



**Providence St. Vincent Medical Center**  
*Portland, Oregon*

**PGY1 Pharmacy Residency Program**

**Residency Program Manual**  
**2025 – 2026**

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## Residency Overview

### Providence St. Vincent Medical Center

Providence is a leading national provider of high-quality healthcare, with facilities in Alaska, Washington, Oregon, California, Montana, Texas, and New Mexico. The Providence Oregon Region operates as an integrated health system including eight hospitals, ambulatory care clinics, a managed care plan, home infusion services, specialty pharmacy, and geriatric care programs. Our pharmacy departments are leaders in the implementation of technology and progressive pharmacy services.

Providence St. Vincent Medical Center is a 523-bed community teaching hospital and tertiary care center located in the west hills of Portland, OR. Established in 1875, it was the first permanent hospital in Oregon, and it is the largest Providence hospital in Oregon. Notable for adult, pediatric, and neonatal critical care services, the medical center also has advanced heart failure and heart transplantation services, a comprehensive stroke program, and the busiest emergency department in the Portland area.

The Department of Pharmacy at Providence St. Vincent Medical Center offers well-established clinical pharmacy services across a wide variety of patient populations. Our team of pharmacists and pharmacy technicians is made up by over 100 people. The department utilizes a layered learning model, with pharmacy student, resident, and attending pharmacist teams on each of the core clinical services, structured in the same way as the medical education model. These teams work collaboratively with other clinicians to provide patient care and optimize medication management across the continuum of care.

Pharmacists at Providence St. Vincent Medical Center practice under clinical pharmacy agreements in a multitude of settings including acute care, ambulatory care, home care, specialty pharmacy, and geriatric care. This has led to national recognition for progressive clinical practice and pharmacy training. Our PGY1 Pharmacy Residency Program was recognized with the ASHP Residency Excellence Award in 2015. Primary Care Clinical Pharmacy Specialists at Providence Medical Group in Portland received an ASHP Best Practices in Health-System Management Award for our multi-site collaborative pharmacotherapy clinics. Acute care Pharmacy services at Providence St. Vincent Medical Center received a ASHP Best Practices in Health-System Management Award for our antimicrobial stewardship program. We draw on the strengths and diversity of our strong clinical pharmacy teams to provide a superior learning experience for pharmacy residents.

Within ambulatory care, our primary care clinical pharmacy specialists provide collaborative drug therapy management services in the medical home setting. The department also supports clinical pharmacy involvement within anticoagulation clinics, medication assistance programs, and population health. Our ElderPlace clinical pharmacy specialists provide for the frail elderly and collaborate across multiple clinic settings. Our home services/infusion pharmacists provide both medication dispensing and clinical management of neonatal, pediatric, adult, and geriatric patients receiving infusion therapies such as antimicrobial therapy, TPN, and specialty medications. Our specialty pharmacists are engaged and proactive in the management of specialty medications across 49 states and serve as drug information specialists for both patients and providers. Pharmacists perform initial and ongoing patient assessments to evaluate the appropriateness of drug therapy regimens, assess adherence, and address side effect concerns of patients on specialty drug regimens. Finally, our managed care pharmacists are involved in medication therapy management, formulary management, guideline development, and drug utilization review for our Providence Health Plan. Within all of our settings, there is the commitment to developing and expanding the pharmacists' role in direct patient care.

### PGY1 Pharmacy Residency Program

Our program has been accredited by the American Society of Health-System Pharmacists (ASHP) since 1994. The PGY1 Pharmacy Residency Program at Providence St. Vincent Medical Center provides broad experience and confidence in practice-based skills across diverse practice settings while offering the opportunity to obtain focused experience in areas of interest. Due to the regionalization of our Pharmacy teams, pharmacy residents can also complete learning experiences at other Providence hospitals and clinics in the Portland area, offering a wide variety of elective experiences.

