

Providence Medical Group Oregon Region

Post-Graduate Year 2 (PGY-2) Ambulatory Care Pharmacy Residency Manual

*Specific to PGY2 Ambulatory Care Pharmacy Residency-Portland

^Specific to PGY2 Ambulatory Care Pharmacy Residency-Central Point

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OUR MISSION

As expressions of God's healing love,
witnessed through the ministry of Jesus,
we are steadfast in serving all,
especially those who are poor and vulnerable.

OUR CORE VALUES

Compassion

We reach out to those in need and offer comfort as Jesus did.
We nurture the spiritual, physical and emotional well-being of one another
and those we serve. Through our healing presence, we accompany those who suffer.

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Dignity

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and
worth of every individual. We recognize each interaction as a sacred encounter.

-

Justice

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people,
our resources and our earth. We stand in solidarity with the most vulnerable, working to remove
the causes of oppression and promoting justice for all.

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Excellence

We set the highest standards for ourselves and for our ministry. Through transformation and innovation,
we strive to improve the health and quality of life in our communities. We commit to compassionate,
safe and reliable practices for the care of all.

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Integrity

We hold ourselves accountable to do the right thing for the right reasons. We speak truthfully and
courageously with generosity and respect. We pursue authenticity with humility and simplicity.

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Providence Medical Group Department of Pharmacy

Clinical Pharmacy Department

Providence Medical Group

4400 NE Halsey Street, Bldg 2

Portland, OR 97213

503-893-6900 – Pharmacy Scheduling

503-487-3595 – Fax

Clinic Locations: Refer to the Providence Intranet site for PMG Clinic locations.

PGY2 Ambulatory Care Residency-Portland

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Department of Pharmacy

The Providence Medical Group (PMG) Department of Pharmacy is a non-distribution pharmacy that supports Providence Medical Group by providing a variety of medication related functions, including: collaborative drug therapy management, drug information, anticoagulation services, centralized refill, medication assistance program services, pharmaceutical and biologic support, and population-based disease management.

Description of Pharmacy Department Services

Clinical Pharmacy Specialist Services

Clinical Pharmacists offer a range of services including direct patient care activities, consultations, and group classes. Direct patient care includes clinic, telephonic, and electronic visits and is provided in accordance with Clinical Pharmacy Agreements, in partnership with primary care providers. The program emphasis is prevention and medication management of highly prevalent chronic conditions.

Population Health

This service line within Clinical Pharmacy Services is comprised of both a pharmacist and pharmacy technicians. The focus is on population health/quality work for medication-related measures with Medicare Advantage populations, providing virtual direct patient care and supporting value-based metrics with several payers. This team has focused on medication adherence in diabetes, hypertension, and cholesterol, and statin use in cardiovascular disease and diabetes.

Centralized Refill Service

The purpose of this service is to improve safety, standardize the authorization of refills using protocols, maximize efficiency, and decrease costs. The program aims to improve patient safety and medical legal liability surrounding medication errors and monitoring, customer service and patient satisfaction, as well as allow for more time in the clinic to pursue excellent primary care. The service is staffed by pharmacists and technicians. The Central Refill Service works under guidelines and protocols approved by the PMG Pharmacy Committee.

Medication Assistance Program

The Medication Assistance Program (MAP) assists patients in the acquisition of brand-name medications from the pharmaceutical industry at no cost to the patient. The MAP staff navigates the inconsistent bureaucracy of patient assistance programs on patients' behalf, taking much of the burden of this process out of the clinic. The team of clinical pharmacists support the program by resolving clinical questions, consulting to design less expensive alternative medication regimens, and reviewing urgent medication approval requests. In addition, the clinical pharmacists may make therapeutic recommendations for those patients who do not meet criteria for available medication assistance programs.

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Pharmaceutical and Biologic Support Team (PBST)

This team of certified pharmacy technicians coordinates the use of medications administered in our medical offices, including vaccines, and in-office administered medications. Clinics order medications and supplies from a set list of approved medications. The structured ordering process was implemented in 2002 to drive ongoing prescribing practices and encourage cost-effective prescribing. The team of clinical pharmacists supports PBST by reviewing non-stock medication requests.

