

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OWNER:

Manager, Clinical Pharmacy

REFERENCES:

[American Society of Health-System Pharmacists](#)

ADMINISTRATIVE APPROVAL:

Senior Director Pharmacy, South Puget Sound

All Revision Dates

6/18/2026, 6/20/2025, 6/24/2024

Attachments

[2026 PGY1 CAGO - Required Objectives.pdf](#)

[Resident Deliverables List -- 2026-2027.pdf](#)

Approval Signatures

Step Description	Approver	Date
Site Administrator, SWSA	Erika Sherie Luat: Quality Accreditation Analyst	6/18/2026
Regional Director Pharmacy Services SWSA	Lauren Bristow: Senior Director Clinical Pharmacy	6/5/2026
	Laura Carpenter: Manager Clinical Pharmacy	6/4/2026

Applicability

WA - Providence St. Peter Hospital

Standards

No standards are associated with this document

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