Pharmacy residents at Providence St. Vincent Medical Center are connected with other Providence pharmacy residents in the Portland area. Providence currently offers seven pharmacy residency programs in Portland:

- PGY1 Pharmacy Residency at Providence St. Vincent Medical Center
- PGY1 Pharmacy Residency at Providence Portland Medical Center
- PGY1 Managed Care Pharmacy Residency at Providence Health Plan
- PGY1/PGY2 Health-System Pharmacy Administration and Leadership Residency at Providence Portland Medical Center
- PGY2 Ambulatory Care Pharmacy Residency at Providence Medical Group
- PGY2 Infectious Diseases Pharmacy Residency at Providence St. Vincent Medical Center
- PGY2 Geriatric Pharmacy Residency at Providence ElderPlace

Together, twenty pharmacy residents train at Providence facilities in Portland each year. Learning alongside one another, Providence pharmacy residents develop strong professional relationships and friendships with their fellow trainees.

### **Purpose of PGY1 Pharmacy Residency Program**

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.

### **Residency Program Mission and Educational Competencies**

The Providence St. Vincent Medical Center vision for pharmacy residency training is to deliver innovative, collaborative training models that transform practitioners in leadership and delivery of patient-centered care to improve medication therapy outcomes.

The Department of Pharmacy is committed to excellence in the provision of training programs to ensure the ongoing availability of pharmacy practitioners with the knowledge, attitude, and skills to deliver quality pharmaceutical care services. An integrated training model incorporates education, research and clinical care while fostering development of leaders, both clinically and professionally, within health system practice.

Core Competency Areas targeted for all residents in the PGY1 Residency program include:

1. Patient Care
2. Practice Advancement
3. Leadership
4. Teaching and Education

### **Program Goals and Objectives**

The resident will demonstrate the above competencies through achievement of the goals and objectives of the ASHP Residency Program Design and Conduct. Objectives will be individualized for the incoming residents and individual learning experiences. An assessment of the resident's knowledge, skills, experiences, and interests will be performed at the beginning of the residency year. The resident will complete the ASHP Resident Entering Self-Assessment Form to assist with this process. This will serve as the basis for the development of the initial Resident Development Plan.

### **Residency Program Structure**

The PGY1 Pharmacy Residency Program provides residents with exposure to multiple areas of pharmacy practice including direct patient care rotations in both acute and ambulatory care. Specific rotation requirements are as follows:

<p><b>Required Rotations (28 weeks)</b>  Orientation (4 weeks)  Administration (6 weeks)  Cardiology (6 weeks)  Critical Care – Medical ICU (6 weeks)  Internal Medicine (6 weeks)  Clinical and Operational Staffing (longitudinal)  Advisor (longitudinal)</p>	<p><b>Elective Rotations (18 weeks)</b>  <i>At least two electives must be in direct patient care.</i>  <u>Acute Care</u>  Cardiac Critical Care (6 weeks)  Emergency Medicine (6 weeks)  Heart Failure and Heart Transplant (6 weeks)  Infectious Diseases (6 weeks or longitudinal)  Inpatient Oncology (6 weeks)  Pediatrics/Neonatal Intensive Care (6 weeks)  Advanced Pediatrics/Neonatal Intensive Care (6 weeks)</p>
<p><b>Selective Rotations (6 weeks)</b>  <i>One of the following must be completed:</i>  Primary Care (6 weeks)  Ambulatory Geriatrics (6 weeks)</p>	<p><u>Ambulatory Care</u>  Ambulatory Geriatrics (6 weeks)  Ambulatory Oncology (6 weeks)  Anticoagulation Clinic (6 weeks)  Global Health (longitudinal)  Home Infusion (6 weeks)  Outpatient Specialty Pharmacy (6 weeks)  Pharmacotherapy Clinic (6 weeks)  Primary Care (6 weeks)</p>
<p><b>Longitudinal Projects</b>  Research/Major Project  Formulary Project  Advisor (mentorship and support)  Teaching Certificate (optional)</p>	<p><u>Non-Direct Patient Care</u>  Managed Care (6 weeks)  Pharmacy Informatics and Automation (6 weeks)</p>

*Note: Residency program structure documents describe proposed 2025-2026 requirements. At the end of each residency year, meetings with residents and preceptors are convened evaluating the program. As a result of this feedback, changes to program structure may be implemented, as applicable, to improve the experience.*

A strength of our program lies in the diversity of learning experiences offered, facilitating broad exposure to many aspects of pharmacy practice. Pharmacy residents have the flexibility to spend additional time in pharmacy practice areas of interest. In compliance with the ASHP PGY1 Residency Standard, no more than one-third of direct patient care learning experiences in a 12-month residency program may deal with a specific patient disease state or population (e.g. neonatal/ pediatrics, oncology, cardiology). Pharmacy residents must spend two-thirds or more of the program in direct patient care activities.