Anticoagulation and Pharmacotherapy Services

Pharmacist led anticoagulation services are provided to Providence patients at 4 of our regional hospitals. Patients are referred to the centralized Anticoagulation Clinics by their primary care providers or specialists. Care is provided via face-to-face and telephonic visits. Pharmacists also provide collaborative drug therapy management of several disease states via pharmacotherapy clinics located at Providence Portland*, Providence St. Vincent*, and Providence Medford^ Medical Centers. Patients are referred to the centralized pharmacotherapy clinic by their PMG primary care provider.

Residency Description, Mission and Purpose**Program description**

Providence is the 3rd largest not-for-profit health and social services system in the country. It is a multi-payer integrated health system with 2 health plans, 50 hospitals, over 830 clinics, 90 non-acute services, over 111,000 employed caregivers and housing, social and educational services across Alaska, California, Montana, New Mexico, Oregon, Texas, and Washington. Providence Medical Group – Oregon Region (PMG-OR) is the employed physician medical group of Providence in Oregon and the largest ambulatory care group in Oregon; it has over 50 primary care clinics, including 3 medical residency programs.

The Department of Pharmacy at Providence Medical Group in Portland, Oregon and Central Point, Oregon offer two American Society of Health System Pharmacists Accredited PGY2 pharmacy residency programs in Ambulatory Care. Providence Medical Group's vision is to provide patients with a connected experience of care based on a foundation of clinical excellence. There are more than 50 medical clinics in the Portland Metro Area and 5 primary care clinics in Southern Oregon dedicated to meeting the health care needs of the community.

The PGY2 Ambulatory Care Residency provides residents with experiences in a team-based primary care setting. The resident will work under various clinical pharmacy agreements with primary care providers to provide direct patient care. The resident is responsible for initiating and adjusting medication therapy for a variety of chronic disease states. As a member of the medical home team, the resident works closely with providers, support staff, and community partners. In addition, the resident will be involved in research, education, committee work, and stewardship activities which promote optimal patient outcomes. Upon successful completion of the residency, the resident will be prepared to be an ambulatory care clinical pharmacy specialist.

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Residency Program Mission and Educational Outcomes

The PMG Department of Pharmacy Services is committed to providing a pharmacy resident training program necessary to ensure the ongoing availability of competent pharmacy practitioners with the knowledge and skills required to promote, recommend, design, and deliver quality pharmaceutical care services.

The PMG PGY2 Ambulatory Care Pharmacy Residency programs provide the resident with the knowledge, attitude and skills necessary to pursue a practice environment focused on optimal patient drug therapy outcomes, in accordance with the ASHP PGY2 Ambulatory Care Pharmacy Residency Standards. By the end of the residency program, the resident should be able to:

1. Establish a collaborative interdisciplinary practice
2. Provide evidence-based, patient-centered treatment for chronic and/or acute illnesses
3. Demonstrate leadership and practice management skills
4. Promote health improvement, wellness, and disease prevention
5. Demonstrate excellence in the provision of training or educational activities for health care professionals and health care professionals in training
6. Serve as an authoritative resource on the optimal use of medications

Residency Program Purpose Statement

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The purpose of this PGY2 Ambulatory Care Pharmacy Residency program is to prepare ambulatory care residents to function as providers of adult primary care as members of an interdisciplinary practice. The resident will be qualified to sit for the ambulatory care board certification exam, as well as provide high quality ambulatory care pharmacy services in a traditional ambulatory care or academic setting.

Pharmacy Resident Advisor

Mentoring, advising, and maintaining open communication is vital to the success of the PMG PGY2 Ambulatory Care Residency Program. Each resident will be assigned an individual Resident Advisor for the year.

The role of the Resident Advisor is to act as a personal contact for the resident to ensure they are on track to successfully fulfill the requirements of the PGY2 program. The Resident Advisor will work with the resident on the following:

- Serving as a liaison between the resident and the RAC, clinic staff, PMG staff, and other Providence departments as needed.

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- Advising on projects (development of timelines, keeping deadlines, workflow development, etc), time management, professional interpersonal relationships, professional development, conflict management, career opportunities, well-being and resiliency, and other pertinent residency-related issues.

