**Providence Medical Group**

**Oregon Region**

**Pharmacy Post-Graduate Year 2 (PGY2) Ambulatory Care Pharmacy Residency**

**Policies and Procedures**

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**SUBJECT: Residency Applicant Screening and Selection Policy**

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1. **Objectives of the Policy**
2. To establish procedures for evaluating PGY2 residency applicants and on-site interview candidates.

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1. **Evaluation Process** 
   1. The following will be required of all PGY2 residency applications. Residency applicants will use PhORCAS for submitting residency applications.
      1. Graduation from an ACPE accredited college of pharmacy
      2. Successful completion of an ASHP Accredited PGY1 Residency Program or one in the ASHP accreditation process (i.e., one with candidate or preliminary accreditation status
      3. Participation in the ASHP Residency Matching Program
      4. Letter of intent
      5. Curriculum Vitae
      6. Academic Transcripts
      7. Three forms of recommendation (via standard PhORCAS recommendation template)
      8. On-site interview (upon qualification for on-site interview)
      9. 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
2. **Applicant Screening**
   1. All applicants will undergo an application review screen to determine which candidates are offered an interview. The attached resident applicant screening form is used to facilitate this review. The applicant is awarded points for each of nine criteria.
   2. The applicant scores are ranked based on score achieved for the nine criteria and the top ranking candidates are considered for on-site interview based on number of positions available and number of interview dates.
      1. Additional non-objective information may be used to adjust the ranking list for candidates to be offered on-site interviews. These include interaction at ASHP Midyear PPS (Personal Placement Service) interview or information obtained from outreach to current Residency Program Director/Coordinator or preceptors.
      2. Candidates invited to interview are based on these criteria as well as screening team feedback in the form of a ranking session that also addresses 1) judgment of professional and programmatic fit with Providence and 2) comparisons of the candidates across the entire applicant group.
3. **Interview Evaluation**
   1. All on-site interview candidates are scored and evaluated for each portion of their interview day. Total scores are added up to provide an objective rank list of candidates.
4. **Resident Applicant Ranking**
   1. Prior to the date for submission of the Match List, the Resident Advisory Committee 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.
5. **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.
      1. Applicant Screening: All applicants will undergo an application review screen to determine which candidate(s) are offered an interview (see attached appendix A). The applicant scores are ranked and discussed, and may be rearranged based on additional non-objective information.
      2. Interview: Applicants will be invited for Phase II interview, either onsite or through video conferencing.. The interview will consist of interview questions and a shortened case (see attached appendix B).
      3. Resident Applicant Ranking: Prior to the date for submission of the Match List, the Resident Advisory Committee 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.

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

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1. **Objectives of the Policy**
2. To describe process after successful Match.
3. To describe process for pharmacy license verification.
4. To describe process for verification of completion of PGY1 pharmacy residency program

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1. **Acknowledgement of Match**
   1. The resident will receive acceptance letter acknowledging the match**.**
   2. Information on 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 in 30 days.
2. **Pharmacy License Verification**
   1. The resident will obtain Oregon licensure at the earliest opportunity (preferred within 60 days of employment, no later than within 90 days of hire date). Failure to obtain Oregon Pharmacist Licensure within 90 days of hire date may result in extension of residency program or dismissal from residency program, as determined by the Residency Advisory Committee (RAC).
   2. The resident will upload Oregon license information on EverCheck Wallet.
   3. The resident will display Oregon license at resident office.
3. **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 accreditation 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 Residency Program Director. 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.

**SUBJECT: Successful Completion of PGY2 Ambulatory Care Pharmacy Residency Policy**

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1. **Objectives of the Policy**
2. Describe requirements necessary for residents to successfully complete the residency program.

