



**Providence Health and Services**  
***Providence Portland Medical Center and***  
***Providence St. Vincent Medical Center***

Postgraduate Year One (PGY1)  
Pharmacy Residency Program

Residency Program Manual  
2024-2025

### **Program Description**

Providence Health and Services (PH&S) is a leading national provider of high-quality healthcare, with facilities in Alaska, Washington, Oregon, California, Montana, Texas, and New Mexico. Within Portland, Oregon, 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 geriatric 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 geriatric care. Our PGY1 Pharmacy Residency Program at Providence Portland and Providence St. Vincent Medical Centers along with the PGY2 Ambulatory Care Pharmacy Residency Program at Providence Medical Group won the American Society of Health-System Pharmacists (ASHP) Residency Excellence Award in 2015. 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 ASHP 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, 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 ongoing 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 Pharmacy

Residency, a PGY1 Managed Care Pharmacy Residency, a PGY1/PGY2 Health-System Pharmacy Administration and Leadership Residency, a PGY2 Ambulatory Care Pharmacy Residency, a PGY2 Infectious Diseases Pharmacy Residency, and a PGY2 Geriatric Pharmacy Residency. The traditional PGY1 Pharmacy Residency 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 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

### **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 Resident Entering Self-Assessment Form to assist with this process. This will serve as the basis for the development of the initial Resident Development Plan.

### **Resident Evaluation**

- 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. The resident will self-evaluate on each of their core rotational experiences (internal medicine, cardiology, and critical care).

- The following scoring tools/scales are applied (see Residency Evaluation Policy):
  - 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

#### 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 (RAC) will review resident progress quarterly throughout the year. RAC ultimately determines achievement of goals and objectives for the residency year.

## **Major 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 52 weeks 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. This typically requires more than a 40-hour workweek to obtain the maximum benefits of the program. Preceptors are responsible for ensuring that the resident understands the time requirements for each learning experience. Clinical and operational staffing responsibilities are a part of the resident's learning experience, contributing to growth as a clinical pharmacist in the acute care setting. The resident positions are considered "exempt" (salaried) positions by PH&S and are not paid per hour.

## **Clinical and Operational Staffing Responsibilities**

In order for the resident to adequately gain the understanding and confidence necessary to provide pharmaceutical care, residents spend time in clinical and operational staffing. Staffing requirements and structure will be determined by the Residency Advisory Committee. See Resident Staffing Policy for further details.

## **Licensure**

The resident should complete pharmacy licensure with Oregon Board of Pharmacy licensure within the first 120 days of the residency program. This ensures that the resident will be licensed two-thirds of the residency year per ASHP requirements. 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 Oregon Board of Pharmacy requirements for licensure as a pharmacist are met. The Board requires 2,000 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 because 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.

## **Educational Training**

Certification programs, competencies, and educational trainings are required of 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:

- EPIC (Willow) Pharmacist- Online
- EPIC (Willow) Pharmacy Proficiency Assessment- Online
- Epic Business Continuity Downtime Plan
- Epic Chart Review- Online
- High Reliability Safety Training HealthStream
- PROVOR: Age-Related Competency
- PROVOR: Stroke Awareness
- PROVOR: Cultural Competency
- PROV: Implicit Bias Training for Caregivers
- PROVOR: Chart Documentation Certification
- PROVOR: Oral Anticoagulation Management Certification
- PROVOR: Heparin Certification
- PROVOR: LMWH Certification
- PROVOR: Periprocedural Anticoagulation Management Guideline
- PROVOR: Vancomycin Certification
- PROVOR: Aminoglycosides Certification
- PROVOR: TPN Certification
- PROVOR: Phenytoin Certification
- PROVOR: Heart Failure Certification
- PROVOR: Pharmacist Annual Competency Update and Refresher
- PROVOR: Heart Transplant Certification
- PROVOR: Mechanical Circulatory Support Certification
- PROVOR: Neonatal and Pediatric Aminoglycoside Certification
- PROVOR: Neonatal and Pediatric Vancomycin Certification
- PROVOR: Neonatal Competency
- PROVOR: Pediatric Competency
- PROVOR: Clozapine REMS for Pharmacists
- PROVOR: Alvimopan REMS for Pharmacists

### **Miscellaneous Requirements**

Additional requirements of the residency program include (see Portfolio Completion Policy):

- 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 (for teaching certificate)
- 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
- Involvement and participation with recruitment activities as requested and defined by RPD

in the Residency Expectations policy

### **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. They receive medical, dental, vision, and retirement benefits as outlined in the HR benefits section of the [Residency Manual](#).