Residency Advisory Committee

The Residency Advisory Committee (RAC), composed of pharmacist preceptors, will meet at least quarterly to discuss each resident's progression towards achievement of the PGY2 Ambulatory Care Standard Goals and Objectives. The RAC 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. The RAC will also be responsible for reviewing and updating learning experience descriptions, policies and procedures, and workflows as needed.

Resident Responsibilities and Requirements

Professional practice

- In accordance with Providence standards, as well as the profession of pharmacy, residents will demonstrate the highest level of professionalism at all times.
- The resident must adhere to all Providence and Providence Medical Group policies and standards.
- Residents are expected to attend all events as required by program preceptors and deemed necessary to successfully meet program requirements.

Clinic responsibilities

The resident will arrive at clinic (either in person or telephonic) no later than 30 minutes prior to the first scheduled patient (or at a time pre-determined time with preceptor). The resident will bring appropriate physical assessment tools (stethoscope) to clinic if required by preceptor(s)/clinic.

The resident will establish themselves as an integrated member of the healthcare team. The resident will participate in a variety of activities throughout the residency year. These activities are designed to assure competency with the educational goals and objectives as required by the PGY2 Ambulatory Care Pharmacy Residency Accreditation Standard. The resident is expected to carry out the following, at a minimum, in order to satisfactorily complete the residency.

Professional Involvement

Active membership in the American Society of Health-System Pharmacists (ASHP) and the Oregon Society of Health-System Pharmacists (OSHP) is encouraged and supported.

Portfolio

Maintain and complete an electronic residency portfolio containing at a minimum copies of all presentations, projects, pertinent clinical work, administrative tasks, etc. This portfolio stored on Sharepoint will be complementary to information contained within PharmAcademic which will capture all evaluations as well as additional documentation of feedback provided to the resident.

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Staffing

The resident will be assigned to a consult shift one half-day per week for the duration of the residency year. The resident is expected to spend time outside of the residency week working to ensure timely and quality completion of assignments. Working outside the residency program (moonlighting) is strongly discouraged. Moonlighting time must be approved by the RPD/RPC and hours worked must be reported on a monthly basis. The ASHP Duty Hour Policy requirements are to be followed at all times.

Holiday Coverage

Each resident will be assigned to work the days surrounding holidays depending on the need of the clinical pharmacy department. The primary care clinics are closed for 7 holidays. The resident will be expected to work some of the days surrounding (usually the day before and the day after; subject to change) the holidays which will be determined during orientation. The resident may also be assigned to a consult shift around the holidays dependent on need.

Major holidays: Thanksgiving, Christmas, New Year's

Minor holidays: MLK Day, Memorial Day, Labor Day, 4th of July

Residency Project

The resident will select and complete a residency project that compliments departmental and/or organizational objectives and satisfies the goals and objectives of the accreditation standard. The project must be written up in manuscript form prior to completion of the residency year. The resident is encouraged to submit the manuscript to a peer-reviewed biomedical journal for publication. The major residency project is required to be presented at two meetings (local or national) along with an end of the year presentation for the Clinical Pharmacy Department.

Provider Education

Education is an essential function of the ambulatory care clinical pharmacy specialist. The resident will be expected to provide provider education in a variety of formats, which include, but are not limited to:

- Completion of a written educational newsletter (e.g. iForum Commentary) that is ready for publication
- Completion of one 'Vax Facts' publication
- Presentation of a two-hour continuing education (CE) seminar
- Drug safety alert communications
- Educational presentations at clinic meetings

Knowledge base

Mastery of the primary care literature is essential for the ambulatory care specialist. The resident will demonstrate their primary care knowledge through the following:

- APSO/SOAP notes and clinical consults
- Verbal discussions with preceptors
- Reviewing primary literature pertinent to conditions managed in primary care in preparation for ambulatory care rounds
- Completion of internal literature evaluation course

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- Successful completion of evidence-based medicine rotation requirements

Evaluations

Completion of thorough and timely formative and criteria-based evaluations are critical to monitoring the progress of the resident. Additionally, resident feedback in the form of preceptor and learning experience evaluations are crucial to ongoing program development and revision. Resident evaluation includes completion of the following:

- Self-summative evaluations in Primary Care rotations, learning experience evaluations, and preceptor evaluations for each learning experience as assigned in PharmAcademic
- Development of a customized residency plan with quarterly tracking

Defined rating scale for summative evaluations: Resident Evaluation Policy: [Residency Policies and Procedures Combined - FINAL.docx \(sharepoint.com\)](#)

Meetings

The resident will attend all meetings as assigned. The resident will inform the appropriate preceptor of the need to attend meetings and will make up any missed learning experience work. In general, direct patient care activities (clinic visits) take precedence over meeting attendance if there is a conflict.

