



Providence St. Vincent Medical Center
Portland, Oregon

PGY1 Pharmacy Residency Program

Residency Program Manual
2026 – 2027

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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>Required Experiences (28 weeks)</p> <p>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>Elective Experiences (18 weeks) <i>Choose three 6-week electives. At least two electives must be in direct patient care.</i></p> <p><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>Selective Experiences (6 weeks) <i>Choose one of the following selectives.</i></p> <p>Primary Care (6 weeks) Ambulatory Geriatrics (6 weeks) Pharmacotherapy Clinic (6 weeks) Anticoagulation Clinic (6 weeks)</p>	<p><u>Ambulatory Care</u> Ambulatory Geriatrics (6 weeks) Ambulatory Oncology (6 weeks) Anticoagulation Clinic (6 weeks) Home Infusion (6 weeks) Outpatient Specialty Pharmacy (6 weeks) Pharmacotherapy Clinic (6 weeks) Primary Care (6 weeks)</p> <p><u>Non-Direct Patient Care</u> Managed Care (6 weeks) Pharmacy Informatics and Automation (6 weeks) Teaching Certificate (longitudinal)</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 the 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 ASHP standards, 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). Clinical staffing will be in adult medicine and surgery wards. Residents may be offered the opportunity to staff other clinical services in the second half of the year after gaining more experience (e.g. cardiology, critical care, pediatrics/NICU, emergency medicine). Residents staff on Saturday and Sunday 23 weekends of the year, plus two 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. 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, not hourly) positions.

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
Needs Improvement (NI)	<ul style="list-style-type: none"> • Inadequate progress made on this learning experience to achieve competency • Resident displays ≥ 1 of the following characteristics: <ul style="list-style-type: none"> ○ Requires direct and repeated supervision / guidance / intervention / prompting ○ Makes questionable / unsafe / not evidence-based decisions ○ Fails to incorporate or seek out feedback ○ Fails to complete tasks in a time appropriate manner ○ Acts in an unprofessional manner • 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.
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Additional experience is needed to ensure competency • Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.
Achieved (ACH)	<ul style="list-style-type: none"> • Achieved competency for this learning experience • Resident displays all of the following characteristics: <ul style="list-style-type: none"> ○ Independently and competently completes assigned tasks ○ Consistently demonstrates ownership of actions and consequences ○ Accurately reflects on performance and can create a sound plan for improvement ○ Appropriately seeks guidance when needed
Not Applicable (NA)	<ul style="list-style-type: none"> • Used to indicate that a goal or objective will not be assessed during a learning experience • RPD should be contacted to revisit the alignment of the objective with the learning experience

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 must obtain licensure as a pharmacist with the Oregon Board of Pharmacy within the first 90 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. 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 Counseling and Corrective Action 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

Competencies and educational trainings are required of pharmacists prior to their participation under Providence Oregon clinical pharmacy agreements. The residents are required to complete these competencies during the Orientation rotation. The required programs will be assigned and tracked at the beginning of the program.

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 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.

Paid Time Off

Residents receive 28 days of PTO (inclusive of personal time, 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 and RPD.

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

Pharmacy Scope of Practice

I. Objective

- A. Define the scope of practice/care for Pharmacy services in the Providence Oregon Region.

II. Scope of Practice/Care

- A. The Scope of Care for the Pharmacy Services is to provide high-quality, cost-effective pharmaceutical care to patients in the inpatient and outpatient practice settings across the Oregon Region. The Oregon Region includes two large tertiary care teaching centers, six community-based hospitals, home infusion services, specialty pharmacy services (Credena), managed care services (Providence Health Plan), geriatrics clinics (ElderPlace and Elder at Home), and over 100 primary care medical clinics in and around Portland (Providence Medical Group). Pharmacy Services is committed to the provision of comprehensive pharmaceutical care, including integration with the health care team and participation in a variety of clinical pharmacy agreement (CPA) protocols.
- B. The Inpatient Pharmacy Department provides a complete scope of decentralized progressive services. Pharmaceutical care is integrated with other elements of the patient care process, through the provision of pharmaceuticals and IV admixtures and various clinical pharmacy services including drug therapy, monitoring, and individualized drug dosing.
- C. Clinical Pharmacists provide decentralized clinical pharmacy services including participation in CPAs, rounding with health care teams on target units, performing profile review, monitoring pharmacotherapy, and making recommendations. There is an active component of drug information and consultation provided to physicians, nurses, and other health care providers. Pharmacist CPA dosing protocols include those specified in Clinical Pharmacy Agreements in Acute Care - OR Region. Other P&T approved pharmacy dosing protocols include stress ulcer prophylaxis, IV to PO, and renal dosage adjustment.
- D. Pharmacists also review most medication and IV orders for accuracy, allergies, dosing adjustments, drug interactions, and appropriateness.
- E. Pharmacy technician support is utilized on all three shifts. The unit dose drug distribution system is utilized throughout the inpatient population.
- F. The primary mode for drug delivery is the Pyxis Profile system. Pharmacy personnel maintain stock of medications in these machines. IV Admixture Service is centralized and under the control of Pharmacy. Order processing and dispensing is centralized, with clinical services decentralized on day and evening shifts.
- G. Pharmacotherapy clinics staffed by pharmacists provide medication recommendations, counseling, and monitoring to patients on specialized drug regimens. Pharmacy-staffed outpatient Anticoagulation Clinics are also available on a referral basis for patients who need to have their anticoagulation therapy adjusted and monitored.
- H. Pharmacy Services strives to operate with a high degree of flexibility and innovation to meet the changing needs of the health care environment.