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1. **Requirements of Residency Program**
   1. The resident will obtain Oregon licensure at the earliest opportunity (preferred within 60 days of employment, no later than within 90 days of hire date). Failure to obtain Oregon Pharmacist Licensure within 90 days of hire date may result in extension of residency program or dismissal from residency program, as determined by the Residency Advisory Committee (RAC).
   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 80% of all other required objectives by the end of the residency year.
   4. Probation/disciplinary action – If the resident receives 2 consecutive “needs improvement” on an objective on any summative learning experience evaluation, the resident may be placed in disciplinary action.
   5. 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.
   6. Resident will complete a formal evidence-based CE presentation.
   7. Resident will participate in either the review or development of a clinical pharmacy agreement, workflow, scope of practice, or clinical practice protocol.
   8. Resident will complete one Question of the Quarter publication.
   9. Resident will complete one Hot Topics and 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.
   10. 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, the RAC, and the resident advisor.
2. **Residency Advisory Committee (RAC)**
3. 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.
4. **Time Away from Residency**
5. Successful completion of the residency program requires 12 months training (minus paid time off [PTO]).
6. Significant time away from the residency program may deter from successful completion of the residency program.
7. If the resident accrues > 30 days away from the residency program (including 23 days combined sick time and PTO), the RAC may decide based on a review of the resident’s progress, the resident needs to extend the residency year to successfully complete program requirements.
8. If time away from the residency program extends beyond 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.
9. Standard Providence St Joseph Health time off and absence employee policies apply.
10. **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. 80% of all other objectives must be achieved for residency by the end of the program.

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

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| --- | --- | --- | --- | --- | --- |
| *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 |
| *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., work flow, 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 |
|  | **R3.3** | | **Manage the operation of an ambulatory care pharmacy service.** | | |
|  |  | | 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.** | | |
|  |  | | 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.** | | |
|  |  | | 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 |
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| **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**

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**I. Objectives of the Policy**

1. To establish criteria for successful completion of required evaluation for the residency including resident self-assessment, preceptor assessment of the resident, and resident assessment of the preceptor and learning experience.

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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.
* In addition, a written midpoint assessment by preceptor and self-assessment by resident will support criteria-based, formative evaluation (For those rotations not including written midpoint documentation of assessment, a customized Midpoint evaluation will be used).

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

Needs Improvement, Satisfactory Progress, Achieved, Not Applicable

- Preceptor Evaluation- ASHP Preceptor Scale

Always, Frequently, Sometimes, Never

- Learning Experience Evaluation- ASHP Learning Experience Scale

Consistently True, Partially True, False

**Evaluation Definitions**

Needs Improvement:

* Deficient in knowledge/skills in this area
* Often requires assistance to complete the objective
* Unable to ask appropriate questions to supplement learning

Satisfactory Progress

* 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 (ACH):

* Fully accomplished the ability to perform the objective
* Rarely requires assistance to complete the objective; minimum supervision required
* No further developmental work needed

Not Applicable (N/A):

* Not applicable

Achieved for Residency (ACHR):

* Resident can perform associated activities independently across the scope of pharmacy practice

**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 assure that all resident and preceptor evaluations are submitted in a timely manner.
3. The RPD/RPC shall review and sign all completed rotation evaluations.
4. The RPD/RPC will track the residents’ progress towards completion of the programs goals and objectives through the use of quarterly evaluations.

Preceptor Requirements:

1. Prior to the resident starting the rotation, the preceptor should review the resident’s previous evaluations documented in the PharmAcademic Program.
2. At the beginning for 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.
3. Schedule at least one mid rotation evaluation. Preceptor will complete a written midpoint formative evaluation of resident progress, compare with resident self-assessment, and discuss with resident.
4. Upon completion of the rotation, the preceptor is required to complete the Summative Evaluation for the rotation.
   1. Narrative commentary should be included for each goal that the preceptor is evaluating in order to help the resident identify areas for improvement.
   2. The preceptor and resident shall meet to review the completed resident evaluation. The evaluation shall be signed electronically by the preceptor and resident.

