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Standards & Regulations:	
References:	
Applicability:	<i>OR - Oregon Region</i>

## Residency Dismissal Policy

# Residency Dismissal Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

## I. Objectives of the Policy

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

## 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 PHS Oregon's HR Policy #603-Performance Management)
    - 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 Policies #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 Policy #710).
  11. Violation of Providence HR Policy #706-Drug Free Workplace.
  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 Policy #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.
2. 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  $\geq 3$  Needs Improvement ratings for

assigned goals for a given learning experience.

3. Time absent from the residency program

- If time away from the residency program exceeds 90 days (per [Successful Completion of Residency Policy](#)), 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.

4. Failure to obtain licensure-PGY1 and PGY2 ID

- 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 an extension in writing to their RPD.
  3. The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (120 days 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.
  5. Residents who fail to obtain licensure within 150 days will not be able to complete two-thirds of the residency as a licensed pharmacist even with a 30 day extension and will therefore be dismissed from the program.

5. Failure to obtain licensure-PGY1/PGY2 HSPA

1. It is the responsibility of the resident to obtain Oregon Pharmacist Licensure at the earliest opportunity (preferred within 90 days of employment). Failure to obtain Oregon Pharmacist Licensure within 120 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. If a resident should fail any of the required licensure examinations, the resident must notify their RPD in writing.
3. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to their RPD.
4. The RPD and RAC will review all extension requests beyond 90 days. If granted, the RAC will shuffle direct patient care rotations into the 2nd year curriculum and move non-direct patient care rotations from 2nd year curriculum to the 1st year. For example, an administrative rotation (e.g. inpatient operations) from the 2nd year curriculum could be moved into the 1st year and a 1st year direct patient care rotation (e.g ICU) would be rescheduled into the 2nd year. All PGY1 requirements must be met no matter the date of licensure and extensions given.
5. 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.

Key words: pharmacy residency program policies, PGY1, PGY2

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Elva Van Devender: Mgr-Clinical Pharm Educ Prog	11/2021
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## Applicability

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## Resident Evaluation Policy

# Resident Evaluation Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

## I. Objectives of the Policy

1. Describe processes for evaluation and documentation of resident performance.

## II. Elements of 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 six 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 **and** learning experience
  - Residency Program Director's (RPD) 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 Committee's (RAC) assessment of resident's progress towards completing goals and objectives of the residency program. The RAC will ultimately decide if the resident has achieved the goals and objectives of the residency program.
- The PHS Pharmacy Practice Residency Program shall utilize the tools supplied by the ASHP Residency Program Design and Conduct 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
  - Rotation evaluation form
  - PharmAcademic on-line 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  $\geq 1$  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)
      - Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.
    - Achieved (achieved competency for this rotation)
      - Resident displays all of the following characteristics:
        - Independently and competently completes assigned tasks
        - Consistently demonstrates ownership of actions and consequences
        - Accurately reflects on performance and can create a sound plan for improvement
        - Appropriately seeks guidance when needed
    - 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
- The PharmAcademic program can be accessed at the following link: <https://pharmacademic.com>

### III. Evaluation Process

#### Residency Program Director Requirements

1. The RPD, in conjunction with preceptors, will assign individual goals and objectives for evaluation to the rotations and learning experiences.
2. The RPD will assure that all resident and preceptor evaluations are submitted.
3. The RPD shall review and sign all completed rotation evaluations.
4. The RPD will track the residents' progress towards completion of the programs goals and objectives through quarterly evaluations, quarterly development plans, and regular RAC meetings.

#### Preceptor Requirements

1. Prior to the resident starting the rotation, the preceptor should review the resident's previous evaluations documented in PharmAcademic.
2. 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) will be utilized in the evaluation process. The

feedback mechanism within PharmAcademic will be used for giving specific formative feedback to the resident when desired or when it is felt the resident will benefit from specific feedback on their performance.

3. Upon completion of the rotation, the preceptor is required to complete the Summative Evaluation for the rotation. Narrative commentary should be included for each goal that the preceptor is evaluating in order to help the resident identify areas for improvement. In addition, narrative commentary should be provided for ratings of "Needs Improvement", "Never" or "False." The preceptor and resident shall meet to review the completed resident evaluation. The evaluation shall be signed by the preceptor and resident.
4. Prior to submitting the Summative evaluation, the preceptor will compare evaluation scores and comments with resident self-assessment and discuss evaluation ratings with the resident, and document rationale for differences in scoring on the summative evaluation tool.
5. The completed evaluation shall be forwarded to the program director for review.
6. For longitudinal rotations, a summative evaluation must be completed and forwarded to the program director quarterly.

