

Providence Medical Group Oregon Region

Pharmacy Post-Graduate Year 2 (PGY2) Ambulatory Care Pharmacy Residency Policies and Procedures

Table of Contents

1. Residency Applicant Screening and Selection Policy	3
2. Acknowledgement of Match, Licensure and Residency Certificate Verification Policy	6
3. Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Policy	7
4. Residency Evaluation Policy	11
5. Resident Staffing Guideline and ASHP Duty Hours Policy	15
6. Remediation and Dismissal of Resident from the PGY2 Ambulatory Care Pharmacy Residency Program Policy	19
7. Preceptor Appointment/Reappointment and Development Policy	22
8. Residency Advisory Committee Policy	24

SUBJECT: Residency Applicant Screening and Selection Policy

I. Objectives of the Policy

1. To establish procedures for evaluating PGY2 pharmacy residency applications.
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II. Evaluation Process

1. The following will be required of all PGY2 pharmacy residency applications. Residency applicants will use PhORCAS for submitting residency applications.
 - i. Graduation from an ACPE accredited college of pharmacy (or one in the process of pursuing accreditation)
 - ii. Successful completion of an ASHP accredited PGY1 Pharmacy Residency Program or candidate status PGY1 Pharmacy Residency
 - iii. Participation in the ASHP Residency Matching Program
 - iv. Letter of intent
 - v. Curriculum Vitae
 - vi. Academic Transcripts
 1. For those attending schools that do not issue grades (pass/fail institutions), this category will not be scored, and the academic achievement criteria will not be included in the overall score of the application
 - vii. Three forms of recommendation (via standard PhORCAS recommendation template)
 - viii. Interview (upon qualification for interview)
 - ix. The applicant must qualify for licensure and, if accepted, become licensed to practice in the state of Oregon within 90 days after the start date of the residency. If the resident fails to become licensed within 90 days, a 30-day extension may be granted up to a maximum of 120 days of hire date.

III. Applicant Screening

1. All applicants will undergo an application review screen conducted by RPD/RPC/Residency Advisory Committee (RAC) to determine which candidates are offered an interview. A resident applicant screening form is used to facilitate this review. The applicant is awarded points for each of nine criteria.
2. Candidates invited for interview are selected based on scoring utilizing these criteria as well as review by the application reviewers. Prior to selecting candidates to invite for interviews, candidates are placed in rank order based on overall score utilizing criteria described. Reviewers then meet to discuss candidate application materials and identify candidates to invite for interview. Selection is heavily weighted based upon criteria-based application screening score, but also influenced by a discussion of factors such as interaction at ASHP Midyear Personal Placement Service (PPS) interview, information obtained from outreach to current RPD/RPC or preceptors, overall quality of experiences, consistency and quality of feedback in letters of recommendation, and review of the candidates across the entire applicant group.

IV. Interview Evaluation

1. At the completion of the interview, all members of the RAC who participated in the interview will complete an evaluation for each portion of the interview. Scores will be totaled for each applicant to provide an objective rank list of candidates.

V. Resident Applicant Ranking

1. Prior to the date for submission of the Match List, the RAC will meet to evaluate the candidates. Interview evaluation scores will be used, along with committee discussion to determine the resident matching order. Final decision regarding the resident matching order will be the responsibility of the Residency Program Director and the Clinical Pharmacy Manager/Supervisors. The residency program abides by the *Rules for the ASHP Pharmacy Residency Matching Program*.

VI. Phase II Match

1. In the event of not matching during Phase I, the Resident Advisory Committee will discuss participation in Phase II of the Match process.
 - i. Applicant Screening: Applicants will be screened in the same process as Phase I.
 - ii. Interview: Applicants will be invited for Phase II interview, either onsite or through video conferencing.
 - iii. Resident Applicant Ranking: Applicants will be scored/ranked in the same process as Phase I.

VII. Early Commitment Procedure

1. The candidate will email RPD with intent to apply to coordinate an interview date.
2. The candidate will submit the following materials via email to RPD by November 1st.
 - i. Cover letter indicating why you want to complete a PGY2 ambulatory care residency at Providence Medical Group
 - ii. Curriculum vitae (CV)
 - iii. Two letters of recommendation (at least one from a PGY1 preceptor)
3. Interviews are typically 4-5 hours and will be conducted in person and/or virtually over Microsoft Teams in early to mid-November (prior to ASHP Midyear and Clinical Meeting). Interviews will include time with RPD/RPC, core preceptors and current PGY2 pharmacy residents. Interviews include the following elements:
 - i. Structured behavioral interview (tell me about a time when...)
 - ii. Interest and fit interview (career goals)
 - iii. Clinical case evaluation of primary care topic
 - iv. 15 – 20-minute evidence-based presentation (does not need to be a primary care/ambulatory care topic – can be a presentation you did this year that involved literature review)
4. Selection: All candidates who apply for early commit will be offered an interview. All portions of the interview are evaluated and scored using the same forms used in traditional interviews. Total scores are added to provide an objective rank list of candidates. The Resident Advisory Committee/Selection committee will meet to evaluate the candidates. Interview evaluation scores will be used, along with committee discussion to determine if the resident will be offered an early commit position. The final decision will be the responsibility of the RPD and the Clinical Pharmacy Manager/Supervisors. The RPD will inform the candidate of the decision prior to the ASHP Midyear and Clinical Meeting and National Matching Services deadline for participating residency programs (early December).
5. If offered a position, candidates need to accept or decline by the date specified in the offer. If the PGY1 resident is accepting the early commit position, the PGY1 resident and the PGY2 RPD will complete the steps outlined in the ASHP Match Early Commitment Policy by the deadline that commits the PGY2 position to the PGY1 resident. This will remove the position from the formal ASHP matching process in the Match. The resident will transition into the PGY2 residency position following successful completion of the PGY1 residency.