**Clinical and Operational Staffing**

Pharmacy residents have a longitudinal staffing experience that includes clinical and operational practice (de-centralized clinical services and Central Pharmacy distribution). Residents staff Saturday and Sunday every other weekend (with some breaks for conferences and holidays). Former residents consistently note that the staffing experience is one of the most important opportunities to grow in autonomy and confidence as a hospital pharmacist.

**Research/Major Project**

Pharmacy residents are required to complete a major project during the twelve-month program. The project will relate to an aspect of pharmacy practice, typically involving original clinical/administrative research or program/service development. Projects involving other aspects of pharmacy practice may be approved by the Residency Program Director. The Pharmacy Research Committee, under direction of the Residency Program Director, oversees project selection, development, and completion over the course of the year. Pharmacy resident projects are presented at the ASHP Midyear Clinical Meeting in December (as research in progress) and at Northwestern State Residency Conference in the Spring. The project must also be submitted in written form as a manuscript prior to the completion of the residency year.

## **Formulary Project**

Pharmacy residents work in groups on a longitudinal formulary project for the health system during the twelve-month program. This may include drug class reviews or monographs. At Providence, formulary decisions are decided system-wide, giving residents the opportunity to evaluate the impact of formulary decisions on a large scale. Residents assess the formulary options, develop a written evaluation with recommendations, and ultimately present their recommendations to the Providence System Pharmacy & Therapeutics Committee.

## **Advisor**

Pharmacy residents meet at least quarterly with an assigned advisor during the twelve-month program. Advisors serve as supportive mentors for residents, meeting periodically to check-in, share advice, and support longitudinal progress during the residency year. Career goals, updating a CV, navigating professional conflict, changing rotation schedule, etc. are some common conversation topics between advisors and residents. Each advisor-resident pair is encouraged to establish a meeting schedule that works for them.

## **Teaching Certificate Program**

Pharmacy residents have the option of participating in the Oregon Teaching Certificate Program offered in collaboration by Pacific University and Oregon State University. The teaching certificate program includes didactic instruction and application. Pharmacy residents may participate in delivering lectures, facilitating skills-based training, or leading small group discussions. The costs of the teaching certificate are covered by the residency program.

## **Residency Hours**

A minimum of 52 weeks are required for completion of the residency program. The expectation of the residency program is that the residents will put in the time and effort necessary to effectively complete the program objectives. This typically requires more than a 40-hour workweek to obtain the maximum benefits of the program. Preceptors are responsible for ensuring that the resident understands the time requirements for each learning experience. Clinical and operational staffing responsibilities are a part of the resident's learning experience, contributing to growth as a clinical pharmacist in the acute care setting. The resident positions are considered "exempt" (salaried) positions by Providence and are not paid per hour.

## **Program Participants and Roles**

The following people/groups have specific responsibilities within the residency program:

### Residency Program Director (RPD)

The RPD defines the overall structure for the residency program and ensures the program adheres to current ASHP standards. Feedback from preceptors, residents, RPC, and Pharmacy Director is reviewed and implemented by the RPD. Resident progress is tracked by the RPD through facilitation of RAC meetings, review of all resident evaluations in PharmAcademic, and completion of quarterly updates to residents' development plans. The RPD communicates with the RPC with regard to the residency program activities and learning experiences.