## Resident Requirements

1. 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.
2. Upon completion of the rotation, the resident is required to complete the Preceptor/Rotation evaluations for each rotation and a Summative self-evaluation for learning experiences until the Residency Advisory Committee determines the resident has developed sufficient skill in self-evaluation. The self-evaluation should be performed on the same Summative Evaluation in PharmAcademic that the preceptor uses to review the resident's performance.
3. As noted above under preceptor requirements, the resident should include a narrative commentary for each goal that is being evaluated. In addition, narrative commentary should be provided for ratings of "Needs Improvement", "Never" or "False." 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 (as applicable), the Preceptor and the Rotation Evaluations. Areas where the evaluations differ can be used as learning opportunities for the resident in self-assessment.
4. All forms are to be signed by both preceptor and resident and submitted to the program director for review via PharmAcademic. Throughout the learning experiences, the resident should ask for feedback when necessary.

## IV. Timeline

- Summative evaluations, Preceptor Evaluations, and Learning Experience/Rotation Evaluations are due on the last day of the learning experience and are considered late after seven days following the end of the learning experience.
- Criteria-based checklists are due by the end of the week assigned.

Key words: pharmacy residency program policies, PGY1, PGY2

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Approver	Date
Luetta Jones: Regnl Dir Clin Pharm/Med Sfty	02/2020
Elva Van Devender: Mgr-Clinical Pharm Educ Prog	01/2020
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## Applicability

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## Resident Expectations Policy

# Resident Expectations Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

- The resident reports to and is supervised by the residency program director (RPD) as well preceptors while on rotation. The resident is expected to abide by all policies and the values of the organization at all times.

**Responsibilities of the PGY-1 and PGY-1/PGY-2 HSPA, and PGY2 Infectious Diseases resident include:**

- Development of personal goals for the residency following an initial evaluation of career interests, prior experience, and areas of strength and weakness**
- Compliance with rotation expectations:**
  - meeting with the rotation preceptor to define individual goals and objectives for the rotation
  - completing assignments by the end of the rotation
  - communicating with the RPD regarding progress and/or difficulties encountered in meeting goals and objectives while on rotation
  - preparing preceptor and learning experience evaluation at the conclusion of each rotation
  - providing quality criteria-based feedback in evaluations
- Compliance with timelines and deadlines for assigned projects**
  - timely communication with project preceptor(s) and RPD on project progress
  - meeting with project preceptor(s) regularly
  - providing enough lead time (before deadlines) for project preceptor(s) to review and incorporate feedback on necessary documents before presenting to RPD for final approval (minimum two weeks)

before submission deadline)

**4. Compliance and timely completion of work assigned by RPD**

- a. attendance at RPD meetings
- b. documenting residency program requirements in an electronic residency portfolio (at least two weeks before closeout meeting—drafts can be upload in place of items that are still in progress)
- c. submitting quarterly professional development plan to residency program director, if required (at least one week before scheduled meeting).
- d. Providence Portland and Providence St. Vincent PGY1 residents: completing assigned residency lead role duties (see below for examples)
  - 1. Pharmacy Weekly Seminar Coordinators
  - 2. Community Outreach Coordinator(s)
  - 3. Historians/Website Coordinator(s)
  - 4. Pharmacy Week Coordinators
  - 5. Travel Coordinators
  - 6. Newsletter Editors
  - 7. Preceptor Hours and Intervention Coordinators
  - 8. Preceptor Development Coordinators
  - 9. Student and Resident Coordinators

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

**6. Provision of pharmacy staffing coverage** as indicated by the resident site staffing schedule

**7. Provision of required presentations and posters throughout the residency** (see [Successful Completion of Residency Policy](#))

**8. Attendance at the ASHP Midyear Clinical Meeting and regional residency conference** unless absence is excused by RPD; Residents may attend other professional meetings (OSHP) as required by RPD. Participation in recruitment showcases at local and national meetings is required unless excused by RPD.