Pharmacy Resident Expectations

I. Objective

- A. Describe expectations of pharmacy residents.

II. Supervision of Pharmacy Residents

- A. The resident reports to a designated Providence core leader.
- B. The resident is also supervised by the Residency Program Director (RPD), who works in collaboration with resident core leaders.
- C. Preceptors also supervise residents on learning experiences.

II. Resident Responsibilities

- A. Abide by all policies and values of the organization at all times.
- B. Develop personal goals for the residency following an initial evaluation of career interests, prior experience, and areas of strength and weakness.
- C. Adhere to rotation expectations:
 1. Meet with rotation preceptor to define individual goals and objectives for the rotation prior to the beginning of the rotation.
 2. Complete assignments as scheduled and by the end of the rotation.
 3. Communicate with RPD regarding progress and/or difficulties encountered in meeting goals and objectives while on rotation.
 4. Complete written preceptor and learning experience evaluations as scheduled in PharmAcademic.
 5. Provide qualitative feedback in evaluations.
- D. Compliance with rotation attendance:
 1. Be present on rotation at times specified by primary preceptor. Note that patient care and other rotation responsibilities may require resident presence on rotation beyond typical 8-hour days (e.g. arriving early to pre-round, staying late to address patient care issues).
 2. Be away from rotation for no more than 10 days of a 6-week rotation. In addition to time away from rotation, ASHP specifies that residents may not spend more than 37 days away from the residency program within a residency year. For details, see applicable Successful Completion of Residency policy for the program.
 - a. Missed rotation time for any of the following reasons is considered time away from rotation: paid time off (including holidays and sick days), project/comp days (on direct patient care rotations), interviews, longitudinal experiences, teaching certificate experiences, conferences/seminars, licensure exams.
 - b. Project days on the following rotations are not considered time away from rotation: administration, informatics and automation, managed care.
 - c. Other instances of time away from rotation beyond the above are at the discretion of the primary preceptor.
 - d. For partial days, primary preceptor will determine whether the day is counted as missed based on their assessment of the learning activities missed.
- E. Complete and sign off all timecards electronically.
- F. Dress in an appropriate, professional manner whenever on a Providence campus or attending any function as a representative of Providence. The RPD and rotation primary preceptors will determine specific requirements. Providence employee badges are required to be visible at all times when on a Providence campus. If the badge is lost, the resident must report the loss immediately to security and render a fee for replacement.
- G. Compliance with timelines and deadlines for assigned projects:
 1. Timely communication with project preceptor(s) and RPD on project progress.
 2. Meet with project preceptor(s) regularly, as defined by preceptor(s).
 3. Provide enough lead time, as defined by preceptor(s), for project preceptor(s) to review and incorporate

feedback on necessary documents before presenting to RPD for final approval.

H. Compliance and timely completion of work assigned by RPD:

1. Attend all residency program meetings.
2. Document residency program requirements in an electronic residency portfolio (at least two weeks before the end of residency — drafts can be upload in place of items that are still in progress).
3. Update and submit development plans to RPD per RPD instructions.
4. Perform assigned lead resident role.

I. Timely communication regarding absences and requested leave. Failure to inform the RPD of an absence/illness will qualify as an unexcused absence per applicable HR policies.

J. Provision of Pharmacy staffing coverage as indicated by the pharmacist staffing schedule.

K. Provision of required presentations and posters throughout the residency.

L. Involvement and participation with recruitment activities as defined by RPD:

1. Attendance at the ASHP Midyear Clinical Meeting and regional residency conference unless absence is excused by RPD. Residents may attend other professional meetings at the discretion of the RPD.
2. Participation in recruitment showcases at local and national meetings is required unless excused by RPD.
3. Participation in virtual information sessions is required unless excused by RPD.
4. Participation in the candidate interview process is required unless excused by RPD.