6. Decisions to not offer a PGY1 candidate a PGY2 position during the early commitment process does not preclude the resident from applying for the same position during the ASHP PGY2 residency Match process.

SUBJECT: Acknowledgement of Match, Licensure and Residency Certificate Verification Policy

I. Objectives of the Policy

1. To describe process after successful Match.
 2. To describe process for pharmacy license verification.
 3. To describe process for verification of completion of PGY1 pharmacy residency program
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II. Acknowledgement of Match

1. The resident will receive an acceptance letter from the program confirming and documenting the acceptance of the Match within 30 days of the Match.
2. Information on start date and term of appointment, expectations related to verification of PGY1 residency program completion, residency policies and procedures, benefits, and Human Resource Department on-boarding process summary will be included in the letter.
3. The resident will read and acknowledge the letter by signing and mailing the letter back to the program prior to the start of the residency program.

III. Pharmacy License Verification

1. The resident will obtain Oregon licensure within 90 days of hire date. If the resident fails to become licensed within 90 days, a 30-day extension may be granted up to a maximum of 120 days of hire date, as determined by RAC.
2. The resident will upload Oregon license information on EverCheck Wallet and their electronic portfolio.

IV. Completion of PGY1 Pharmacy Residency Program

1. The resident is required to be participating in or have completed an ASHP-accredited PGY1 pharmacy residency or one in the ASHP candidate status.
2. The resident will submit a copy of their PGY1 residency certificate of completion within the first week of starting PGY2 ambulatory care residency program to RPD. This may be done electronically.
3. The resident will upload a copy of their PGY1 residency certificate of completion in their electronic portfolio on Sharepoint.
4. The RPD may also use PharmAcademic™ or direct communication with the resident's PGY1 residency program director to verify PGY1 residency completion. If direct communication with the RPD is utilized for PGY1 verification prior to the start of the residency, a certificate of PGY1 completion must be provided within 30 days of the resident start date. If completion of a PGY1 residency cannot be verified by any of the above methods, the resident will be dismissed from program.

SUBJECT: Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Policy

I. Objectives of the Policy

1. Describe requirements necessary for resident to successfully complete the residency program.
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II. Requirements of Residency Program

1. The resident will obtain Oregon licensure within 90 days of hire date. If the resident fails to become licensed within 90 days, a 30-day extension may be granted up to a maximum of 120 days of hire date, as determined by RAC.
 - a. If a resident should fail any of the required licensure examinations, the resident must notify the RPD in writing.
 - b. Residents must complete at least two-thirds of the program as a licensed pharmacist. Failure to pass all licensure exams within 120 days will result in dismissal from the program, unless there are extenuating circumstances as determined by the RAC.
 - c. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to the RPD.
 - d. The RPD and RAC will review all extension requirements. If granted, the resident will be given up to 30 additional days (150 days post hire) to obtain their pharmacist licensure in the state of Oregon.
 - e. Residents who are not licensed within 150 days will not be able to complete two thirds of the residency as a licensed pharmacist even with a 30-day extension, therefore will be dismissed from the program.
2. Resident must successfully complete all required learning experiences.
3. The resident must receive a mark of "achieved for residency" on all critical objectives and 10 of 13 of all other required objectives by the end of the residency year. On remaining objectives, residents must demonstrate at least satisfactory progress as assessed by the RAC.
 - a. Critical objectives the must be achieved for residency are outlined in blue in Appendix A.
4. The resident must meet required competency and appendix tracking for PGY2 pharmacy residency in ambulatory care.
5. Remediation/disciplinary action – If the resident receives 2 consecutive "needs improvement" on an objective on any summative learning experience evaluation, the resident may be placed on a remediation plan. See **Remediation and Dismissal of Resident from the PGY2 Ambulatory Care Pharmacy Residency Program Policy**.
6. Resident must complete a major project. Project will be formally presented at Providence Academic Achievement Day and one other pharmacy conference of the residents choosing. Project will be written up in manuscript style, formatted in a publication ready manner prior to last day of program.
7. Resident will complete a formal evidence-based CE presentation.
8. Resident will participate in either the review or development of a clinical pharmacy agreement, workflow, scope of practice, or clinical practice protocol.
9. Resident will complete one iForumRx Commentary or similar publication.
10. Resident will complete one VAX Facts publication and regularly present at Ambulatory Care Rounds for PGY-1 pharmacy residents and students, and Case-based Learning Sessions at the Family Medicine Medical Residency program.
11. Maintain and complete electronic portfolio with deliverables by the last day of program (see **Residency Program Manual**).