- Pharmacists Meeting: Monthly
- Pharmacists Lunch and Learn
- PMG Pharmacy Committee (PMG PC): Quarterly, dates TBD
- Clinic PCC meetings: varies by clinic, check with preceptor
- Midyear Clinical Meeting. Residents may attend other professional meetings with RDC/RPC approval.
- Grand rounds: Tuesdays at 8am at PSVMC, Wednesdays 8am at PPMC. Search for "Grand Rounds" on Intranet for calendar. Attend Primary Care topics at a minimum, as able
- Ambulatory Care Conferences

Teaching

The education of future pharmacy professionals is a responsibility and a privilege of the ambulatory care clinical pharmacy specialist. Teaching enhances communication skills, builds confidence, and prepares the resident for potential roles as faculty. Residents will be required to participate in the education of pharmacy students and PGY1 residents, which may include the following:

- Co-precept 1-2 pharmacy students
- Potentially co-precept one PGY1 resident
- Teach Ambulatory Care Rounds for PGY1 residents
- Lecture at Oregon State University or Pacific Schools of Pharmacy, as interested*
- Assist with teaching/coordination of practice-based skills lab at Pacific School of Pharmacy, as interested*
- Present case-based learning (CBLs) for medical residents

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Practice Management

- Participate in writing and/or revision of Clinical Pharmacy Agreements (CPAs)
- Participate in the maintenance of unusual occurrence report (UOR), patient safety issues, pharmaceuticals management, and other pertinent issues
- Develop policies and procedures as needed
- Assist in the design and support of new pharmacy services
- Integrate into the ambulatory care clinic as an essential member of the healthcare team

Residency Structure

The core of the PGY2 Ambulatory Care Residency is direct patient care experience in the primary care setting. As such, most of the learning experiences are longitudinal. More information regarding these learning experiences can be found by referencing the learning experience descriptions (LEDs).

Longitudinal Learning Experiences

- Primary Care 1 (8-10 weeks), 2 (10-12 weeks), 3 and 4 (12-14 weeks)
 - Clinic time: at least four ½ days per week in primary care clinic
 - Telephonic (virtual) clinic: two ½ days per week conducting virtual clinic
 - Complete clinical consult questions for assigned clinics
 - Provide population health support as warranted per clinic assignment
 - For the first three to six months of the residency, the resident will attend clinic with preceptors in established PMG clinics. After three to six months, the resident will be responsible for independently managing clinic activities, with preceptor oversight as needed
- Leadership and Administration (46 – 48 weeks)
 - Attend and participate in interdisciplinary workgroups
 - Engage with ASHP leadership through phone interview and connecting at the Midyear Clinical Meeting
 - Participate in the development, maintenance, or quality improvement of pharmacy services
 - Attend meetings with Pharmacy Department Director and Clinical Pharmacy manager
 - Update and/or create clinical pharmacy agreements
 - Practice self-managed professional development
- Health Education (38 – 40 weeks)
 - Provide educational presentations (e.g. Ambulatory Care Conferences, CBLs)
 - Participate in the development of written educational materials for PMG providers and staff (e.g. Vax Facts)
- Evidence-Based Medicine (46 – 48 weeks)
 - Develop skills in literature retrieval, evaluation, and dissemination through a variety of both didactic and practical experiences
 - Prepare educational newsletter (e.g. iForum Commentary) and present CE
- Endocrinology (10 – 12 weeks)*
 - 1 day per week

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- Major Project (46 – 48 weeks)
 - Complete a clinical, economic, or humanistic outcomes analysis project
 - Complete manuscript for project
 - Present at two meetings, including Academic Achievement Day if offered
 - Present final project to the Clinical Pharmacy Department
- Medication Safety (18 – 20 weeks)
 - Review consults in response to unusual occurrences related to medications and/or vaccines
 - Participate in topic discussion related to medication safety
 - Attend and participate in medication safety event related meetings as appropriate
- Population Health (2 weeks; elective longitudinal)
 - Virtual, proactive patient outreach to support medication adherence, cardiovascular risk reduction, and polypharmacy reduction for a Medicare population
 - Attend and participate in value-based care meetings as appropriate
 - Process improvement project based on interest

Elective Non-Longitudinal Learning Experiences

The resident will complete non-longitudinal experiences outside of the core rotations. Endocrinology is a required rotation*; the resident will have flexibility to adjust other non-longitudinal experiences.