### Residency Program Coordinator (RPC)

The RPC serves as a resource to residents within the program including meeting at least once monthly to discuss program updates and solicit resident feedback. In conjunction with the RPD, the RPC facilitates residency program orientation, preceptor record of contribution and commitment to pharmacy practice as detailed in the Preceptor Requirements and Ongoing Preceptor Development Policy, and timely completion of resident evaluations by preceptors. The RPC assists with the provision of quality learning experiences and action plans, if indicated. The RPC is responsible for communication of residency program activities and initiatives to preceptors. The RPC coordinates and facilitates preceptor development opportunities and communicates upcoming opportunities to preceptors.

### Residency Advisory Committee (RAC)

The RAC is composed of the RPD, RPC, preceptors of required/selective rotations, and select preceptors of elective rotations. RAC meets at least four times a year to track resident progress and overall program effectiveness. The RPD schedules and plans these meetings. At least four times a year, the RAC reviews evaluations and feedback from preceptors to determine resident progress toward overall achievement of assigned residency program goals and objectives. RAC ultimately determines "Achieved for Residency" for resident assigned goals and objectives. RAC also reviews preceptor evaluations, learning experience evaluations, and periodic program surveys to assess program quality and determine if program modifications are needed. If scores or trends are identified indicating need for a progress improvement plan, as specified in the Preceptor Requirements and Ongoing Preceptor Development Policy, the RPD will follow-up with the preceptor.

### Preceptors

Preceptors are professionally and educationally qualified pharmacists meeting the eligibility requirements set forth by ASHP standards. Preceptors are committed to being role models and providing high quality educational experiences and training for the residents. To assess performance and residency progress, Preceptors provide formative assessment and feedback regularly and complete summative evaluations upon completion of each learning experience.

### Resident Advisors

Each resident is matched with a Resident Advisor who serves as a supportive mentor during the residency year. The Resident Advisors provide direction to the resident to help foster self-confidence. Meetings occur periodically to check-in, share advice and expertise, and support longitudinal progress throughout the year. Resident Advisors instill values needed for professional development and provide guidance on topics including but not limited to program navigation, professional development, and conflict management. To assess longitudinal progress, Resident Advisors complete quarterly evaluations through PharmAcademic.

## **Resident Evaluation**

The Residency Program Design and Conduct (RPDC) process for evaluation will be used to assess the resident's progress throughout the program using the web-based ASHP PharmAcademic software.

### Initial Assessment

Residents will be assigned the ASHP Entering Interests form and the Entering Objective-Based Self-Evaluation prior to or at the beginning of the residency year. The RPD/RPC will meet with each resident during orientation to discuss these evaluations. Prior to the end of orientation, the resident will summarize their strengths, areas for improvement, interests/career goals, and objective-based evaluation and use that information to develop their initial development plan. This plan will be documented and uploaded into PharmAcademic.

### Summative Evaluations

All learning experiences will be assigned a minimum of one summative evaluation to be completed by the preceptor. Longitudinal experiences are required to have a summative evaluation to be completed by the preceptor every 12 weeks. At the end of each learning experience, residents will receive verbal and written assessment on the extent of their progress toward achievement of assigned goals and objectives. Preceptors and residents are expected to dedicate time to discuss the resident's progress towards achievement of residency specific goals and objectives. The summative evaluation should be discussed by the last day of the rotation to ensure that the resident receives timely feedback. The preceptor is responsible for completing a summative evaluation in PharmAcademic within 7 days of the end of the rotation, documenting this assessment. Preceptors should utilize the below scale when evaluating residents.