Key words: pharmacy residency program policies, PGY1, PGY2

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## Resident Portfolio Content Policy

# Resident Portfolio Content Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

#### I. Objectives of the Policy

- Describe contents for final end-of-year portfolio submission for residents.

#### II. Portfolio Submission

- Prior to completion of the PGY-1 or PGY-1/PGY-2 HSPA Residency Programs, the resident will submit a Portfolio documenting accomplishments throughout the year.
- Resident will post all documents on Residency Training SharePoint Site. Documents need to be submitted at least 2 weeks prior to the end of the residency year.

#### III. Portfolio Contents

- Portfolio will include:
  - 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)

Key words: pharmacy residency program policies, PGY1, PGY2

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## Resident Progress Policy

# Resident Progress Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

## I. Objectives of the Policy

- Describe methods utilized to track resident progress throughout the residency year.

## II. Tracking Resident Progress

- A variety of methods will be utilized to track resident progress throughout the residency year:
  - The Residency Program Director will meet with each resident quarterly to review the resident development plan and overall performance and progress toward completion of residency goals and objectives. In addition, individual plan will be reviewed and appropriate changes made to the plan, as indicated.
  - The quarterly resident development plan meetings will also assess progress related but not limited to longitudinal rotations including Formulary Project, Major Project, and Staffing experiences.
  - At least quarterly, the Residency Program Director will review evaluations completed for each resident. A summary of each resident's overall progress will be presented to the Residency Advisory Committee. If scores or trends are identified indicating need for a progress improvement plan, the Residency Program Director will follow-up with the resident.
  - The Residency Advisory Committee (RAC) will meet at least four times a year to track resident progress and overall program effectiveness.
  - The Residency Advisory Committee will review feedback from preceptors and evaluations at least four times a year to assess and determine resident progress toward overall achievement of residency goals and objectives.

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## Residency Roles and Responsibilities Policy

# Residency Roles and Responsibilities Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases

### Residency Programs

## Residency Advisory Committee

- The Residency Advisory Committee (RAC) is composed of the Residency Program Director (RPD), Pharmacy Directors, Pharmacy Clinical Managers/Site Coordinators, and preceptors.
- The RAC will meet at least four times a year to track resident progress and overall program effectiveness.
- The RPD will schedule the time/place for meetings and develop the agenda for the meetings.
- At least four times a year, the RAC will review evaluations and feedback from preceptors to assess and determine resident progress toward overall achievement of assigned residency program goals and objectives.
- The agenda for the RAC meeting will also include review of preceptor evaluations and learning experience evaluations. If scores or trends are identified indicating need for a progress improvement plan, as specified in the Preceptor Requirements and Ongoing Preceptor Development Policy, the RPD will follow-up with the preceptor.
- The RAC will help to identify the needs of preceptors, time requirements/commitments, and if modifications to the program are indicated.
- The RAC will ultimately determine "Achieved for Residency" for resident assigned goals and objectives.

## Residency Program Director

- Review all resident evaluations in PharmAcademic
- Facilitate RAC meetings and set the agenda for RAC meetings
- Track resident progress at least four times a year through RAC meetings
- Complete quarterly updates to Resident Customized Training Plans
- Define overall structure for the residency program, developed with input from preceptors, residents, Site



Coordinators, and Pharmacy Directors

- Communicate with Site Coordinators with regard to the residency program, activities and learning experiences at individual sites
- Provide opportunities for preceptor development
- Facilitate Quality Improvement activities for the residency program

## Site Coordinators

- Serve as resource to residents
- Facilitate resident orientation
- Facilitate, in conjunction with Pharmacy Director, timely completion of evaluations by preceptors
- Facilitate, in conjunction with Pharmacy Director, preceptor record of contribution and commitment to pharmacy practice as detailed in the Preceptor Requirements and Ongoing Preceptor Development Policy for preceptors at their site
- Assist with provision of quality learning experiences and action plans if indicated
- Communicate Residency Program activities and initiatives with preceptors
- Communicate preceptor development opportunities to preceptors

## Advisors/Mentors

- Serve as role model to resident
- Provide direction to resident and foster self-confidence
- Help resident navigate through system
- Share experiences and expertise with resident
- Instill values needed to develop professionally

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## Successful Completion of Residency Policy

# Successful Completion of Residency Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

#### I. Objectives of the Policy

1. Describe requirements necessary for residents to successfully complete the residency program.

#### II. Requirements of PGY1 Residency Program

1. 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).
  - a. If a resident should fail any of the required licensure examinations, the resident must notify their RPD in writing.
  - b. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to their RPD.
  - c. The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (120 days post hire) to obtain their pharmacist licensure in the state of Oregon.
  - d. Residents must complete at least two-thirds of the program as a licensed pharmacist. 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.
  - e. Residents who are not licensed within 150 days will not be able to complete two thirds of the residency as a licensed pharmacists even with a 30 day extension, therefore they will be dismissed from the program.