12. The resident will be awarded a Residency Certificate upon satisfactory completion of all stated residency requirements. Evaluation of the resident's progress towards these requirements will be reviewed quarterly by the RPD/RPC and the RAC.

III. Residency Advisory Committee (RAC)

1. 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.

IV. Time Away from Residency

1. Successful completion of the residency program requires 52 weeks of training (minus paid time off [PTO]).
2. 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. ASHP defines time away as "anything not falling within a program's learning experiences" which would include days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and extended leave. If a resident exceeds 37 days away from the program, 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.
3. 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 the residency requirements. 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 the program goals and objectives.
4. 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 residency program.
5. Standard Providence time off and absence employee policies apply.

V. Required Educational Outcomes, Goals, and Objectives for Postgraduate Year Two (PGY2) of Providence Health & Services OR Region Pharmacy PGY2 Ambulatory Care Residency Program

Goals and objectives highlighted below are considered critical objectives and must be achieved for residency prior to completion of the program. 10 out of 13 non-critical objectives must be achieved for residency by the end of the program.

Disclaimer: Providence OR Region PGY2 Ambulatory Care Pharmacy Residency Program will use the most up-to-date goals and objectives from ASHP as they become available.

Appendix A

R1 Patient Care

R1.1 Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.

R1.1.1 Interact effectively with health care teams to collaboratively manage ambulatory care patients' medication therapy.

Applying

R1.1.2	Interact effectively with ambulatory care patients, family members, and caregivers.	Applying
R1.1.3	Collect information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing
R1.1.4	Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.	Analyzing
R1.1.5	Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for ambulatory care patients.	Creating
R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.	Applying
R1.1.7	Document direct patient care activities appropriately in the medical record, or where appropriate.	Applying
R1.1.8	Demonstrate responsibility to ambulatory care patients for patient outcomes.	Applying

R1.2 Design and/or deliver programs that contribute to public health efforts or population management.

R1.2.1	Design and/or deliver programs for patients that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).	Applying
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R2 Advancing Practice and Improving Patient Care

R2.1 Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.

R2.1.1	Prepare or revise a protocol (e.g., workflow, scope of practice, collaborative practice agreement, or clinical practice protocols) related to ambulatory care.	Creating
R2.1.2	Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service.	Applying

R2.2 Demonstrate ability to conduct a research project.

R2.2.1	Identify a scholarly question related to clinical practice, education, or healthcare that would be useful to study and can be completed within the PGY2 residency year.	Analyzing
R2.2.2	Develop a plan or research protocol for the project.	Creating
R2.2.3	Collect and evaluate data for the project.	Evaluating
R2.2.4	When applicable, implement the project.	Applying
R2.2.5	Assess changes or need to make changes based on the project.	Evaluating
R2.2.6	Effectively develop and present, orally and in writing, a final project report suitable for publication.	Creating

R3 Leadership and Management

R3.1 Demonstrate leadership skills.

R3.1.1	Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	Applying
R3.1.2	Apply a process of ongoing self-evaluation and personal performance improvement.	Applying

R3.2 Demonstrate management skills in the provision of care for ambulatory care patients.

R3.2.1	Manage one's own ambulatory care practice effectively.	Applying
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R3.3 Manage the operation of an ambulatory care pharmacy service.

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| R3.3.1 | Effectively manage ongoing operational functions of the service. | Analyzing |
| R3.3.2 | Assure that the service operates in accord with legal and regulatory requirements. | Creating |

R4 Teaching, Education, and Dissemination of Knowledge

R4.1 Demonstrate excellence in providing effective medication and practice-related education.

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| R4.1.1 | Design effective educational activities related to ambulatory care. | Applying |
| R4.1.2 | Use effective presentation and teaching skills to deliver ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences. | Applying |
| R4.1.3 | Use effective written communication to disseminate knowledge related to ambulatory care. | Applying |
| R4.1.4 | Assess effectiveness of education related to ambulatory care. | Applying |

R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.