Pharmacy Resident Evaluation and Progress

I. Objective

A. Describe processes for evaluation and documentation of pharmacy resident performance and progress.

II. Evaluation Elements

A. Effective evaluation of the resident's performance is a necessary and required element of the residency program. Assessment of the resident's performance should directly link back to the goals and objectives of the residency program. There are six main components to the evaluation process:

1. Preceptor evaluation of the resident's attainment of the goals and objectives assigned for the rotation.
2. Resident self-assessment of attainment of the goals and objectives assigned for the rotation.
3. Resident assessment of the preceptor and learning experience.
4. Residency Program Director's (RPD) and/or Residency Program Coordinator's (RPC) assessment of the resident's progress towards completing the goals and objectives of the residency program and need for revision on the resident development plan.
5. Residency Advisory Committee's (RAC) assessment of resident's progress towards completing goals and objectives of the residency program. The RAC will ultimately decide if the resident has achieved the goals and objectives of the residency program.

B. ASHP Residency Program Design and Conduct tools will be used in evaluating the resident's performance. These tools include:

1. Goals and objectives
2. Summative evaluation form
3. Preceptor evaluation form
4. Rotation evaluation form
5. PharmAcademic on-line resident evaluation system

C. The following scoring tools/scales are applied:

1. Summative evaluation - ASHP Summative Scale (customized to show definitions, as indicated below)
 - a. Needs Improvement (not making progress to achieve competency)
 - i. Resident displays ≥ 1 of the following characteristics: requires direct and repeated supervision / guidance / intervention / prompting, makes questionable / unsafe / not evidence-based decisions, fails to incorporate or seek out feedback, fails to complete tasks in a time appropriate manner, acts in an unprofessional manner.
 - ii. Preceptors must discuss any Needs Improvement ratings with RPD. This discussion should occur no later than midpoint, except in extenuating circumstances when the performance concern first becomes evident after midpoint.
 - iii. In most cases, a Needs Improvement rating will require a performance improvement plan to support resident progress. This is at the discretion of the RPD.
 - iv. An unsatisfactory learning experience evaluation is defined as ≥ 3 Needs Improvement ratings on assigned objectives for a given learning experience
 - v. Preceptors may not issue an unsatisfactory learning experience evaluation to resident unless they have discussed with RPD and worked on a formal performance improvement plan with the resident.
 - vi. As a result of an unsatisfactory learning experience evaluation, RAC will ultimately decide whether a learning experience needs to be extended, repeated, or requirements met through an alternative learning experience.
 - b. Satisfactory Progress (experience needs to be repeated to ensure competency)
 - i. Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.
 - c. Achieved (achieved competency for this rotation)
 - i. Resident displays all of the following characteristics: independently and competently

completes assigned tasks, consistently demonstrates ownership of actions and consequences, accurately reflects on performance and can create a sound plan for improvement, appropriately seeks guidance when needed.

- d. Achieved for the Residency
 - i. Resident can perform associated activities independently across the scope of pharmacy practice.
 - ii. Based on resident evaluations, RAC will determine whether an objective is considered achieved for residency.
- e. Not Applicable

2. Preceptor evaluation - ASHP Preceptor Scale
 - a. Always, Frequently, Sometimes, Never
3. Learning experience evaluation - ASHP Learning Experience Scale
 - a. Consistently True, Partially True, False

D. The PharmAcademic program can be accessed at the following link: <https://pharmacademic.com>

III. Evaluation Process

- A. Residency Program Director and/or Residency Program Coordinator requirements
 1. RPD/RPC, in collaboration with preceptors, will assign individual goals and objectives for evaluation to the rotations and learning experiences.
 2. RPD/RPC will assure that all resident and preceptor evaluations are submitted.
 3. RPD/RPC shall review and sign all completed learning experience/rotation evaluations.
 4. RPD/RPC will track the residents' progress towards completion of the programs goals and objectives through evaluations, quarterly development plans, and regular RAC meetings.
- B. Preceptor requirements
 1. Prior to the resident starting the rotation, the preceptor should review the resident's previous evaluations documented in PharmAcademic.
 2. Preceptor will communicate with RPD if resident is not progressing as expected (see specific expectations under Needs Improvement above). This communication should occur no later than midpoint, except in extenuating circumstances when the performance concern first becomes evident after midpoint.
 3. At the beginning of the rotation the preceptor shall review the evaluation process with the resident. Be sure that it is clear which tools (i.e. summative evaluations) will be utilized in the evaluation process. The feedback mechanism within PharmAcademic will be used for giving specific formative feedback to the resident when desired or when it is felt the resident will benefit from specific feedback on their performance.
 4. Upon completion of the rotation, the preceptor is required to complete the Summative Evaluation for the rotation. Assessment of strengths, areas for improvement, and specific recommendations should be included for each objective that the preceptor is evaluating.
 - a. If an objective is already marked as Achieved for Residency, the preceptor may choose not to add comments.
 5. Prior to submitting the summative evaluation, the preceptor and resident shall meet to review the completed resident evaluation. The preceptor will compare evaluation scores and comments with resident self-assessment and discuss evaluation ratings with the resident. The evaluation shall be signed by the preceptor and resident. The completed evaluation shall be forwarded to the program director for review.
 6. For longitudinal rotations, a summative evaluation must be completed at intervals specified in PharmAcademic.
- C. Resident requirements
 1. The resident shall meet with the preceptor prior to the beginning of the rotation to review expectations,

