



**Providence Health and Services
at Providence Portland and Providence St.
Vincent Medical Centers**

**Postgraduate Year One (PGY1)
Pharmacy Residency Program**

**Program Overview and Design
2022-2023**

Program Description

Providence Health and Services (PH&S) is a leading provider of high quality healthcare in Oregon and on the West Coast with facilities in Alaska, Washington, Oregon, California and Montana. Within Portland, Providence Portland Medical Center and Providence St. Vincent Medical Center have consistently been rated in the top 100 hospitals nationally. PH&S Oregon Region operates as an integrated health system including eight hospitals, ambulatory care clinics, a managed care plan, home infusion services, specialty pharmacy, and elder care programs. Our pharmacy departments are leaders in the implementation of technology and progressive pharmacy services.

PH&S provides a unique approach to regionalization of our residency program. Opportunities exist for rotations throughout the Portland metro area. Our pharmacists practice collaborative drug therapy management in a multitude of settings including acute care, ambulatory care, home care, specialty pharmacy, and elder care. Our Primary Care Clinical Pharmacy Specialists received the ASHP “Best Practices in Health-System Management Award” for their multi-site collaborative pharmacotherapy clinics. Our acute care pharmacy services at Providence St Vincent Medical Center received a “Best Practices in Health-System Management Award” for their antimicrobial stewardship program. Regionalization of the residency program allows the ability to draw on the strengths and diversity of a top health care system in providing a superior learning experience for the resident.

Department of Pharmacy

The Department of Pharmacy Services in PH&S-Portland includes acute care pharmacies in Providence Portland Medical Center (PPMC), Providence St. Vincent Medical Center (PSVMC), Providence Milwaukie Hospital (PMH) and Providence Willamette Falls Medical Center. Together they employ well over 170 FTEs of pharmacists, technicians and support personnel. Both PPMC and PSVMC provide a complete 24-hour scope of progressive pharmacy services, including pharmacist-managed collaborative drug management services.

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

PH&S currently offers six pharmacy residency programs in Portland; a traditional PGY1 Residency, a PGY1 Managed Care Residency, a PGY1/PGY2 Health-System Pharmacy Administration and Leadership Residency, a PGY2 Residency in Ambulatory Care, a PGY2 Residency in Infectious Diseases, and a PGY2 in

Geriatrics. The traditional PGY1 program is an integrated health system residency offering learning experiences throughout PH&S in Portland. In addition to the diverse learning experiences offered, our program offers residents the opportunity to pursue a teaching certificate through a citywide program affiliated with local colleges of pharmacy. The PH&S traditional PGY1 Residency Program has been accredited by the American Society of Health-System Pharmacists (ASHP) since 1994.

Residency Program Mission and Educational Competencies

The PH&S Oregon Region vision for residency training is to deliver innovative, collaborative training models that transform practitioners in leadership and delivery of patient-centered care to improve medication therapy outcomes.

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

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

1. Patient Care
2. Quality Improvement- Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education, and Dissemination of Knowledge

Elective Competency Areas

1. Added Leadership and Practice Management Skills
2. Home Care Pharmacy
3. Managed Care Pharmacy
4. Specialty Pharmacy
5. Teaching and Learning

Purpose Statement for the PH&S PGY1 Residency Program

The purpose of the PH&S PGY-1 Residency Program is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. The program will provide the resident with knowledge and skills supporting practice as a clinical pharmacist with interdisciplinary teams in an integrated acute care or ambulatory care practice environment.

Program Goals and Objectives

The resident will demonstrate the above competencies through achievement of the goals and objectives of the ASHP Residency Program Design and Conduct. Objectives will be individualized for the incoming residents and individual learning experiences. Elective objectives will be taught and evaluated only if the resident chooses specific elective learning experiences. An assessment of the resident's knowledge, skills, experiences and interests will be performed at the beginning of the residency year. The resident will complete the ASHP Standard Entering Interests and the Goal-Based Entering Interests forms in

PharmAcademic to assist with this process. This will serve as the basis for the development of the initial Resident Development Plan.

Resident Evaluation

Rotational Evaluations

The Residency Program Design and Conduct (RPDC) process for evaluation will be used to assess the resident's progress throughout the program using the web-based ASHP PharmAcademic software program. Evaluations (both resident and preceptor) are to be completed at the end of each learning experience or at least once every three months for longitudinal rotations.

Program Director Review

The residents are required to meet quarterly with the residency program director to review evaluations, to review progress towards completion of the program's goals and objectives, and to update the Resident Development Plan.

Residency Advisory Committee Review

The Residency Advisory Committee will review resident progress throughout the year and ultimately determine achievement of goals and objectives for the residency year.

Project

The resident is required to complete a major project during the twelve-month program. The project shall be on some aspect of pharmacy practice. The project will likely involve:

- Original clinical or administrative research
- Program or service development

Another aspect of pharmacy practice may be approved by the Residency Program Director. The project will be presented at a regional residency conference each Spring and must be submitted in written form as a manuscript prior to the completion of the residency year. In addition, the resident is encouraged to submit their projects as a poster at either a local, state, or national meeting.

Residency Hours

A minimum of 12 months (2000 hours) are required for completion of the residency program. The expectation of the residency program is that the residents will put in the time and effort necessary to effectively complete the program objectives. Often it requires more than a 40-hour workweek to obtain the maximum benefits of the program. The preceptors are responsible for ensuring that the resident understands the time requirements for each learning experience. Staffing responsibilities should not distract from the resident's learning experience. The resident positions are considered "exempt" (salaried) positions by PH&S and are not paid per hour.

Staffing Responsibilities

In order for the resident to adequately gain the understanding and confidence necessary to provide pharmaceutical care, it is necessary that the resident spend some time performing pharmacist staffing. Staffing requirements and structure will be determined by the Residency Advisory Committee. See Resident Staffing Policy for further details.

Licensure

The resident should target completing Oregon Board of Pharmacy licensure within the first 90 days of the residency program. It is not required that the resident be licensed as a pharmacist at the beginning of the residency year. However, it is the expectation that the resident will become licensed at the earliest opportunity once State Board requirements for licensure as a pharmacist are met. The Board requires 2000 intern hours for licensure. If not licensed as a pharmacist at the beginning of the program, it is required that the resident be licensed as a Pharmacy Intern in the state of Oregon.

Dismissal from the Residency Program

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

Certification Programs

Several certification programs and competencies are required of the staff pharmacists prior to their participation in pharmacy programs. The residents are required to complete these certification programs and competencies during the Orientation rotation. These programs include:

- Age-related Medication Competency
- Aminoglycoside Dosing Certification
- Vancomycin Dosing Certification
- Heparin Dosing Certification
- LMWH Dosing Certification
- Perioperative Anticoagulation Management Certification
- Oral Anticoagulant Dosing Certification
- Phenytoin/Fosphenytoin Dosing Certification
- Pharmacist Chart Documentation Competency
- TPN Monitoring and Dosing Certification
- IV to PO Dosing Competency
- Heart Failure Dosing Certification
- Heart Transplant Dosing Certification

Misc. Requirements

Additional requirements of the residency program include:

- Participation in a medication use evaluation (MUE)
- Completion of a drug class review, drug monograph, treatment guideline, or protocol.
- Completion of drug information questions, as assigned
- Participation in the City-Wide Residency Conferences
- Participation in a local, regional, or national pharmacy organization as an active committee member
- Advanced Cardiac Life Support Certification
- Completion of a major project with manuscript draft
- Presentation of a Poster (encouraged to present at local, state, or national meeting)

- Presentation of major project at a regional residency conference
- Miscellaneous projects as assigned by preceptors

Health Screening

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

Employee Benefits

The Pharmacy Residents qualify for employee benefits consistent with staff level positions at PH&S.

Health-System Orientation

Residents are required to attend health-system orientation prior to the start of the residency. Health-system orientation will be scheduled by the Residency Program Director.

Dress Code

Residents are expected to dress professionally. Discuss with pharmacy manager at each institution for specific requirements. Name tags identifying a resident as “Pharmacy PGY1 Resident” should be worn at all times. White coats are up to the discretion of the preceptor for each learning experience.

Business Cards

Business cards for the residents may be ordered following arrival at the residency program. Contact Chief Resident to set-up the process.

Voicemail

A voice mailbox will be established for each resident. Contact Clinical Manager to set-up the process.

Time Cards

Time cards are required to be completed electronically. Please let your preceptor, Clinical Manager, Chief resident, and the Residency Program Director know of any PTO time taken prior to the end of the pay period.

Vacation Requests

Vacation requests are to be submitted as far in advance as possible and are subject to approval by the Clinical Manager and Residency Program Director. The residents’ request for vacation must adhere to the departmental policy for vacation and holiday requests.

Sick Time

On the occasion when it may be necessary to call in sick, please contact the preceptor for your rotation and the Clinical Manager along with the Residency Program Director.

Professional Involvement

Residents are required to become members of OSHP, OSPA, ACCP, or ASHP during their residency. In addition, residents are encouraged to participate actively on local or national committees or councils.

City-Wide Residency Conferences

The City-Wide Residency Conferences were established to encourage residents to interact with other Portland Area Pharmacy Residents and assist in the completion of residency objectives that are consistent among each program. The conferences have now become teaching workshops. The residents are required to attend these conferences if they are pursuing a teaching certificate.

Residency Portfolio

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

- Sharepoint content
 - Orientation Materials (e.g. schedule, passport, etc.)
 - Copy of signed contract for residency year
 - Copy of Teaching Certificate (if obtained)
 - IRB approval forms
 - IRB close out forms
 - CityWide Residency Conference Schedule
 - Responses to drug information questions
 - Formulary Project: drug class review, monograph, treatment guideline or protocol
 - Medication Use Evaluation summary
 - Major Project poster presentation and any additional posters presented
 - Regional Residency Conference Major Project presentation
 - Major Project Manuscript
 - Copies of all presentations throughout the year with notation of where presented and target audience
 - Copies of projects completed
 - Any additional documents: e.g., clinical pearl presentations, journal clubs completed/facilitated, projects related to Practice Management Conferences, miscellaneous projects/presentations
- PharmAcademic content
 - All longitudinal evaluations
 - All rotation evaluations
 - ASHP Entering Interests Form, Entering Objective-based self-evaluation, and Final Objective-based Residency Self-Evaluation
- Completion requirements checklist (completed by RPD)

Residency Learning Experiences (Rotations):

Rotations Offered

Rotations or learning experiences are offered in the following areas:

- Internal Medicine
- Cardiology
- Critical Care
- Administration
- Ambulatory Geriatrics
- Primary Care

- Emergency medicine
- Pediatrics/Neonatal Intensive Care
- Infectious Disease
- Oncology
- Home Infusion
- Specialty Pharmacy
- Anticoagulation
- Heart Transplant
- Informatics
- Managed Care
- Orientation
- Global Health (longitudinal)
- Advisor (longitudinal)
- Major Project (longitudinal)
- Formulary (longitudinal)
- Staffing (longitudinal)
- Teaching Certificate Program (longitudinal or focused experience)

A strength of our program lies in the diversity of learning experiences offered within the PH&S PGY1 Residency, gaining broad exposure to many aspects of pharmacy practice. Residents have the flexibility to spend additional time in pharmacy practice areas of interest.

Program Structure

The traditional PGY1 residency program will provide the resident with exposure to multiple areas of pharmacy practice including direct patient care rotations in both acute and ambulatory care. Required staffing generally occurs within the Acute Care Pharmacy Departments of either Providence Portland or Providence St. Vincent Medical Centers. Specific rotation requirements are as follows:

Required rotations (28 weeks):

Orientation - 4 weeks
 Administration- 6 weeks
 Major Project (longitudinal)
 Formulary (longitudinal)
 Advisor (longitudinal)

Direct Patient Care

Internal Medicine- 6 weeks
 Cardiology- 6 weeks
 Critical Care- 6 weeks
 Staffing (longitudinal)

Selectives (6 weeks): *In addition to required rotations, resident is required to select 1 of the following direct patient care rotations:*

Ambulatory Patient Care Selectives (6 weeks)

Primary Care
Ambulatory Geriatrics

Electives (18 weeks):

-note: rotations listed above may also be completed as electives

-At least 2 electives must be direct patient care rotation to be in compliance with ASHP PGY1

Residency Standard

-preference is for 6 week learning experiences

Inpatient Direct Patient Care Rotations

Pediatrics/Neonatal Intensive Care
Oncology
Emergency Medicine
Infectious Disease
Transplant

Ambulatory Direct Patient Care Rotations

Anticoagulation
Home Infusion
Specialty Pharmacy
Global Health

Non Direct Patient Care Learning Experiences

Informatics
Managed Care
Teaching Certificate Program

Elective Extended or Longitudinal Rotations

Global Health Direct Patient Care)
Primary Care (Direct Patient Care)
Infectious Disease (Direct Patient Care)
Informatics (Non-Direct Patient Care)

**Note: Residency program structure documents describe proposed 2022-2023 requirements. At the end of each year, meetings with residents and preceptors are convened evaluating the residency year. As a result of this feedback, changes to program structure may be implemented, as applicable, to improve the experience. rev 012022 eav*

Residency Learning Experiences

	Orientation/Pharmacy Practice- June-July	August-June
Required Block Experiences	PH&S Health-System Orientation (Required), Residency Program Orientation, ACLS Certification, IS Training/Access, Completion of Certification Programs and Target Training Programs, IRB Training, Library Services Orientation, Compliance and Integrity Training, High Reliability training	Internal Medicine- 6 weeks (Required) Cardiology- 6 weeks (Required) Critical Care- 6 weeks (Required) Administration- 6 weeks (Required) Selectives: <i>In addition to required rotations, resident is required to select 1 direct patient care rotation from the list below.</i> <u>Ambulatory:</u> Primary Care (PMG)- 6 weeks Ambulatory Geriatrics- 6 weeks
Required Longitudinal Experiences		Staffing, Major Project, Formulary, Advisor
Elective Block Experiences		*Note: at least 2 electives must be direct patient care rotations; Selectives may also be completed as elective rotations. Preference is for 6 week learning experiences. <u>Direct Patient Care:</u> Pediatrics/Neonatal Intensive Care Oncology Emergency Medicine Infectious Diseases Anticoagulation Home Infusion Specialty Pharmacy Transplant <u>Non-Direct Patient Care:</u> Informatics Managed Care Teaching Certificate Program
Elective Longitudinal Experiences		Global Health Direct Patient Care) Primary Care (Direct Patient Care) Infectious Disease (Direct Patient Care) Informatics (Non-Direct Patient Care)

****Note** In compliance with the ASHP PGY1 Residency Standard, no more than 1/3 of a 12 month residency experience may deal with a specific patient disease state and population (e.g. neonatal/ pediatrics, oncology, cardiology) and residents must spend 2/3 or more of the program in direct patient care activities. rev 012022 eav