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| R4.2.1 | When engaged in teaching related to ambulatory care, select a preceptor role that meets learners' educational needs. | Analyzing |
| R4.2.2 | Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to ambulatory care. | Applying |

PGY2 Ambulatory Care Elective Competency Areas

E1 Academia

- E1.1 Demonstrate understanding of key elements of the academic environment and faculty roles within it.
 - E1.1.1 Demonstrates understanding of key elements of the academic environment and faculty roles within it.
- E1.2 Exercise case-based and other teaching skills essential to pharmacy faculty.
 - E1.2.1 Develop and deliver cases for workshops and exercises for laboratory experiences.
- E1.3 Develops and practices a philosophy of teaching.
 - E1.3.2 Prepare a practice-based teaching activity.
 - E1.3.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

E2 Credentialing

- E2.1 Where the ambulatory care pharmacy practice is within a setting that allows pharmacist credentialing, successfully apply for credentialing.
 - E2.1.1 [Follow established procedures to successfully apply \(may be a hypothetical application if not permitted at the site\) for credentialing as an ambulatory care pharmacy practitioner.](#)

E6 Continuity of Care

- E6.1 Ensure continuity of care during ambulatory care patient transitions between care settings.
 - E6.1.1 [Manage transitions of care effectively for ambulatory care patients.](#)

E7 Medication Event Reporting and Monitoring

- E7.1 Ensure appropriate medication event reporting and monitoring.
 - E7.1.1 [Participate in the review of medication event reporting and monitoring related to care for ambulatory care patients.](#)

SUBJECT: Residency Evaluation Policy

I. Objectives of the Policy

1. To describe processes for evaluation and documentation of resident performance.
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II. Resident Evaluation

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 five main components to the evaluation process:

- Preceptor evaluation of the resident's attainment of the goals and objectives assigned for the rotation
- Resident self-assessment of attainment of the goals and objectives assigned for the rotation
- Resident assessment of the preceptor(s) and learning experience
- 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's Plan
- Residency Advisory Council'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.

The PMG Ambulatory Care Residency Program shall utilize the tools supplied by ASHP in evaluating the resident's performance. These tools include:

- Goals and Objectives
- Summative Evaluation Form (used to assess degree to which a goal has been achieved)
- Preceptor Evaluation Form
- Learning Experience Evaluation Form
- PharmAcademic Resident Evaluation System

The following scoring tools/scales are applied:

- Summative Evaluation- ASHP Summative Scale (customized to show definitions, as indicated below)
 - Needs Improvement (not making progress to achieve competency)
 - 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
 - Satisfactory Progress (experience needs to be repeated to ensure competency)
 - Adequate knowledge/skills in this area
 - Sometimes requires assistance to complete the objective
 - Able to ask appropriate questions to supplement learning
 - Requires skill development over more than one rotation
 - Achieved (achieved competency for this rotation)

- Resident displays all of the following characteristics:
 - Fully accomplished the ability to perform the objective
 - Rarely requires assistance to complete the objective; minimum supervision required
 - Accurately reflects on performance and can create a sound plan for improvement
 - Appropriately seeks guidance when needed
 - Achieved for the Residency
 - Resident can perform associated activities independently across the scope of pharmacy practice.
 - Not Applicable
- Preceptor Evaluation- ASHP Preceptor Scale
 - Always, Frequently, Sometimes, Never
- Learning Experience Evaluation- ASHP Learning Experience Scale
 - Consistently True, Partially True, False

Evaluation Process:

Residency Program Director Requirements:

1. The RPD/RPC, in conjunction with the preceptors will assign individual goals and objectives for evaluation to the rotations and learning experiences. In addition, the program director and preceptors will determine which goals and objectives will need to be taught and formally evaluated versus which will only need to be taught.
2. The RPD/RPC will ensure that all resident and preceptor evaluations are submitted in a timely manner.
3. The RPD/RPC will track the residents' progress towards completion of the program's goals and objectives through the use of quarterly evaluations, quarterly development plans, and regular RAC meetings.

Preceptor Requirements:

1. Primary Care/Endocrinology Rotations:
 - a. Prior to the resident starting the rotation, the preceptor will review the resident's previous evaluations documented in PharmAcademic.
 - b. At the beginning of the rotation the preceptor shall review the evaluation process with the resident. Be sure that it is clear what tools (i.e. summative evaluations, checklists or both) will be utilized in the evaluation process. Criteria-based checklists work well for evaluating a particular performance activity (i.e. patient counseling, presentation, drug information question, etc.) and will be used for giving specific formative feedback to the resident on the activity, particularly if opportunity for improvement is noted or it is felt the resident will benefit from specific feedback on their performance.
 - c. Schedule at least one mid-rotation evaluation for each primary care block. Preceptor will complete a written midpoint formative evaluation of resident progress, compare with resident self-assessment, and discuss with resident.
 - d. Upon completion of the rotation, the preceptor is required to complete the summative evaluation for the rotation.
 - I. Narrative commentary should be included for each objective that the preceptor is evaluating to help the resident identify areas for improvement. Narrative