2. Residents must receive "Achieved for Residency" status by the RAC for Critical Objectives identified in PGY1 Residency Structure document. On remaining objectives, residents must demonstrate at least satisfactory progress, as assessed by the RAC.
  - a. Critical objectives that must be achieved for residency are outlined in Appendix 1.
3. PGY1 residents must meet the following program requirements:
  - a. Complete a major project during the course of the residency year
    - a. Project will be formally presented at a regional residency conference.
    - b. Project will be written up in manuscript style, formatted in a publication ready manner.
  - b. Present a poster at a local, state, or national venue
  - c. Prepare a drug class review, monograph, treatment guideline, or protocol
  - d. Complete all pharmacy dosing certification programs
  - e. Participate in a medication-use evaluation
  - f. Participate in the Citywide Residency Conferences
    - a. 100% attendance is required unless absence is approved by Residency Program Director (RPD)
  - g. Submit completed portfolio to Residency Program Director (see [Resident Portfolio Content Policy](#))
  - h. Meet [Resident Expectations Policy](#)

### III. Requirements of PGY1/PGY2 HSPAL Residency Program

1. It is the responsibility of the resident to obtain Oregon Pharmacist Licensure at the earliest opportunity (preferred within 90 days of employment). Failure to obtain Oregon Pharmacist Licensure within 120 days of hire date may result in extension of residency program or dismissal from residency program, as determined by the Residency Advisory Committee (RAC).
  - a. If a resident should fail any of the required licensure examinations, the resident must notify their RPD in writing.
  - b. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to their RPD.
  - c. The RPD and RAC will review all extension requests beyond 90 days. If granted, the RAC will shuffle direct patient care rotations into the 2nd year curriculum and move non-direct patient care rotations from 2nd year curriculum to the 1st year. For example, an administrative rotation (e.g. inpatient operations) from the 2nd year curriculum could be moved into the 1st year and a 1st year direct patient care rotation (e.g ICU) would be rescheduled into the 2nd year. All PGY1 requirements must be met no matter the date of licensure and extensions given.
  - d. Residents must complete at least two-thirds of the program as a licensed pharmacist. Failure to obtain appropriate licensure within 120 days will result in dismissal from the program, unless there are extenuating circumstances as determined by the RAC. Resident's plan will be modified if not dismissed from the program due to extenuating circumstance to ensure a minimum of two-thirds of residency is completed as a licensed pharmacist (e.g., extending the resident in training for the week lost prior to licensure).

2. Resident must meet all PGY1 requirements listed in #2 and #3 above.
3. PGY2 HSPAL resident meet the following program requirements:
  - a. Complete a major project during the course of the second residency year
    - a. Project will be formally presented at a regional residency conference.  
Project will be written up in manuscript style, formatted in a publication ready manner.
    - b. Present a poster at a local, state, or national venue.
  - b. Facilitate change management pertaining to a drug class review, monograph, treatment guideline, or protocol.
  - c. Facilitate and/or participate in the Citywide Residency Conferences.
  - d. Submit completed portfolio to Residency Program Director (see Resident Portfolio Content Policy).
  - e. Meet Resident Expectations Policy.
4. Complete all required learning experiences and must receive "Achieved for Residency" status by the RAC for 90% of the Goals and Objectives within the program.