the evaluation process, and the tools to be used for evaluations.

2. Upon completion of the rotation, the resident is required to complete the assigned PharmAcademic evaluations for each rotation. When meeting to review the preceptor's evaluation of the resident's performance, the resident and preceptor should also discuss the resident's self-evaluation, the evaluation of the preceptor, and rotation evaluation. Areas where the evaluations differ can be used as learning opportunities for the resident in self-assessment.
3. All forms are to be signed by both preceptor and resident and submitted to the program director for review via PharmAcademic. Throughout the learning experiences, the resident should ask for feedback when necessary.

IV. Evaluation Deadlines

- A. Summative evaluations, preceptor evaluations, and learning experience/rotation evaluations are due on the last day of the learning experience and are considered late after seven days following the end of the learning experience.
 1. Longitudinal experiences will have recurring evaluations scheduled throughout the year. These are due on the date assigned by PharmAcademic and are considered late after seven days following that date.
- B. Criteria-based checklists are due by the end of the week assigned.

V. Tracking Resident Progress

- A. RPD/RPC will meet with each resident quarterly to review the resident development plan, overall performance, and progress toward completion of residency goals and objectives. In addition, individual plan will be reviewed and appropriate changes made to the plan, as indicated.
 1. The quarterly resident development plan meetings will also assess progress related but not limited to longitudinal rotations including Formulary Project, Major Project, and Staffing experiences.
- B. RPD/RPC will review evaluations completed for each resident at least quarterly.
- C. RAC will meet at least four times a year to track resident progress and overall program effectiveness. RPD/RPC will present a summary of each resident's overall progress to RAC. RAC will determine progress toward overall achievement of residency goals and objectives. If issues are identified indicating need for a performance improvement plan or modification to the resident development plan, RPD/RPC will follow-up with preceptors and/or the resident, as appropriate.

Pharmacy Resident Staffing and Paid Time Off

I. Objective

- A. Describe guidelines for pharmacy resident staffing requirements for successful completion of the PGY1 Pharmacy Residency Program.
- B. Provide resident staffing guidelines that fall within the ASHP requirements for staffing hours.
- C. Describe process for pharmacy resident paid time off (PTO) requests and approval.
- D. Provide guidelines regarding resident staffing outside of required staffing for the residency program (i.e. moonlighting).

II. Required Staffing

- A. Residents are required to staff the equivalent of 32 hours per four week period during the residency. The residents will begin training for staffing during orientation.
- B. There may be flexibility in the scheduling of staffing days. For example, in lieu of working a whole weekend, the resident may be staffed on 2 weekend days or another shift, as coordinated with the pharmacy manager.
- C. The resident will staff as an independent pharmacist upon obtainment of licensure in the state of Oregon and upon successful completion of orientation and core competencies. Until then the resident will be scheduled as an extra pharmacist. This should occur no later than the Thanksgiving holiday.
- D. Each resident will be required to work two of the following holidays: Thanksgiving Day, Christmas Day, or New Year's Day, Martin Luther King Jr. Day, or Memorial Day.
- E. Each resident may also be required to work other holidays (including Providence observed holidays) if they fall during the resident's usual staffing schedule. For residents not working Providence holidays, PTO will automatically be used.
- F. The clinical responsibilities of the resident staffing will be determined between the pharmacy manager and the resident based on experience and goals. Residents must complete all clinical competency programs prior to staffing any shift required to perform these dosing activities.