- commentary should be provided for ratings of “Needs Improvement,” “Never,” or “False.”
- II. The preceptor and resident will meet to review the completed resident evaluation. The evaluation will be signed electronically by the preceptor and resident within 7 days of completion of the rotation.
2. Longitudinal Rotations (>12 weeks)
 - a. Prior to the resident starting the rotation, the preceptor will review the resident’s previous evaluations documented in PharmAcademic.
 - b. At the beginning of the rotation the preceptor shall review the evaluation process with the resident. Be sure that it is clear what tools (i.e. summative evaluations, checklists or both) will be utilized in the evaluation process. Criteria-based checklists work well for evaluating a particular performance activity (i.e. patient counseling, presentation, drug information question, etc.) and will be used for giving specific formative feedback to the resident on the activity, particularly if opportunity for improvement is noted or it is felt the resident will benefit from specific feedback on their performance.
 - c. Preceptors will complete a summative evaluation at evenly spaced intervals and at the end of the learning experience.
 - d. Upon completion of the rotation, the preceptor is required to complete the summative evaluation for the rotation.
 - I. Narrative commentary should be included for each objective that the preceptor is evaluating to help the resident identify areas for improvement. Narrative commentary should be provided for ratings of “Needs Improvement,” “Never,” or “False.”
 - II. The preceptor and resident will meet to review the completed resident evaluation. The evaluation will be signed electronically by the preceptor and resident within 7 days of completion of the rotation.

Resident Requirements:

1. Primary Care/Endocrinology Rotations
 - a. The resident shall meet with the preceptor at the beginning of the rotation to review the evaluation process and the tools to be used for resident and self-evaluations.
 - b. The resident is responsible for completing a written midpoint formative self-evaluation, a summative self-evaluation, a preceptor evaluation and a Learning Experience/Rotation evaluation at the end of the rotation.
 - c. The resident shall meet with the preceptor at least once near the midpoint of the primary care rotations to discuss the midpoint formative evaluation with preceptor.
 - d. When meeting to review the preceptor’s evaluation of the resident’s performance, the resident and preceptor should also review the resident’s self-evaluation, the Preceptor and the Rotation Evaluations. Areas where the evaluations differ can be used as learning opportunities for the resident in self-assessment.
 - i. Narrative commentary should be included for each objective that the preceptor is evaluating to help the resident identify areas for improvement. Narrative commentary should be provided for ratings of “Needs Improvement,” “Never,” or “False.”
 - ii. The preceptor and resident will meet to review the completed resident evaluation. The evaluation will be signed electronically by the preceptor and resident within 7 days of completion of the rotation.

2. Longitudinal Rotations (>12 weeks)
 - a. The resident shall meet with the preceptor at the beginning of the rotation to review the evaluation process and the tools to be used for resident and self-evaluations.
 - b. Residents will complete a learning experience evaluation at the midpoint and at the end of the learning experience, and a preceptor evaluation at the end of the learning experience.
 - c. When meeting to review the preceptor's evaluation of the resident's performance, the resident and preceptor should also review the resident's self-evaluation, the Preceptor and the Rotation Evaluations. Areas where the evaluations differ can be used as learning opportunities for the resident in self-assessment.
 - i. Narrative commentary should be included for each objective that the preceptor is evaluating to help the resident identify areas for improvement. Narrative commentary should be provided for ratings of "Needs Improvement," "Never," or "False."
 - ii. The preceptor and resident will meet to review the completed resident evaluation. The evaluation will be signed electronically by the preceptor and resident within 7 days of completion of the rotation.

SUBJECT: Resident Staffing Guideline and ASHP Duty Hours Policy

I. Objectives of the Policy

1. Describe guidelines around pharmacy resident staffing requirements for successful completion of PGY2 Pharmacy Residency Program.
 2. Provide staffing guidelines that fall within the ASHP duty-hour requirements for staffing hours.
 3. Provide recommendations regarding resident staffing outside of PMG PGY2 Ambulatory Care Pharmacy Residency required staffing for the residency program.
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II. Duty Hours

1. Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes clinical work, administrative duties, conferences, and meetings that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs, travel time to and from conferences, and hours that are not scheduled by the RPD/preceptor(s).
2. Scheduled duty periods are assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the RPD or preceptor(s) and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.
3. It is expected that residents will spend time outside of the standard 40-hour work week completing assigned patient care activities and projects. All work must comply with ASHP duty-hour requirements, which must be limited to 80 hours per week averaged over a 4-week period, inclusive of PMG duties as well as any "moonlighting". Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). Residents must have at a minimum of 8 hours between scheduled duty periods. Duty period length not to exceed 16 hours in duration, and residents should have 10 hours and must have 8 hours free of duty between scheduled duty periods.
4. Residents are required to document duty-hours in PharmAcademic, including moonlighting.
 - a. Residents will document compliance with duty hour policy monthly
 - b. The RPD/RPC will assess instances of non-compliance
 - c. The RPD/RPC will meet with resident to address non-compliance to prevent exceeding duty hours if applicable
 - i. Actions that will be taken if moonlighting affects the resident performance
 1. The RAC will meet to determine if moonlighting hours should be limited for the resident
 2. If deemed necessary to reduce moonlighting hours, the RPD will meet to notify the resident of the plan to reduce moonlighting hours. Moonlighting hours will be reduced and/or discontinued and resident performance and well-being will be reassessed.