Resident Requirements:

1. 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 for each rotation or learning experience.
2. 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.
3. The resident shall meet with the preceptor at least once near the midpoint of the rotation to discuss the midpoint formative evaluation with preceptor.
4. Upon completion of the rotation, the resident is required to complete the self-evaluation and the Preceptor/Rotation evaluations.
5. 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.

**SUBJECT: Resident Staffing Guideline and ASHP Duty Hours**

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**I. Objectives of the Policy**

1. Describe guidelines around pharmacy resident staffing requirements for successful completion of PGY2 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 required staffing for the residency program.

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**II. Required staffing for successful completion of PGY2 Ambulatory Care Residency**

1. Residents will be assigned one consult shift per week during the duration of the residency year.
   1. Consult shifts are ½ day in duration (AM – 8am-12pm; PM – 1pm-5pm). Consult shifts are co-staffed with a PMG clinical pharmacy specialist that will serve as a preceptor to the resident.
   2. The resident will have access to their precepting pharmacist by either phone, Microsoft Skype/Lync®, or via the electronic health record.
   3. Consult shift responsibilities and procedures are detailed in the PMG Clinical Pharmacy Consult Shift Workflow.
2. The resident will be on-call for 1 week every 4 weeks and during holidays as assigned.
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”.

**III. Staffing beyond requirements of residency**

1. 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:
   1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the residency program.
   2. Resident must pre-approve all moonlighting hours through Clinical Pharmacy Manager and Residency Program Director/Coordinator (RPD/RPC) for tracking of duty hours.
   3. Approval for moonlighting by the RPD/RPC or designee must be documented by completing the Moonlighting Approval Form (Appendix A).
   4. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log (Appendix B).
   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 should 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.
   6. 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.
   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 every week (averaged over 4 weeks). 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.

Duty hours must be in compliance with ASHP Duty-Hour Requirements (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: |

I understand that my primary responsibility is to the Hospital Health System 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.

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Resident Signature Date

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Resident Advisor Signature Date

**Appendix B: Moonlighting Hours Log**

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Hours during moonlighting shift | Total moonlighting hours/week | Total hours/week (including duty-hours) | Current rotation | Preceptor Signature\* | Date signed |
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\* 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: Dismissal of Resident from the PGY2 Ambulatory Care Pharmacy Residency Program Policy**

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**I. Objectives of the Policy**

1. To provide the Residency Program Director guidelines in assessing the need for dismissal of the resident from the residency program.

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**II. Reasons for Dismissal**

Every effort shall be made to assist the resident in the successful completion of the residency program, however after evaluation and counseling the resident may be terminated for the following:

1. Reasons for Corrective Action (as defined by Providence Health and Services (PHS) Oregon's Performance Management Policy HR 603)

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:

1. Not meeting appropriate ethical, legal, and regulatory standards or complying with Providence’s policies and standards, as outlined in the Code of Conduct.
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 (HR 704 and 705).
5. Violation of policies regarding confidentiality, HIPAA or Providence information, including PROV-ICP-716 and Oregon Region policies.
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 (HR 710).
11. Violation of Providence Drug Free Workplace Policy (HR 706).
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. (HR 701).
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, time cards, 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 (HR 709).
18. Not having a current license or certification required for the job within the time frame specified by the residency program.
19. Two unsatisfactory learning experience evaluations.

Unsatisfactory preceptor evaluations, as assessed by the Residency Advisory Committee, may result in the resident repeating part of or the entire learning experience and potentially extending the residency year. Two unsatisfactory evaluations may result in dismissal of the resident from the residency program.

An unsatisfactory learning experience evaluation is defined as over 75% of the objectives are “Needs Improvement” on any summative learning experience evaluation.

Disciplinary action may include remediation plan as determined by RPD/RPC.

1. Time absent from the residency program

If time away from the residency program extends beyond 90 days, upon assessment by the Residency Advisory Committee, 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.