III. Resident PTO request and approval

- A. Each resident will receive 28 days of PTO for the year. The following restrictions apply:
 - 1. Five days of PTO are reserved for sick leave.
 - 2. Five days of PTO are reserved for PGY2 residency, fellowship, or post-residency job interviews.
 - 3. Sufficient PTO must be reserved for Providence observed holidays. This amount varies based on the calendar year, but will not exceed five days.
 - a. When a resident staffs on a holiday, PTO will not be used for that day. If a resident is not staffing on a holiday and the holiday falls on a weekday, PTO will automatically be used. The resident will not attend rotation on a holiday.
- B. A weekday missed for any of the following reasons requires use of PTO: planned days off, planned holidays off, sick days and other unplanned days off, interviews.
 - 1. If resident is present on rotation but needs to leave early due to illness or other unplanned events, no use of PTO is required for that day.
 - 2. If time away for an interview is approved and the resident is away from rotation for less than 3 hours to participate in the interview, use of PTO is not required.
 - 3. Time away from rotation for residency program activities (e.g. longitudinal experiences, teaching certificate experiences), required conferences/seminars, or first attempts to take initial licensure exams (NAPLEX and OR MPJE) does not require use of PTO.
 - 4. A weekend staffing shift missed does not require use of PTO. If a resident is staffing on the weekend but leaves early due to illness, it does not count as a missed weekend staffing shift.
- C. Requests for PTO/days off are not guaranteed. Requests will be approved based upon departmental needs per

departmental scheduling process.

D. Request for PTO/days off should be submitted at least six weeks in advance per departmental scheduling processes whenever possible. Requests submitted less than six weeks in advance will still be considered. It is recommended that residents obtain necessary approvals before making plans for PTO.

E. Before submitting PTO, note the total PTO days already used for the year and time off from rotation as well as time away from the residency program. Significant time away from the residency program may deter from achieving successful completion of the residency program. ASHP specifies that residents may not spend more than 37 days away from the residency program within a residency year. See Successful Completion of Residency Policy for details.

1. Residents are not permitted to miss more than ten days out of a six-week learning experience.
2. PTO requests must not jeopardize achieving any requirements of the residency program.
3. Residents will review and send a copy of the Resident PTO Tracking Table to specified approvers when requesting PTO.

F. When requesting planned time off/PTO, the resident must complete the following steps:

1. Determine whether requested dates conflict with any residency program activities (e.g. meetings, educational activities, conferences). If there is a conflict, the resident must obtain RPD approval.
2. Determine whether requested dates conflict with rotation schedule. If there is a conflict, the resident must obtain primary preceptor approval.
3. Determine whether requested dates conflict with weekend staffing. If there is a conflict:
 - a. The resident may attempt to trade shifts with a co-resident (preferred) or another pharmacist. Resident must be staffing independently to trade with a non-resident pharmacist, and the trade may not result in overtime for the non-resident pharmacist. Follow departmental process for finalizing a shift trade.
 - b. If no trade is possible, resident may request approval from site manager if resident has missed less than two staffing shifts. If resident has missed two or more staffing shifts, approval will not be granted outside of extenuating circumstances.
4. If required approvals have been obtained, email RPD and RPC to notify them of the approved time off and state remaining PTO balance (from PTO Tracking Table). RPD/RPC will record PTO use in the resident's PTO Tracking Table.
5. Resident will record PTO on timecard.

G. When unplanned time off/PTO occurs (e.g. illness), the resident must complete the following steps:

1. For weekdays:
 - a. Follow departmental callout process.
 - b. Email the residency program director, residency program coordinator, and primary preceptor to report the time off/PTO.
 - c. Record PTO on timecard.
2. For weekends, attempt to trade shifts with a co-resident. If unable to trade:
 - a. Follow departmental callout process.
 - b. Email the residency program director and residency program coordinator to report the time off/PTO and state remaining number of missed staffing shifts to date (from PTO Tracking Table). RPD/RPC will record missed staffing shifts in the resident's PTO Tracking Table.
 - c. Do not record PTO on timecard. Missed weekend staffing days are not recorded on timecard but do count toward the maximum of two missed weekend staffing shifts.

H. Residents must review and approve their timecards by the end of every pay period. Within the current pay period, residents can make any necessary corrections directly on their timecard. After the pay period, resident will need to fill out a time correction sheet and submit to site manager for approval. All corrections must be processed within 30 days of the date being corrected.

I. Residents must routinely monitor their PTO accrual on their timecard and on their PTO Tracking Table to ensure

they have enough available PTO for planned and unplanned events.

1. If PTO is taken before enough hours have accrued on their timecard, residents will fill out a time correction sheet for the time away as a running tally. When enough hours have accrued, resident will submit form to the site manager to sign and submit to payroll.