Score	Definition
<b>Needs Improvement (NI)</b>	<ul style="list-style-type: none"> <li>• Inadequate progress made on this learning experience to achieve competency</li> <li>• Resident displays ≥ 1 of the following characteristics: <ul style="list-style-type: none"> <li>○ Requires direct and repeated supervision / guidance / intervention / prompting</li> <li>○ Makes questionable / unsafe / not evidence-based decisions</li> <li>○ Fails to incorporate or seek out feedback</li> <li>○ Fails to complete tasks in a time appropriate manner</li> <li>○ Acts in an unprofessional manner</li> </ul> </li> <li>• <b>Note: Preceptors must discuss any NI ratings with RPD. This discussion should occur no later than midpoint, except in extenuating circumstances when the performance concern first becomes evident after midpoint. Most cases will require a performance improvement plan to support resident progress at the discretion of the RPD.</b></li> </ul>
<b>Satisfactory Progress (SP)</b>	<ul style="list-style-type: none"> <li>• Additional experience is needed to ensure competency</li> <li>• Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.</li> </ul>
<b>Achieved (ACH)</b>	<ul style="list-style-type: none"> <li>• Achieved competency for this learning experience</li> <li>• Resident displays all of the following characteristics: <ul style="list-style-type: none"> <li>○ Independently and competently completes assigned tasks</li> <li>○ Consistently demonstrates ownership of actions and consequences</li> <li>○ Accurately reflects on performance and can create a sound plan for improvement</li> <li>○ Appropriately seeks guidance when needed</li> </ul> </li> </ul>
<b>Not Applicable (NA)</b>	<ul style="list-style-type: none"> <li>• Used to indicate that a goal or objective will not be assessed during a learning experience</li> <li>• RPD should be contacted to revisit the alignment of the objective with the learning experience</li> </ul>

Residents should expect specific and actionable comments recognizing the resident’s skill development and progression, and recommendations for improvement. There should also be a plan of action in any goal/objective marked as Needs Improvement. The assessment must be cosigned by the resident and routed to the RPD for review and signature. Residents will meet quarterly with the RPD/RPC to review evaluations, to review progress towards completion of the program’s goals and objectives, and to update the Resident Development Plan. After quarterly review of resident progress and evaluations, the RAC will determine when a goal/objective is considered Achieved for Residency (ACHR).

#### Evaluation of the Preceptor and Learning Experience

Residents are required to complete at least one evaluation of each preceptor and an evaluation of the learning experience at the end of each learning experience. Evaluations must be completed within 7 days of the end of the learning experience or quarterly for longitudinal experiences. The Resident evaluations of the preceptor and learning experience will be reviewed by the preceptor at the end of each rotation.

## **Residency Program Eligibility Requirements**

### **Licensure**

The resident should complete pharmacy licensure with Oregon Board of Pharmacy licensure within the first 120 days of the residency program. This ensures that the resident will be licensed two-thirds of the residency year per ASHP requirements. It is not required that the resident be licensed as a pharmacist at the beginning of the residency year. However, it is the expectation that the resident will become licensed at the earliest opportunity once Oregon Board of Pharmacy requirements for licensure as a pharmacist are met. The Board requires 1,440 intern hours for licensure. If not licensed as a pharmacist at the beginning of the program, it is required that the resident be licensed as a Pharmacy Intern in the state of Oregon.

### **Dismissal from the Residency Program**

Dismissal from the residency program can occur because of detrimental misconduct as defined by Providence Health and Services Oregon Performance Management Policy, two unsatisfactory learning experience evaluations, excessive time away from the residency program, or failure to achieve licensure in a timely manner, as assessed by RAC and RPD/RPC. See Residency Dismissal Policy for further details.



## **Educational Training**

Certification programs, competencies, and educational trainings are required of pharmacists prior to their participation in Pharmacy programs. The residents are required to complete these certification programs and competencies during the Orientation rotation. The required programs will be assigned and tracked utilizing a pathway on Degreed, Providence's learning platform.

## **Miscellaneous Requirements**

Additional requirements of the residency program include (see Successful Completion of Pharmacy Residency policy):

- Participation in a medication use evaluation (MUE)
- Completion of a drug class review, drug monograph, treatment guideline, or protocol
- Completion of drug information questions, as assigned
- Participation in the City-Wide Residency Conferences (for teaching certificate, optional)
- Participation in a local, regional, or national pharmacy organization as an active committee member (optional)
- Advanced Cardiac Life Support Certification
- Completion of a major project including a formal presentation at a regional residency conference, a manuscript draft formatted in a publication ready manner, and a poster presentation at a local, state or national meeting
- Miscellaneous projects as assigned by preceptors
- Involvement and participation with recruitment activities as requested and defined by RPD in the Residency Expectations policy

## **Health Screening**

Health screening is required by the Human Resources department prior to the beginning of the residency program.