III. Staffing beyond requirements of residency

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

2. In the situation where a resident wishes to staff additional shifts (“moonlighting”) and opportunities are available within a department of PSJH pharmacy OR a non-Providence pharmacy, the following guidelines apply:
 - a. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the residency program.
 - b. Resident must pre-approve all moonlighting hours through RPD/RPC/RAC for tracking of duty hours.
 - c. Approval for moonlighting by the RPD/RPC or designee must be documented by completing the Moonlighting Approval Form (Appendix A).
 - d. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log (Appendix B).
 - e. 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 sign off on the Moonlighting Hours Log (Appendix B) to indicate they have evaluated the resident's performance. On quarterly evaluations, the RPD will discuss and evaluate the amount of moonlight hours the resident has worked, if applicable.
 - f. Moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - g. The maximum moonlighting hours allowed is 16 hours per week.
 - h. Moonlighting will also be prohibited if it appears to be interfering with the resident's judgement or ability to achieve educational goals and objectives of the residency program.
 - i. Should the resident engage in unauthorized moonlighting activities or are noncompliant with the policy, disciplinary action will be taken which will be determined by the RPD.
 - j. Duty hours must be in compliance with *ASHP Duty-Hour Requirements for Pharmacy Residencies* (Available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635>)

Appendix A: Moonlighting Approval Form

Name:

Outside Employer:

Address:

Manager:

Phone number:

Work Schedule:

I understand that my primary responsibility is to Providence Medical Group PGY2 Ambulatory Care Pharmacy Residency Program, and that outside employment should not interfere with this responsibility. I understand that I must inform my rotation preceptor of any hours I work in addition to my residency duty hours. Should the Residency Program Director, Residency Coordinator, Resident Advisor, or rotation preceptor deem that moonlighting interferes with my responsibilities, he/she may take disciplinary action.

Resident Signature

Date

Resident RPD/RPC Signature

Date

Appendix B: Moonlighting Hours Log

Date	Moonlight Start/Stop Time Number of Hours	Total moonlighting hours/week	Total hours/week (including duty-hours)	Current rotation	Preceptor Signature* Date

* By signing, the preceptor acknowledges that he/she has reviewed the resident's performance and agrees that the resident's moonlighting activities have not impacted their rotation performance and delivery of safe patient care. Review should occur after moonlighting activities have occurred and should be conducted every time the resident moonlights.

SUBJECT: Remediation and Dismissal of Resident from the PGY2 Ambulatory Care Pharmacy Residency Program Policy

I. Objectives of the Policy

1. To provide the Residency Program Director (RPD) guidelines in assessing the need for remediation and/or dismissal of the resident from the residency program.
 2. To outline a procedure for residents failing to progress as expected during the residency, including when failure to progress would result in withholding the certificate of completion, extension of the program, or dismissal from the residency program.
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II. Resident Disciplinary Action

Residents are expected to conduct themselves in a professional, ethical manner and to follow all relevant organizational and departmental policies and procedures. The following outlines the disciplinary action process as it relates to behavioral conduct, other professional issues, or the need for clinical remediation. Concern for the need of disciplinary action can be expressed to the RPD by any staff member, regardless of whether they are preceptors of the residency program. Every effort will be made to assist the resident in the successful completion of the pharmacy residency program. The following list provides examples of reasons for disciplinary action, up to and including discharge.

1. Not meeting appropriate ethical, legal, and regulatory standards or complying with Providence policies and standards, as outlined in the [Code of Conduct](#) and [Standards of Conduct Policy](#).
2. Not meeting performance standards for the job, including knowledge and skills below standards considering length of time in the position.
3. 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.
4. Assault, battery, abuse or other inconsiderate treatment of others, either emotional or physical, including violation of [Workplace Violence](#) and [Domestic Violence](#) policies.
5. Violation of policies regarding confidentiality, HIPAA or Providence information, as outlined in the [Confidentiality Policy](#).
6. 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).
7. Fraudulent use of sick leave.
8. Refusing to cooperate, withholding or misrepresenting information during a human resources, security, loss prevention or quality investigation.
9. Unauthorized possession of firearms, dangerous weapons or explosives while at work or on Providence premises.
10. Soliciting, offering, or accepting a bribe or gratuity in connection with any Providence business activity.
11. Violation of [Substance-Free Workplace Policy](#).
12. 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 \(hrforcaregivers.org\)](#)
13. Insubordination or refusal to accept job assignments or direction from managers or supervisors.

14. Falsification, unauthorized use or removal, or misuse of any records required in the transaction of Providence business, including patient records, business office records, timecards, and member information.
15. 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.
16. Serious safety/security violations (willful or negligent) that could result in injury to a person or damage Providence property.
17. 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](#).
18. Not having a current license or certification required for the job within the time frame specified by the residency program.
19. Not following the policies and procedures of the residency program
20. Not consistently making satisfactory progress on the residency program goals and objectives, defined as:
 - a. Two NI in the same objective
 - b. Not enough TE are left in the year to complete all critical objectives for ACHR
 - c. Not enough TE are left in the year to earn the required number of ACHR for graduation
 - d. Missing multiple deadlines resulting in delay of completion of projects required for graduation

III. Disciplinary Action Procedure

In the event of need for disciplinary action related to unprofessional/unethical conduct or behavior, not exclusively related to clinical progress, the following disciplinary steps shall be taken:

1. The resident will meet with the RPD and involved preceptor(s) to discuss the identified issue(s). If the RPD is not involved in the initial discussion, the preceptor and resident are to notify the RPD of the events that transpired in writing. Actionable steps to follow include:
 - i. An appropriate consequence or solution to rectify the behavior, deficiency, or action will be determined
 - ii. A corrective action plan and specific goals for monitoring progress must be determined and outlined
 - iii. An appropriate timeline for corrective action will be determined
 - iv. The action plan will be documented in PharmAcademic by the RPD
2. Failure to correct the initial behavior or repeating the same behavior may result in automatic dismissal from the residency program.
3. If the RPD and/or preceptor(s) determine the resident cannot complete the residency program in the original 12 month timeframe due to issues of unprofessional/unethical behavior, extensions will not be offered, and the resident will be dismissed from the residency program.

In the event of need for disciplinary action related to a resident failing to make satisfactory progress in any aspect of the residency program, the following disciplinary steps shall be taken:

1. The resident will meet with the RPD to discuss observed clinical deficiencies or failure to progress. An informal plan spanning two weeks will be developed by the RPD in conjunction with the preceptor(s) for the rotation during which the plan will be active to initially correct observed deficiencies. Details of the meeting and informal plan will be documented within PharmAcademic.
2. The resident will be required to complete a self-reflection at the end of the two-week plan detailing how they feel they have progressed in correcting the observed deficiencies.
3. If after the initial two-week plan deficiencies have not been improved upon satisfactorily (as determined by RPD and preceptor(s) in conjunction with review of the resident's self-reflection), the resident will be

entered into a formal remediation plan. If the resident has satisfactorily progressed, they will continue with the program uninterrupted.

4. The RPD, in conjunction with the preceptor(s) scheduled with the resident during the time that the formal remediation plan is in place, will create an individualized plan for the resident. The remediation plan serves as a formal pathway to correct deficiencies noted in performance or other elements of practice which preclude the resident from meeting expectations of the residency program, RPD, and/or preceptor(s). The intent of the formal remediation plan is to promote resident success.
5. The formal remediation plan will clearly outline the following:
 - a. Evidence of need for entrance into remediation plan
 - b. Timeline of remediation plan
 - c. Specific objective actions/assignments/responsibilities/expectations of the resident during the remediation plan
 - d. Definition of successful completion of the remediation plan
 - e. Definitions of failure to progress
 - f. Summative evaluations may be added in PharmAcademic to objectively measure resident progress. Summative evaluations will be at a minimum of every 4 weeks.
 - g. Meetings with the resident will be scheduled to review progress.
 - h. Potential outcomes of remediation plan
 - i. Three potential outcomes exist upon entrance into the remediation plan:
 1. Successful completion of remediation plan
 - a. Continuation of normal responsibilities and duties
 2. Extension of the residency program up to a maximum of 90 days as determined by RAC
 - a. The resident will receive pay and benefits during the extension
 3. Unsuccessful completion of remediation plan
 - a. Dismissal from the residency program or resident resignation from the program
6. The formal remediation plan and subsequent outcome will be shared with resident, preceptor(s), and RAC and documented in PharmAcademic.

IV. Dismissal

Just cause for immediate dismissal from the residency program includes:

1. Serious acts of incompetence, impairment, unprofessional behavior, unethical behavior, negligence, violence, falsifying information, vandalism, theft, sexual harassment, or lying.
2. One of more recurrences of unprofessional/unethical behavior after a corrective action plan is in place.
3. Unsuccessful completion of a formal remediation plan or need for extension of the residency program beyond 90 days once enrolled in a formal remediation plan to complete graduation requirements.
4. Any violation of Providence policies that would otherwise result in immediate termination.
5. Failing to obtain licensure within required time frame specified in the **Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Policy**.
6. Use of paid time off, time away from the residency program, or an approved leave duration in excess of that allowed within the **Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Policy**.

SUBJECT: Preceptor Appointment/Reappointment and Development Policy

I. Objectives of the Policy

1. To establish requirements for appointment and reappointment of PGY2 pharmacy resident preceptors and expectations for ongoing preceptor development.
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II. Policy Statement

1. Providence Medical Group (PMG) is committed to effectively supporting and developing pharmacy practice preceptors. To ensure the highest quality of training, as required by the ASHP Accreditation Standard for PGY2 Ambulatory Care Residencies, there are certain minimum expectations and requirements for preceptors. These requirements are outlined below. In addition, PMG will provide preceptor education and training designed to help further develop and enhance precepting skills.