IV. Staffing Beyond Requirements of Residency

- A. In the situation where a resident wishes to staff additional shifts ("moonlighting") and opportunities are available within a department of Providence Oregon Pharmacy or for a non-Providence pharmacy, the following guidelines apply:

1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the residency program.
2. Approval for moonlighting by the rotation preceptor must be documented by completing the Moonlighting Approval Form.
3. Resident must receive pre-approval of all moonlighting hours by their Residency Program Director (RPD) for tracking of duty hours. Submit signed approval form to RPD and RPC.
4. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log.
5. Each week in which a resident moonlights, the preceptor must assess if such activity has impacted the resident's ability to achieve the educational goals and objectives of the residency program and to provide safe patient care. The rotation preceptor will contact the RPD and RPC if there are any concerns. On quarterly evaluations, the RPD will discuss and evaluate the amount of moonlight hours the resident has worked, if applicable.
6. Should residents engage in unauthorized moonlighting activities or are non-compliant with the policy, corrective action will be taken. Specific corrective action will be determined by the RPD.
7. The combination of residency hours and moonlighting hours must fall within compliance of work hour restrictions. Duty hours must be limited to 80 hours per week. Residents must have a minimum of one day free of duty in every seven days (averaged over 4 weeks). Residents should have 10 hours and must have 8 hours free of duty between scheduled duty periods.
8. Duty hours must be in compliance with ASHP Duty Hour Requirements. See ASHP guidelines.

Successful Completion of Pharmacy Residency

I. Objectives

- A. Describe requirements necessary for residents to successfully complete the PGY1 Pharmacy Residency Program.**

II. PGY1 Pharmacy Residency Program Requirements

A. Licensure

1. If a resident is not licensed as a pharmacist by the first day of residency, they will need to be licensed as an intern in the state of Oregon.
2. It is the responsibility of the resident to obtain Oregon pharmacist licensure at the earliest opportunity, attaining licensure no later than 90 days after the program start date. Failure to obtain Oregon Pharmacist Licensure within 90 days may result in dismissal from residency program, as determined by the Residency Advisory Committee (RAC).
3. If a resident fails any of the required licensure examinations, the resident must notify the RPD in writing within 24 hours of receiving the exam result. If a resident fails to notify the RPD in writing within 24 hours of receiving the exam result, RAC will take this into account when determining whether to approve an extension of the deadline.
4. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to their RPD within 90 days of the program start date. The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (120 days after program start date) to obtain their pharmacist licensure in the state of Oregon.
5. Residents must complete at least two-thirds of the program as a licensed pharmacist per ASHP standards. Residents who are not licensed by the deadline (90 days) or extended deadline (up to 120 days) will be dismissed from the program.

- B. Residents must receive Achieved for Residency status by the RAC on all ASHP PGY1 Pharmacy Residency objectives.
- C. PGY1 residents must meet the following program requirements:
 1. Complete a major project during the course of the residency year.
 - a. Project will be formally presented at a regional residency conference.
 - b. Project will be written up as a manuscript, formatted in a publication-ready manner.
 - c. Present a poster at a local, state, or national venue.
 2. Prepare a drug class review, monograph, treatment guideline, or protocol (formulary project).
 3. Complete all assigned educational trainings.
 4. Complete a medication use evaluation.
 5. Submit completed portfolio to Residency Program Director (see Resident Portfolio below).
 6. Adhere to Resident Expectations Policy.

IV. Resident Portfolio

A. Portfolio submission

1. Prior to completion of the program, the resident will submit a portfolio documenting accomplishments throughout the year.
2. Resident will post all documents on residency SharePoint site at least 2 weeks prior to the end of the

residency year.

B. Portfolio contents will include:

1. Documents uploaded to SharePoint
 - a. Copy of signed contract for residency year
 - b. Copy of completed onboarding pathway
 - c. IRB approval forms
 - d. Responses to drug information questions
 - e. Formulary project
 - f. Medication use evaluation report
 - g. Major project poster presentation and any additional posters presented
 - h. Regional residency conference major project presentation
 - i. Major project manuscript
 - j. Copies of all presentations throughout the year with notation of audience and venue
 - k. Copies of other projects completed
 - l. Any additional documents (e.g. clinical pearl presentations, journal clubs completed/facilitated, miscellaneous projects/presentations)
 - m. Copy of teaching certificate (if obtained)
 - n. Completion requirements checklist (completed by resident and RPD/RPC)
2. PharmAcademic content (stored on PharmAcademic site)
 - a. All scheduled PharmAcademic evaluations
 - b. ASHP Resident Entering Self-Assessment Form
 - c. Quarterly development plans

V. Residency Advisory Committee (RAC)

A. The Residency Advisory Committee maintains the right to determine if a resident has successfully completed a required learning experience. If, in the determination of the RAC, the resident has not successfully completed a learning experience, the resident may be asked to repeat the rotation or project.