Geriatrics (4 weeks PMG Mobile Health)*

Academia*

Anticoagulation^

Population Health (10 – 12 weeks)

Cardiology (10 – 12 weeks)*

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Example Residency Year Layout:

Learning Experience	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Orientation												
Primary Care I												
Primary Care II												
Primary Care III												
Primary Care IV												
Endocrinology*												
Population Health												
PMG Mobile Health*E												
Cardiology* E												
Health Education												
Major Project												
Medication Safety												
Leadership and Administration												
Evidence Based Medicine												

Example Resident Schedule:

August 5-Sept 20 RESIDENT 1	ROTATION	
	AM	PM
Monday	Consults	Clinic (Sherwood)
Tuesday	Project	Population Health
Wednesday	Clinic (Sherwood)	Project
Thursday	Clinic (Newberg)	Clinic (Newberg)
Friday	Virtual Clinic	Project
August 5-Sept 20 RESIDENT 2	ROTATION	
	AM	PM
Monday	Project	Clinic (Bridgeport)
Tuesday	Project	Virtual Clinic
Wednesday	Population Health	Project
Thursday	Clinic (Northeast)	Clinic (Northeast)
Friday	Clinic (Bridgeport)	Consults

Virtual clinic = telephone clinic

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General Information

Benefits

- Stipend \$61,900
- Comprehensive medical, dental, vision, long-term disability life insurance, and caregiver assistance program in accordance with Providence Oregon benefits
- 23 days of paid time off (PTO). Seven of these days are used for holiday periods (New Year's Day, MLK Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas)
- 5 Continuing Education days (may be used in lieu of PTO for attendance at all day CE events or professional organization meetings in which CE is obtained)
- Travel accommodations for pharmacy-related national meetings (stipend)
- Public transportation pass*
- Additional benefits as described in the Providence Benefit Handbook

Vacation/Sick Days/Personal days

- During the last 2 weeks of residency only 1 day of PTO may be taken.
- The resident will send all PTO requests to BOTH the OR PMG Pharm Calendar as well as the RPD in Outlook. At least 2 weeks' notice of planned PTO is required. The resident will notify their rotation preceptor of any PTO.
- The Pharmacist Manager and RPD will review and approve or disapprove all PTO requests. Concerns over PTO should be directed to the Pharmacist Manager.
- Sick days: the resident will call the pharmacy department line and leave a phone message no later than 7:30am of the workday in which the resident is calling in sick. The resident will also notify the appropriate preceptor prior to the start of the workday.
- It is the responsibility of the resident to coordinate and make up any work missed during PTO days.
- Refer to the HR Department Website for further information regarding leaves of absence, extended sick leave, or family medical leave.

Parking stickers*

Obtain a parking sticker from the Providence Health Plaza security desk for any vehicle parked on a Providence campus.

Badge

Your badge must be properly displayed at all times. If you forget your badge on a day when you are at Providence Health Plaza, visit the security desk to obtain a temporary badge.

TriMet passes*

Free annual transit passes which provide free transportation on TriMet as well as the MAX light rail and Downtown Streetcar are currently available to all Portland Service Area employees. Employees show a TriMet sticker on the back of their Providence photo identification badge to transit operators.

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Information Systems Resources

Providence laptop, monitor, docking station, keyboard, and headset are provided for remote work. Clinic space includes access to a computer, monitor, keyboard, headset, and telephone. Clinical information systems, databases, and references are accessible from clinic computers and Providence laptops via Citrix apps.

Residency Policies and Procedures

[Located on Sharepoint](#)

Evaluation Strategy

[See Residency Evaluation Policy located on Sharepoint](#)

Residency Manual Revisions:

Updated 11/2021, 9/2022, 7/2023, 3/2024

Last Updated 12/2025

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