1. Failure to obtain licensure

It is the responsibility of the resident to obtain Oregon Pharmacist Licensure at the earliest opportunity (preferred within 60 days of employment, no later than within 90 days of hire date). Failure to obtain Oregon Pharmacist Licensure within 90 days of hire date may result in extension of residency program or dismissal from residency program, as determined by the Residency Advisory Committee (RAC).

1. If a resident should fail any of the required licensure examinations, the resident must notify their RPD in writing.
2. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request and extension in writing to their RPD.
3. The RPD and RAC will review all extension requests. If grand, the resident will be given up to 30 additional days (120 day post hire) to obtain their pharmacist licensure in the state of Oregon.
4. 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.

**SUBJECT: Preceptor Eligibility and Development Policy**

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1. **Objectives of the Policy**
2. To establish requirements for PGY2 resident preceptors and expectations for ongoing preceptor development.

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1. **Policy Statement** 
   1. Providence Medical Group (PMG) is committed to effectively supporting and developing pharmacy practice preceptors. In order 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.
2. **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:
      1. Desire will be based on RPD discussion with preceptor, and interest expressed to RPD by pharmacist
      2. Aptitude will be based on preceptors prior teaching experience with either students or residents (didactic or practical)
      3. Preceptor must be able to demonstrate mastery of the four preceptor skills (instructing, modeling, coaching, and facilitating)
      4. Preceptor must be willing and able to provide criteria-based feedback and evaluation of resident performance
      5. Preceptor must display a commitment to life-long learning and continued refinement of their teaching skills
3. **Preceptor Qualifications and Requirements** 
   1. Licensure/credentials:
      1. Licensed in the states of OR and/or WA
      2. Registration as a preceptor with the OR Board of Pharmacy
      3. Active BPS certification
   2. Eligibility and Qualifications:
      1. Refer to ASHP Accreditation Standard for PGY2 Residencies Standard 4 requirements of the residency program director and preceptors
   3. Appointment and reappointment:
      1. New preceptors who meet the eligibility and qualification as described in Standard 4 of the ASHP Accreditation Standard will be appointed as preceptor for 1 year
      2. Reappointment
         1. Current preceptors will be reappointed annually based on the ability to continue to meet preceptor qualifications based on the ability to continue to meet preceptor qualifications as defined in the Preceptor Requirements and Ongoing Preceptor Development Policy. Reappointed preceptors must adhere to the following guidelines:
            1. Preceptors must continue to pursue refinement of their teaching skills. Must complete and document at least two hours of preceptor education annually
            2. Preceptors must update ASHP Academic and Professional Record at least annually
            3. Participation in residency program recruitment, resident mentoring, or residency projects is expected
            4. Attendance at Residency Advisory Committee (RAC) meetings and/or Preceptor Development meetings is expected
4. **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
5. **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
      1. 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 3 or 4 on the resident’s preceptor evaluations or scores of 3 on the learning experience evaluations.
      2. Each year in May/June, a Residency Retreat will be scheduled to dissect and evaluate the residency year.
      3. Feedback from both the 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
      1. 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
      2. All preceptors are required to actively participate in these development sessions
      3. As resources are available, PMG will help support preceptors meeting the above, including travel support for those presenting at professional meetings or support for successfully completing board certification exams.

**SUBJECT: Residency Advisory Committee**

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1. **Objectives of the Policy**
2. To establish requirements for PGY2 Residency Advisory Committee.

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1. **Committee Responsibilities** 
   1. To serve and to 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.
2. **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, goals and objectives.
   9. Hold preceptor retreat to discuss program improvements, program advancement and reflection of the current year.
   10. Review preceptor qualifications annually, appoint and reappoint preceptors to the program.

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| **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 |
| **MANDATES AND PROTECTIONS** | Under the Oregon Revised Statutes, Section 41.675 |
| **REPORTING MECHANISM** | Minutes will be submitted to the Committee Members |

1. **Committee Members** 
   1. Residency program director and residency program coordinator
   2. Residency learning experience and consult shift preceptors
   3. Research project preceptors
   4. Administrators / clinical pharmacy department leadership