## **Health-System and Hospital Orientation**

Residents are required to attend health-system and hospital orientation at the start of the residency. This orientation will be scheduled by HR. The RPD/RPC will design and lead a program-specific orientation for residents.

## **Professional Involvement**

Residents are required to become members of OSHP, OSPA, ACCP, or ASHP during their residency. Residents are encouraged to participate on local or national committees or councils as time permits

## **Residency Portfolio**

Each resident is required to maintain a residency portfolio which should include the following:

- SharePoint content
  - Orientation Materials
  - Copy of signed contract for residency year
  - Copy of Teaching Certificate (if obtained)
  - IRB approval forms
  - IRB close out forms
  - Responses to drug information questions
  - Formulary Project: drug class review, monograph, treatment guideline or protocol
  - Medication Use Evaluation summary
  - Major Project poster presentation and any additional posters presented
  - Regional Residency Conference Major Project presentation
  - Major Project Manuscript
  - Copies of all presentations throughout the year with notation of where presented and target audience
  - Copies of projects completed
  - Any additional documents: e.g., clinical pearl presentations, journal clubs completed/facilitated, projects related to Practice Management Conferences, miscellaneous projects/presentations

- PharmAcademic content
  - All longitudinal evaluations
  - All rotation evaluations
  - Resident Entering Self-Assessment Form
- Completion requirements checklist (completed by RPD, RPC, and resident)

## Residency Program Benefits

### Employee Benefits

Pharmacy residents qualify for employee benefits consistent with staff level positions at Providence. They receive medical, dental, vision, and retirement benefits as outlined in the HR benefits section of the [Residency Manual](#). Pharmacy residents also park for free on campus.

### Business Cards

Residents will receive personal business cards following onboarding to the resident program.

### Paid Time Off

Residents receive 25 days of PTO (inclusive of vacation, holidays, and sick leave). Paid time off requests are to be submitted in adherence with the Pharmacy Resident Staffing and Paid Time Off policy and are subject to approval by Preceptors, Manager of Clinical Pharmacy Services, and RPD.

### Sick Time

On the occasion when it may be necessary to call in sick, contact the rotation preceptor, Manager of Clinical Pharmacy Services, and RPD as outlined in the Resident Staffing & Paid Time Off policy. All absences from weekend staffing shifts due to illness or emergency must be reported to a central pharmacist as soon as the caregiver knows that they will be absent. For day and evening shifts, call outs should occur at least 2 hours prior to scheduled start time in compliance with the PSVMC Pharmacy Staffing policy.

### Travel

Travel expenses are reimbursable for approved conferences and are subject to change within the residency year. These expenses include flights, hotels, conference registration, and will be covered with approval by the RPD.

## Residency Policies and Expectations

### Residency Policies

Residency policies are located within PolicyStat, and are also accessible from the [PGY1 Pharmacy Residency site](#) and internal Residency SharePoint site. A list of current residency policies include the following:

- [Pharmacy Scope of Practice - OR Region](#)
- [Pharmacy Resident Expectations - OR Region](#)
- [Resident Evaluation and Progress - OR Region](#)
- [Pharmacy Resident Staffing and Paid Time Off - PGY1 Pharmacy and PGY1/PGY2 HSPAL](#)
- [Successful Completion of Pharmacy Residency - PGY1 Pharmacy and PGY1/PGY2 HSPAL](#)
- [Pharmacy Resident Dismissal - OR Region](#)
- [Pharmacy Residency Preceptor Requirements, Appointment, and Development - OR Region](#)

**Dress Code**

Residents are expected to dress in an appropriate, professional manner whenever they are on Providence campus or attending any function as a representative of Providence. The Manager of Clinical Pharmacy Services and rotation primary preceptors will determine specific requirements. Providence employee badges are required to be visible at all times when on Providence campus. If the employee badge is lost, the resident must report the loss immediately to security and render a fee for replacement.

**Time Cards**

Time cards are required to be completed electronically. Residents will let their preceptor, Manager of Clinical Pharmacy Services, and RPD know of any PTO time taken prior to the end of the pay period as outlined in the Resident Staffing & Paid Time Off policy.