## **IV. Requirements of the PGY2 Infectious Diseases Residency Program**

- A. 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 an extension in writing to their RPD.
  3. The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (120 days 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.
- B. Completion of an ASHP-accredited PGY1 Pharmacy Residency Program
  1. Residency certificate must be submitted to the RPD within 7 days from the start of the PGY2 program
- C. Residents must receive "Achieved for Residency" status by the RAC for Critical Objectives identified in PGY2 Residency Structure document. On remaining objectives, residents must demonstrate at least satisfactory progress, as assessed by the RAC. Critical objectives that must be achieved for residency are outlined in Appendix 2.
- D. PGY2 residents must meet the following program requirements:
  1. Complete a major project during the course of the residency year

- a. Presented formally at a regional residency conference
  - b. Project will be written up in manuscript style, formatted in a publication ready manner
2. Present a poster at a local, state, or national venue
3. Prepare a drug class review, monograph, treatment guideline, or protocol
4. Present at 2 Infectious diseases citywide case conferences
5. Prepare a medication-use evaluation
6. Submit completed portfolio to Residency Program Director (see Resident Portfolio Content Policy)
7. Meet Resident Expectations Policy
8. Completion of 'Clinical and Didactic Topics Checklist'

## **V. Residency Advisory Committee (RAC)**

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

## **VI. Time Away from Residency**

1. Successful completion of the PGY1 and PGY2 Infectious Diseases residency programs requires 12 months training (minus paid time off [PTO]). Successful completion of the HSPA residency program requires 24 months training (minus paid time off [PTO]).
2. Significant time away from the residency program may deter from achieving successful completion of the residency program.
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 residency requirements.
  - a. Upon determination by RAC, the residency program may offer a paid extension for a comparable time to match time away from program beyond successful completion time requirements (#1 above) to allow progress toward completion of program goals and objectives.
4. If more than 30 days away from the residency program, the resident's program will be extended with pay for a comparable time to match time away from program beyond successful completion time requirements (#1 above) to a maximum of 3 months post initial residency completion date.
5. If time away from the residency program exceeds 90 days (despite maximum extension of program), upon determination by RAC, the resident may be dismissed from the residency program without further pay and/or the resident may be asked to reapply to the resident program.
6. Standard Providence time off and absence employee policies would apply.

## **Appendix 1: Required Critical Objectives for Postgraduate Year One (PGY1) of Providence Health & Services OR Region Pharmacy PGY-1 or PGY-1/PGY-2**

# HSPA Residency Programs

- Goals and objectives listed below are considered **critical objectives and must be achieved for residency certificate prior to completion of the program.**
- *Disclaimer:* Providence Health & Services OR Region Pharmacy PGY-1 or PGY-1/PGY-2 HSPA Residency Programs will use the most up-to-date goals and objectives from ASHP as they become available.

## **Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.**

- R1.1.1 (Applying) Interact effectively with health care teams to manage patients' medication therapy.
- R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.
- R1.1.3 (Analyzing) Collect information on which to base safe and effective medication therapy.
- R1.1.4 (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
- R1.1.5 (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
- R1.1.6 (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
- R1.1.7 (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.
- R1.1.8 (Applying) Demonstrate responsibility to patients.

## **Goal R1.2: Ensure continuity of care during patient transitions between care settings.**

- R1.2.1 (Applying) Manage transitions of care effectively.

## **Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.**

- R1.3.1 (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.
- R1.3.2 (Applying) Manage aspects of the medication-use process related to formulary management.
- R1.3.3 (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

## **Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.**

- R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.
- R2.1.2 (Applying) Participate in a medication-use evaluation.

## **Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.**

- R2.2.5 (Creating) Effectively develop and present, orally and in writing, a final project report.

## **Goal R3.1: Demonstrate leadership skills.**

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

**Goal R3.2: Demonstrate management skills.**

- R3.2.4 (Applying) Manage one's own practice effectively.

**Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).**

- R4.1.1 (Applying) Design effective educational activities.
- R4.1.2 (Applying) Use effective presentation and teaching skills to deliver education.

**Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).**

- R4.2.1 (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.
- R4.2.2 (Applying) Effectively employ preceptor roles, as appropriate.

## **Appendix 2: Required Critical Objectives for Post-graduate Year Two (PGY2) Infectious Diseases Residency Program**

- Goals and objectives listed below are considered critical objectives and must be achieved for residency certificate prior to completion of the program.
- *Disclaimer:* Providence Health & Services OR Region Pharmacy PGY-1 or PGY-1/PGY-2 HSPA Residency Programs will use the most up-to-date goals and objectives from ASHP as they become available.

**Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process**

- R1.1.1: (Applying) Interact effectively with health care teams, including microbiologists and infection control preventionists, to manage medication therapy for patients with infectious diseases.
- R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for infectious diseases patients.
- R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.
- R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.
- R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.
- R1.1.7: (Applying) For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.