III. Preceptor Selection

1. The Residency Program Director (RPD) will evaluate current potential preceptors based on their desire and aptitude for teaching. Evaluation of desire and aptitude will be based on the following:
 - i. Desire will be based on RPD discussion with preceptor, and interest expressed to RPD by pharmacist
 - ii. Aptitude will be based on preceptors prior teaching experience with either students or residents (didactic or practical)
 - iii. Preceptor must be able to demonstrate mastery of the four preceptor skills (instructing, modeling, coaching, and facilitating)
 - iv. Preceptor must be willing and able to provide criteria-based feedback and evaluation of resident performance
 - v. Preceptor must display a commitment to life-long learning and continued refinement of their teaching skills

IV. Preceptor Qualifications and Requirements

1. Licensure/credentials:
 - i. Licensed in the states of OR and/or WA
 - ii. Registration as a preceptor with the OR Board of Pharmacy
 - iii. Active BPS certification
 - iv. Credentialed with Providence Medical Group
2. Eligibility and Qualifications:
 - i. Must have completed an ASHP-accredited PGY2 pharmacy residency program followed by a minimum of one-year of pharmacy practice experience in the area precepted or have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 pharmacy residency program.
 - ii. Must meet the eligibility criteria as outlined in the ASHP Preceptor Academic and Professional Record form.
 - iii. Preceptors must demonstrate the ability to precept resident learning experiences as evidenced by
 1. Content knowledge/expertise in the area of pharmacy practice precepted
 2. Contributions to pharmacy practice in the area precepted
 3. Role modeling ongoing professional engagement

4. Preceptors who do not meet the qualifications for residency preceptors will have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.
 - iv. Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.
 3. Appointment and reappointment:
 - i. New preceptors who meet the eligibility and qualification as described above (#2) will be appointed as preceptor for 1 year
 - ii. Reappointment
 1. Current preceptors will be reappointed annually based on the ability to continue to meet preceptor qualifications as defined above (#2). Reappointed preceptors must adhere to the following guidelines:
 - a. Preceptors must continue to pursue refinement of their teaching skills. Must complete and document at least two hours of preceptor education annually
 - b. Preceptors must update ASHP Academic and Professional Record at least annually
 - c. Participation in residency program recruitment, resident mentoring, or residency projects is expected
 - d. Attendance at Residency Advisory Committee (RAC) meetings and/or Preceptor Development meetings is expected

V. Preceptor-in-Training

1. Preceptor-in-Training is a pharmacist new to precepting who do not meet the qualifications for residency preceptors described in the ASHP Accreditation Standard for PGY2 Residencies
2. A new preceptor-in-training who is interested will be assigned an advisor or coach who is qualified preceptor and will document a preceptor development plan to meet the qualifications for becoming a residency preceptor within two years

VI. Preceptor Development

1. To help support and continually improve the level of our program, PMG is committed to providing preceptor training and development.
2. Preceptor/Learning Experience Resident Feedback
 - i. All preceptor and learning experience evaluations to be reviewed as needed by RPD. As needed, process improvement plans will be developed 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.
 - ii. Each year in May/June, a Residency Retreat will be scheduled to analyze and evaluate the residency year.
 - iii. Feedback from both resident evaluations as well as the end of the year retreat will be used to help design and plan upcoming preceptor training programs.
3. Ongoing Preceptor Development
 - i. Preceptor development sessions will be provided at a minimum of 4 times per year. As outlined above, program content will be based upon resident evaluations as well as feedback provided by both residents and preceptors
 - ii. All preceptors are required to actively participate in these development sessions

SUBJECT: Residency Advisory Committee Policy

I. Objectives of the Policy

1. To establish requirements for PGY2 Residency Advisory Committee.
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II. Committee Responsibilities

1. To serve and support the program goals and improve the quality of the residency program.
2. To create a forum to discuss resident progress, projects, concerns or issues regarding the residency schedule, and other components of the program.

III. Committee Charges

1. Discuss resident recruitment, interviews, ranking, and selection.
2. Discuss incoming resident interests, strengths, and professional/personal goals outlined during their orientation process.
3. Determine an advisor for the resident.
4. Discuss resident performance on assigned learning experiences
5. Address any goals and objectives with a "Needs Improvement".
6. Ensure resident is on track to achieve all goals and objectives by year end
7. Goals and objectives achieved for the residency will be reviewed quarterly and RPD will document in PharmAcademic.
8. Continuously evaluate the residency policies, structure, design and conduct of the residency program and annual program assessment.
9. Conduct annual program assessment to identify program improvements, program advancement and reflection of the current year
 - i. Resident retreat at the end of every residency year
 - ii. Resident and preceptor survey at the end of every residency year
10. Review preceptor qualifications annually, appoint and reappoint preceptors to the program.

FREQUENCY / LENGTH OF MEETINGS

At least quarterly and more often when necessary

QUORUM FOR VOTING

At least 75% member must vote to meet quorum

REPORTING FORMAT

Minutes outlining agenda item, discussion/conclusion, recommendations/actions, and responsible party/timelines to be maintained on the Clinical Pharmacy Department PGY2 Residency Sharepoint

STATUTORY AND ADMINISTRATIVE

These minutes are confidential peer review materials and are protected

IV. Committee Members

1. Residency program director and residency program coordinator
2. Residency learning experience and consult shift preceptors

Residency Policies and Procedures Revisions:

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

Last Updated 12/2025