### **Health-System and Hospital Orientation**

Residents are required to attend health-system and hospital orientation at the start of the residency. This orientation will be scheduled by HR. The Residency Program Director and Residency Program Coordinators will design and lead a program-specific orientation for residents.

### **Dress Code**

Residents are expected to dress professionally. The Manager of Clinical Pharmacy Services at each institution will determine specific requirements. Providence badges should be worn at all times.

### **Business Cards**

The Residency Program Director will coordinate ordering of business cards for the following arrival at the residency program.

### **Voicemail**

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

### **Time Cards**

Time cards are required to be completed electronically. Residents will let their preceptor, Manager of Clinical Pharmacy Services, and Residency Program Director know of any PTO time taken prior to the end of the pay period as outlined in the Resident Staffing & Paid Time Off policy.

### **Vacation Requests**

Vacation requests are to be submitted as far in advance as possible and are subject to approval by Preceptors, Manager of Clinical Pharmacy Services, and the 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, contact the preceptor for your rotation and the Manager of Clinical Pharmacy Services along with the Residency Program Director as outlined in the Resident Staffing & Paid Time Off policy.

### **Professional Involvement**

Residents are required to become members of OSHP, OSPA, ACCP, or ASHP during their residency.

Residents are encouraged to participate on local or national committees or councils as time permits.

### **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 Policies**

Residency policies are located within PolicyStat, and are also accessible from the [PGY1 Pharmacy Residency site](#) and internal Residency SharePoint site. A list of current residency policies include the following:

- Pharmacy Scope of Practice - OR Region
- Pharmacy Resident Expectations - OR Region
- Resident Evaluation and Progress - OR Region
- Pharmacy Resident Staffing and Paid Time Off - PGY1 Pharmacy and PGY1/PGY2 HSPAL
- Successful Completion of Pharmacy Residency - PGY1 Pharmacy and PGY1/PGY2 HSPAL
- Pharmacy Resident Dismissal - OR Region
- Pharmacy Residency Preceptor Requirements, Appointment, and Development - OR Region

### **Residency Roles and Responsibilities**

The following roles/groups have specific responsibilities within the residency program:

#### 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.

#### Residency Program 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.

#### **Residency Portfolio**

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

- SharePoint content
  - Orientation Materials
  - Copy of signed contract for residency year
  - Copy of Teaching Certificate (if obtained)
  - IRB approval forms
  - IRB close out forms
  - 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
  - Resident Entering Self-Assessment Form
- Completion requirements checklist (completed by RPD, RPC, and resident)

**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:

<p><b>Required Rotations (28 weeks)</b>          Orientation (4 weeks)          Administration (6 weeks)          Internal Medicine (6 weeks)          Cardiology (6 weeks)          Critical Care – Medical-Surgical ICU (6 weeks)          Clinical and Operational Staffing (longitudinal)          Advisor (longitudinal)</p>	<p><b>Elective Rotations (18 weeks)</b>  <i>At least two electives must be in direct patient care.</i>  <u>Acute Patient Care</u>          Cardiac Intensive Care (6 weeks)          Pediatrics/Neonatal Intensive Care (6 weeks)          Inpatient Oncology (6 weeks)          Emergency Medicine (6 weeks)          Infectious Diseases (6 weeks or longitudinal)          Heart Transplantation (6 weeks)</p>
<p><b>Selective Rotations (6 weeks)</b>  <i>One of the following must be completed:</i>          Primary Care (6 weeks)          Ambulatory Geriatrics (6 weeks)</p>	<p><u>Ambulatory Patient Care</u>          Primary Care (6 weeks)          Ambulatory Geriatrics (6 weeks)          Pharmacotherapy (6 weeks)          Ambulatory Oncology (6 weeks)          Anticoagulation (6 weeks)          Home Infusion (6 weeks)          Specialty Pharmacy (6 weeks)          Global Health (longitudinal)</p>
<p><b>Longitudinal Projects</b>          Research/Major Project          Formulary          Teaching Certificate (optional)</p>	<p><u>Non-Direct Patient Care</u>          Informatics (6 weeks or longitudinal)          Managed Care (6 weeks)</p>

*Note: Residency program structure documents describe proposed 2024-2025 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.*

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. In compliance with the ASHP PGY1 Residency Standard, no more than one-third of a 12-month residency experience may deal with a specific patient disease state or population (e.g. neonatal/ pediatrics, oncology, cardiology) and residents must spend two-thirds or more of the program in direct patient care activities.