**Goal R1.2: Ensure continuity of care during infectious diseases patient transitions between care settings.**

- R1.2.1: (Applying) Manage transitions of care effectively for patients with infectious diseases.



**Goal R1.3: Manage antimicrobial stewardship activities.**

- R1.3.1: (Analyzing) Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship strategies used by organizations.
- R1.3.2 (Applying) Participates in the institutions antimicrobial stewardship program
- R 1.3.3: (Evaluating) Evaluate stewardship program processes and outcomes.

**Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.**

- R2.1.1: (Creating) Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases patients.
- R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with infectious diseases.

**Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.**

- R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve patient care related to care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.5: (Evaluating) Assess changes or need to make changes to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference.

**Goal R2.3: Manage and improve anti-infective-use processes.**

- R2.3.1: (Evaluating) Make recommendations for additions or deletions to the organization's anti-infective formulary based on literature and/or comparative reviews.

**Goal R3.1: Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.**

- R3.1.1: (Applying) Implement a successful strategy for earning credibility with the organization to be an authoritative resource on the pharmaceutical care of individuals with an infectious disease.

**Goal R3.2: Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.**

- R3.2.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for infectious diseases patients.
- R3.2.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for infectious diseases patients.

**Goal R3.3: Demonstrate management skills in the provision of care for infectious diseases patients.**

- R3.3.1: (Applying) Contribute to management of infectious diseases-related policies and issues.

**Goal R4.1: Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).**

- R4.1.1: (Applying) Design effective educational activities related to care of patients with infectious diseases.

**Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals) about care of patients with infectious diseases.**

- R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of patients with infectious diseases.

**Goal E8.1: (Evaluating) Lead a medication-use evaluation related to care of patients with infectious diseases.**

- E8.1.1: (Evaluating) Lead a medication-use evaluation related to care for patients with infectious diseases.

**Goal E9.1: Participate in the publication process on an infectious diseases-related topic.**

- E9.1.1: (Creating) Submit an article on an infectious diseases-related topic for a peer-reviewed publication.

Key words: pharmacy residency program policies, PGY1, PGY2

Revised: September 2018 eav, October 2018 eav; April 2019 eav, May 2019, January 2020 eav

Approved by OR RAC: October 2018, RAC May 2019, RAC March 2020

All revision dates: 11/2021, 03/2021, 04/2020, 02/2020, 07/2019, 10/2018

## Attachments

No Attachments

## Approval Signatures

Approver	Date
Elva Van Devender: Mgr-Clinical Pharm Educ Prog	11/2021
Elva Van Devender: Mgr-Clinical Pharm Educ Prog	11/2021

## Applicability

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OR - Clinical Support Staff (CSS), OR - Connections, OR - Credena Health (CH), OR - Home Health (HH), OR - Home Medical Equipment (HME), OR - Home Services, OR - Home Services Pharmacy (HSRx), OR - Hospice (HO), OR - Providence Ctr for Medically Fragile Children, OR - Providence Hood River Memorial Hospital, OR - Providence Medford MC, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC



Implementation:	10/2018
Effective:	02/2020
Last Reviewed:	02/2020
Last Revised:	02/2020
Next Review:	02/2022
Owner:	<i>Elva Van Devender: Mgr-Clinical Pharm Educ Prog</i>
Policy Area:	<i>Medication Management</i>
Standards & Regulations:	
References:	
Applicability:	<i>OR - Oregon Region</i>

## Resident Staffing Policy

# Resident Staffing Policy

## Providence Health and Services OR Region

### PGY1, PGY1/PGY2 HSPA, and PGY2 Infectious Diseases Residency Programs

#### I. Objectives of the Policy

1. Describe guidelines around pharmacy resident staffing requirements for successful completion of the PGY-1 and PGY-1/PGY-2 HSPA Residency Programs.
2. Provide staffing guidelines that fall within the ASHP requirements for staffing hours.
3. Provide recommendations regarding resident staffing outside of PHS PGY-1 PGY-1/PGY-2 HSPA required staffing for the residency program.