VI. Time Away from Residency

A. Successful completion of the program requires 52 weeks (minus paid time off [PTO]).

B. Significant time away from the residency program may deter from achieving successful completion of the residency program. ASHP standards specify that a resident may not spend more than 37 days away from the residency program within a residency year.

1. ASHP defines time away as "anything not falling within a program's learning experiences" which includes PTO, interviews, conferences, jury duty, and sick time. Project/comp days are not counted as time away.
2. If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the resident's time in the program must be extended by the number of days the resident is away from the program in excess of 37.

C. If time away from the residency program exceeds initial allocation of PTO, the RPD and RAC will assess resident progress and time away from program and, if appropriate, develop a plan for completion of residency requirements.

1. Upon determination by RAC, the residency program may offer a paid extension with full employee benefits for up to three months (90 days) post initial residency completion date to meet successful completion time requirements (#1 above) and allow resident progress toward completion of program goals and objectives.

D. If time away from the residency program exceeds 90 days, upon determination by RAC, the resident may be dismissed from the residency program without further pay and/or the resident may be asked to reapply to the resident program.

E. Standard Providence time off and absence employee policies would apply.

Pharmacy Resident Dismissal

I. Objective

1. Provide the Residency Program Director (RPD) guidelines in assessing the need for dismissal of the pharmacy resident from the residency program.

II. Reasons for Dismissal

- A. Every effort shall be made to assist the resident in the successful completion of the residency program.
- B. After evaluation and counseling, the resident may be terminated for the following:

1. The following list provides examples of reasons for corrective action, up to and including discharge. To try to establish an exhaustive list of acceptable and unacceptable behavior is not a feasible goal but any conduct detrimental to Providence, its patients or its employees may result in disciplinary action or discharge, including but not limited to:

- a. Not meeting appropriate ethical, legal, and regulatory standards or complying with Providence's policies and standards, as outlined in the Code of Conduct and the Standards of Conduct Policy.
- b. Not meeting performance standards for the job, including knowledge and skills below standards considering length of time in the position.
- c. Not participating in improving performance, demonstrated by not meeting behavior and performance standards, poor interpersonal skills, not following direction, or not keeping a commitment to improve performance.
- d. Assault, battery, abuse or other inconsiderate treatment of others, either emotional or physical, including violation of Workplace Violence and Domestic Violence policies.
- e. Violation of policies regarding confidentiality, HIPAA or Providence information, as outlined in the Confidentiality Policy and other Oregon Region policies.
- f. Theft or work-related dishonesty, including falsifying documents or records, misappropriation of funds, or misrepresentation to obtain pay, benefits or privileges including misrepresenting or withholding pertinent information related to employment or employee benefits, or engaging in personal activities during paid work time (such as sleeping, watching television, or playing computer games).
- g. Fraudulent use of sick leave.
- h. Refusing to cooperate, withholding or misrepresenting information during a human resources, security, loss prevention or quality investigation.
- i. Unauthorized possession of firearms, dangerous weapons or explosives while at work or on Providence premises.
- j. Soliciting, offering, or accepting a bribe or gratuity in connection with any Providence business activity.
- k. Violation of Providence Substance-Free Workplace Policy as well as Fitness for Duty Policy.
- l. Abusive, profane, or obscene language, acts, gestures or any form of harassment, intimidation, threats or discrimination based on sex, race, religion or other basis protected by applicable law. (Harassment Discrimination Retaliation Policy).
- m. Insubordination or refusal to accept job assignments or direction from managers or supervisors.
- n. Falsification, unauthorized use or removal, or misuse of any records required in the transaction of Providence business, including patient records, business office records, time cards, and member information.
- o. Involvement in illegal, unethical or immoral activity on Providence property or involving Providence employees, patients, volunteers, physicians, customers or property, or activity that has the potential of causing a loss to Providence or damage to Providence's reputation in the community. Employees are expected to inform their supervisor immediately if charged with or convicted of a crime.
- p. Serious safety/security violations (willful or negligent) that could result in injury to a person or

damage Providence property.

- q. Excessive or persistent unavailability for work, including extended meal periods, unauthorized leaving of work or job abandonment, and violation of the Attendance and Punctuality Policy.
 - r. Not having a current license or certification required for the job.
- 2. Two unsatisfactory learning experience evaluations, as defined in Resident Evaluation and Progress policy, may result in dismissal of the resident from the residency program.
- 3. Time away from the residency program exceeding 90 days, upon determination by RAC, the resident may be dismissed from the residency program without further pay.
- 4. Failure to obtain licensure
 - a. It is the responsibility of the resident to obtain Oregon pharmacist licensure at the earliest opportunity, attaining licensure no later than 90 days after the program start date. Failure to obtain Oregon Pharmacist Licensure within 90 days may result in dismissal from residency program, as determined by the Residency Advisory Committee (RAC).
 - b. If a resident fails any of the required licensure examinations, the resident must notify the RPD in writing within 24 hours of receiving the exam result. If a resident fails to notify the RPD in writing within 24 hours of receiving the exam result, RAC will take this into account when determining whether to approve an extension of the deadline.
 - c. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to their RPD within 90 days of the program start date. The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (120 days after program start date) to obtain their pharmacist licensure in the state of Oregon.
 - d. Residents must complete at least two-thirds of the program as a licensed pharmacist per ASHP standards. Residents who are not licensed by the deadline (90 days) or extended deadline (up to 120 days) will be dismissed from the program.

Pharmacy Residency Preceptor Requirements, Appointment, and Development

I. Objective

- A. Define requirements of Pharmacy residency program preceptors, process for appointment/reappointment of preceptors, and structure of the program's preceptor development plan.

II. Preceptor Requirements

A. ASHP requirements

- 1. Pharmacy residency program preceptors must meet ASHP requirements for preceptors as defined in the current version of the applicable standards.
 - a. Preceptors not meeting ASHP requirements will, in collaboration with the Residency Program Director (RPD) and the preceptor's core leader, prepare an individual preceptor development plan to demonstrate how they will meet the requirements within two years.

B. Program-specific requirements

- 1. Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents.
- 2. Demonstrate consistent ability to assess and provide feedback (verbal and written) on resident performance.
- 3. Demonstrate practice expertise, preceptor skills, and strive to continuously improve.
- 4. Complete a minimum of 2 hours of preceptor training per year (each preceptor will be responsible for documenting the completion of this requirement).
- 5. Track professional accomplishments and update Academic and Professional Record form (APR) and curriculum vitae at least annually.
- 6. Participate actively in the residency program's continuous quality improvement processes.
- 7. Participation in residency program recruitment, resident mentoring, or residency projects is expected, as applicable.
- 8. Attendance at Residency Advisory Committee meetings and/or preceptor development meetings is expected, as applicable.

III. Appointment of New Preceptors

A. When a pharmacist requests to become a preceptor, the RPD will:

- 1. Meet with the pharmacist to discuss precepting desire, qualifications, and past experiences.
- 2. Instruct the pharmacist to complete the APR form and to provide a current version of their curriculum vitae.
- 3. Review the APR form and curriculum vitae.
- 4. Determine whether the pharmacist meets requirements to be appointed as a preceptor in the program.

B. If the preceptor meets requirements for appointment, the RPD will:

- 1. Appoint the preceptor to the program and add the preceptor to PharmAcademic.
- 2. Orient preceptor to the program.
- 3. Orient preceptor to the Residency SharePoint site.
- 4. Orient preceptor to PharmAcademic.
- 5. Orient preceptor to pertinent learning experiences.
- 6. Orient preceptor to the program's preceptor development plan.
- 7. Notify the Residency Advisory Committee of the new preceptor's appointment at the next scheduled meeting.

IV. Reappointment of Preceptors

- A. Preceptors will be reviewed for reappointment every four years.
- B. RPD will review preceptor's current APR form, curriculum vitae, adherence to preceptor requirements (as specified above), and resident feedback in PharmAcademic. RPD will formulate a recommendation regarding preceptor reappointment.
- C. RPD will provide recommendation regarding preceptor reappointment to Residency Advisory Committee.

Residency Advisory Committee will make final determination regarding preceptor reappointment.

D. RPD will notify preceptor and their core leader regarding the decision about reappointment.

V. Preceptor Development Plan

A. To support and continually improve the residency program, Providence in the Oregon Region is committed to providing preceptor development.

B. Preceptor and learning experience resident feedback

1. All preceptor and learning experience evaluations will be reviewed by RPD. As determined by RPD, improvement plans will be developed by RPD, preceptor, and preceptor's core leader for preceptors consistently receiving scores of sometimes or never on the resident's preceptor evaluations or scores of partially true or false on the learning experience evaluations.

2. Each year, a residency program assessment meeting will be scheduled for the Residency Advisory Committee to determine what changes are needed to the program.

3. Feedback from resident and preceptor evaluations, resident and preceptor meetings, as well as the annual assessment will be used to help design and plan upcoming preceptor training programs.

C. Ongoing preceptor training

1. Preceptor development education programs will be provided at a minimum of four times per year. As outlined above, program content will be based upon resident evaluations as well as feedback provided by both residents and preceptors.

2. All preceptors are required to complete at least 2 hours of preceptor training each year.