#### II. Required Staffing for Successful Completion of PGY-1 and PGY-1/PGY-2 HSPA Residency Programs

1. Residents are required to staff the equivalent of 32 hours per four week period during the residency. The residents will begin training for staffing during orientation.
2. There may be flexibility in the scheduling of staffing days. For example, in lieu of working a whole weekend, the resident may be staffed on 2 weekend days or another shift, as coordinated with the pharmacy manager.
3. The resident will staff as an independent pharmacist upon obtainment of licensure in the state of Oregon and upon successful completion of orientation and core competencies. Until then the resident will be scheduled as an extra pharmacist. This should occur no later than the Thanksgiving holiday.
4. Each resident will be required to work one major holiday—defined in this staffing policy as Thanksgiving Day, Christmas Eve, Christmas Day, or New Year's Day. Each resident will also be required to work other

holidays (including Providence observed holidays) if they fall during the resident's usual staffing schedule. For residents not working Providence holidays, PTO will automatically be used.

5. The clinical responsibilities of the resident staffing will be determined between the pharmacy manager and the resident based on experience and goals. Residents must complete all clinical competency programs prior to staffing any shift required to perform these dosing activities.

### **III. Required Staffing for Successful Completion of PGY-2 Infectious Diseases Residency Program**

1. Residents are required to staff every third weekend during the residency year. The residents will begin training for staffing during orientation.
2. There may be flexibility in the scheduling of staffing days. For example, the resident may request to exchange one working weekend for another but may not change the overall weekend schedule established at the beginning of the year. All staffing changes must be approved by the staffing preceptor and the residency program director.
3. The resident will staff as an independent pharmacist upon obtainment of licensure in the state of Oregon and upon successful completion of orientation and core competencies. Until then the resident will be scheduled as an extra pharmacist. This should occur no later than the Thanksgiving holiday.
4. The resident will be required to work at least one major holiday—defined in this staffing policy as Thanksgiving Day, Christmas Eve, Christmas Day, or New Year's Day. Each resident will also be required to work other holidays (including Providence observed holidays) if they fall during the resident's usual staffing schedule. When the resident is not working during a Providence holiday, PTO will automatically be used.
5. The clinical responsibilities of the resident staffing will be determined between the pharmacy manager and the resident based on experience and goals. Residents must complete all clinical competency programs prior to staffing any shift required to perform these dosing activities.

### **IV. 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 PHS pharmacy OR for 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 their Pharmacy Director and Residency Program Director (RPD) for tracking of duty hours.
  - c. Approval for moonlighting by the RPD 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 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.

- f. Should residents engage in unauthorized moonlighting activities or are noncompliant with the policy, disciplinary action will be taken. Specific disciplinary action will be determined by the RPD.
- g. The combination of residency hours and moonlighting hours must fall within compliance of work hour restrictions. Duty hours must be limited to 80 hours per week. Residents must have a minimum of one day free of duty in every seven days (averaged over 4 weeks). Residents should have 10 hours and must have 8 hours free of duty between scheduled duty periods.
- h. Duty hours must be in compliance with ASHP Duty Hour Requirements. See ASHP guidelines: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

# APPENDIX A

## Moonlighting Approval Form

Name:

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Outside Employer:

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Address:

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Manager:

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Phone Number:

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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.

Resident

Signature: \_\_\_\_\_

Date:

Resident Advisor

Signature: \_\_\_\_\_

Date:

# APPENDIX B

## Moonlighting Hours Log

Date	Hours during Moonlighting Shift	Total Moonlighting Hours/Week	Total Hours/Week (including duty hours)	Current Rotation	Preceptor signature*	Date signed

- 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.

Key words: pharmacy residency program policies, PGY1, PGY2

Revised: May 2018 eav, January 2020 eav, January 2022 eav

Approved: RAC May 2018

All revision dates: 02/2020, 10/2018

### Attachments

No Attachments

## Approval Signatures

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Approver	Date
Luetta Jones: Regnl Dir Clin Pharm/Med Sfty	02/2020
Elva Van Devender: Mgr-Clinical Pharm Educ Prog	01/2020
Elva Van Devender: Mgr-Clinical Pharm Educ Prog	01/2020

## Applicability

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OR - Clinical Support Staff (CSS), OR - Connections, OR - Credena Health (CH), OR - Home Health (HH), OR - Home Medical Equipment (HME), OR - Home Services, OR - Home Services Pharmacy (HSRx), OR - Hospice (HO), OR - Providence Ctr for Medically Fragile Children, OR - Providence Hood River Memorial Hospital, OR - Providence Medford MC, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC