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Owner Andrew Jarrell:
Manager Clinical
Pharmacy
Policy Area Pharmacy
Applicability OR - Oregon
Region

Pharmacy Scope of Practice - OR Region

I. Objective

- A. Define the scope of practice/care for Pharmacy services in the Providence Oregon Region.

II. Scope of Practice/Care

- A. The Scope of Care for the Pharmacy Services is to provide high-quality, cost-effective pharmaceutical care to patients in the inpatient and outpatient practice settings across the Oregon Region. The Oregon Region includes two 500-bed tertiary care teaching centers, six community-based hospitals, home infusion services, specialty pharmacy services (Credena), managed care services (Providence Health Plan), geriatrics clinics (ElderPlace and Elder at Home), and over 100 primary care medical clinics in and around Portland (Providence Medical Group). Pharmacy Services is committed to the provision of comprehensive pharmaceutical care, including integration with the health care team and participation in a variety of clinical pharmacy agreement (CPA) protocols.
- B. The Inpatient Pharmacy Department provides a complete scope of decentralized progressive services. Pharmaceutical care is integrated with other elements of the patient care process, through the provision of pharmaceuticals and IV admixtures and various clinical pharmacy services including drug therapy, monitoring, and individualized drug dosing.
- C. Clinical Pharmacists provide decentralized clinical pharmacy services including participation in CPAs, rounding with health care teams on target units, performing profile review, monitoring pharmacotherapy, and making recommendations. There is an active component of drug information and consultation provided to physicians, nurses, and other health care providers. Pharmacist CPA dosing protocols include those specified in Clinical Pharmacy Agreements in Acute Care - OR Region. Other P&T approved pharmacy dosing protocols include stress ulcer prophylaxis, IV to PO, and renal dosage adjustment.
- D. Pharmacists also review most medication and IV orders for accuracy, allergies, dosing

adjustments, drug interactions, and appropriateness.

- E. Pharmacy technician support is utilized on all three shifts. The unit dose drug distribution system is utilized throughout the inpatient population.
- F. The primary mode for drug delivery is the Pyxis Profile system. Pharmacy personnel maintain stock of medications in these machines. IV Admixture Service is centralized and under the control of Pharmacy. Order processing and dispensing is centralized, with clinical services decentralized on day and evening shifts.
- G. Pharmacotherapy clinics staffed by pharmacists provide medication recommendations, counseling, and monitoring to patients on specialized drug regimens. Pharmacy-staffed outpatient Anticoagulation Clinics are also available on a referral basis for patients who need to have their anticoagulation therapy adjusted and monitored.
- H. Pharmacy Services strives to operate with a high degree of flexibility and innovation to meet the changing needs of the health care environment.

Key words: pharmacy residency program policies, PGY1, PGY2, accreditation

Approval Signatures

Step Description

Approver

Date

Oregon Service Area Directors
(sign after Review Committee approval)

Anthony Lucchi: Director
Clinical Pharmacy

09/2024

Oregon Service Area Directors
(sign after Review Committee approval)

Kit Thomson: Director Clinical
Pharmacy

08/2024

Oregon Service Area Directors
(sign after Review Committee approval)

Taben Main: Director Clinical
Pharmacy

08/2024

Policy Owner

Andrew Jarrell: Manager
Clinical Pharmacy

08/2024

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OR - Credena Health, OR - Providence Ctr for Medically Fragile Children, OR - Providence Health Oregon Labs, 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

Standards

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Pharmacy Resident Expectations - OR Region

I. Objective

- A. Describe expectations of pharmacy residents.

II. Supervision of Pharmacy Residents

- A. The resident reports to a designated Providence core leader.
- B. The resident is also supervised by the Residency Program Director (RPD), who works in collaboration with resident core leaders.
- C. Preceptors also supervise residents on learning experiences.

III. Resident Responsibilities

- A. Abide by all policies and values of the organization at all times.
- B. Develop personal goals for the residency following an initial evaluation of career interests, prior experience, and areas of strength and weakness.
- C. Adhere to rotation expectations:
 1. Meet with rotation preceptor to define individual goals and objectives for the rotation prior to the beginning of the rotation.
 2. Complete assignments as scheduled and by the end of the rotation.
 3. Communicate with RPD regarding progress and/or difficulties encountered in meeting goals and objectives while on rotation.
 4. Complete written preceptor and learning experience evaluations as scheduled in PharmAcademic.
 5. Provide qualitative feedback in evaluations.

D. Compliance with rotation attendance:

1. Be present on rotation at times specified by primary preceptor. Note that patient care and other rotation responsibilities may require resident presence on rotation beyond typical 8-hour days (e.g. arriving early to pre-round, staying late to address patient care issues).
2. Be away from rotation for no more than 10 days of a 6-week rotation. In addition to time away from rotation, ASHP specifies that residents may not spend more than 37 days away from the residency program within a residency year. For details, see applicable Successful Completion of Residency policy for the program.
 - a. Missed rotation time for any of the following reasons is considered time away from rotation: paid time off (including holidays and sick days), project/comp days (on direct patient care rotations), interviews, longitudinal experiences, teaching certificate experiences, conferences/seminars, licensure exams.
 - b. Project days on the following rotations are not considered time away from rotation: administration, informatics and automation, managed care.
 - c. Other instances of time away from rotation beyond the above are at the discretion of the primary preceptor.
 - d. For partial days, primary preceptor will determine whether the day is counted as missed based on their assessment of the learning activities missed.

E. Compliance with timelines and deadlines for assigned projects:

1. Timely communication with project preceptor(s) and RPD on project progress
2. Meet with project preceptor(s) regularly, as defined by preceptor(s)
3. Provide enough lead time, as defined by preceptor(s), for project preceptor(s) to review and incorporate feedback on necessary documents before presenting to RPD for final approval.

F. Compliance and timely completion of work assigned by RPD:

1. Attend at RPD meetings
2. Document residency program requirements in an electronic residency portfolio (at least two weeks before the end of residency – drafts can be upload in place of items that are still in progress)
3. Update and submit development plans to RPD per RPD instructions..
4. Providence Portland and Providence St. Vincent PGY1 residents: Perform assigned lead resident role.

G. 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.

H. Provision of Pharmacy staffing coverage as indicated by the site's staffing schedule.

I. Provision of required presentations and posters throughout the residency.

- J. Involvement and participation with recruitment activities as requested and defined by RPD:
1. 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.
 2. Participation in recruitment showcases at local and national meetings is required unless excused by RPD.
 3. Participation in virtual information sessions is required unless excused by RPD.
 4. Participation in the candidate interview process is required unless excused by RPD.

Key words: pharmacy residency program policies, PGY1, PGY2

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Pharmacy Resident Staffing and Paid Time Off - PGY1 Pharmacy and PGY1/PGY2 HSPAL

I. Objective

- A. Describe guidelines for pharmacy resident staffing requirements for successful completion of the PGY1 and PGY1/PGY2 HSPAL Residency Programs.
- B. Provide resident staffing guidelines that fall within the ASHP requirements for staffing hours.
- C. Describe process for pharmacy resident paid time off (PTO) requests and approval
- D. Provide guidelines regarding resident staffing outside of required staffing for the residency program (i.e. moonlighting).

II. Required Staffing for PGY1 Pharmacy and PGY1/PGY2 HSPAL Residency Programs

- A. 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.
- B. 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.
- C. 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.
- D. 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.

- E. 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. Resident PTO request and approval

- A. A weekday missed for any of the following reasons requires use of PTO: planned days off, planned holidays off, sick days and other unplanned days off, interviews.
 - 1. If resident is present on rotation but needs to leave early due to illness or other unplanned events, no use of PTO is required for that day.
 - 2. If time away for an interview is approved and the resident is away from rotation for less than 3 hours to participate in the interview, use of PTO is not required.
 - 3. Time away from rotation for residency program activities (e.g. longitudinal experiences, teaching certificate experiences), approved conferences/seminars, or first attempts to take initial licensure exams (NAPLEX and OR MPJE) does not require use of PTO.
 - 4. A weekend staffing shift missed does not require use of PTO. If a resident is staffing on the weekend but leaves early due to illness, it does not count as a missed weekend staffing shift.
- B. Requests for PTO/days off are not guaranteed. Requests will be approved based upon departmental needs per departmental scheduling process.
- C. Request for PTO/days off should be submitted at least six weeks in advance per departmental scheduling processes whenever possible. Requests submitted less than six weeks in advance will still be considered. It is recommended that residents obtain necessary approvals before making plans for PTO.
- D. Before submitting PTO, note the total PTO days already used for the year and time off from rotation as well as time away from the residency program. Significant time away from the residency program may deter from achieving successful completion of the residency program. ASHP specifies that residents may not spend more than 37 days away from the residency program within a residency year. See Successful Completion of Residency Policy for details.
 - 1. Residents are not permitted to miss more than ten days out of a six-week learning experience.
 - 2. PTO requests must not jeopardize achieving any requirements of the residency program.
 - 3. Residents will review and send a copy of the Resident PTO Tracking Table (see attachment) to specified approvers when requesting PTO.
- E. When requesting planned time off/PTO, the resident must complete the following steps:
 - 1. Determine whether requested dates conflict with any residency program activities (e.g. meetings, educational activities, conferences). If there is a conflict, the resident

must obtain RPD approval.

2. Determine whether requested dates conflict with rotation schedule. If there is a conflict, the resident must obtain primary preceptor approval.
 3. Determine whether requested dates conflict with weekend staffing. If there is a conflict:
 - a. The resident may attempt to trade shifts with a co-resident (preferred) or another pharmacist. Resident must be staffing independently to trade with a non-resident pharmacist, and the trade may not result in overtime for the non-resident pharmacist. Follow departmental process for finalizing a shift trade.
 - b. If no trade is possible, resident may request approval from site manager if resident has missed less than two staffing shifts. If resident has missed two or more staffing shifts, approval will not be granted outside of extenuating circumstances.
 4. If required approvals have been obtained, email site manager and residency program coordinator to notify them of the approved time off and state remaining PTO balance (from PTO Tracking Table). Site manager or residency program coordinator will record PTO use in the resident's PTO Tracking Table.
 5. Record PTO on timecard using pay code T-PTO Planned.
- F. When unplanned time off/PTO occurs (e.g. illness), the resident must complete the following steps:
1. For weekdays:
 - a. Follow departmental callout process.
 - b. Email the residency program director, residency program coordinator, and primary preceptor to report the time off/PTO.
 - c. Record PTO on timecard using pay code T-PTO Unplanned.
 2. For weekends, attempt to trade shifts with a co-resident. If unable to trade:
 - a. Follow departmental callout process.
 - b. Email the residency program director and residency program coordinator to report the time off/PTO and state remaining number of missed staffing shifts to date (from PTO Tracking Table). Site manager or residency program coordinator will record missed staffing shifts in the resident's PTO Tracking Table.
 - c. Do not record PTO on timecard. Missed weekend staffing days are not recorded on timecard but do count toward the maximum of two missed weekend staffing shifts.
- G. Residents must review and approve their timecards by the end of every pay period. Within the current pay period, residents can make any necessary corrections directly on their timecard. After the pay period, resident will need to fill out a time correction sheet and submit to site manager for approval. All corrections must be processed within 30 days of the date being

corrected.

- H. Residents must routinely monitor their PTO accrual on their timecard and on their PTO Tracking Table to ensure they have enough available PTO for planned and unplanned events.
 - 1. If PTO is taken before enough hours have accrued on their timecard, residents will fill out a time correction sheet for the time away as a running tally. When enough hours have accrued, resident will submit form to the site manager to sign and submit to payroll.

IV. Staffing Beyond Requirements of Residency

- A. In the situation where a resident wishes to staff additional shifts ("moonlighting") and opportunities are available within a department of Providence Oregon [harmacy or for a non-Providence pharmacy, the following guidelines apply:
 - 1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the residency program.
 - 2. Approval for moonlighting by the rotation preceptor must be documented by completing the Moonlighting Approval Form (see attachment).
 - 3. Resident must receive pre-approval of all moonlighting hours by their Residency Program Director (RPD) for tracking of duty hours. Submit signed approval form to RPD and copy Site Manager.
 - 4. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log (see attachment).
 - 5. Each week in which a resident moonlights, the preceptor must assess if such activity has impacted the resident's ability to achieve the educational goals and objectives of the residency program and to provide safe patient care. The rotation preceptor will contact the RPD and Site Manager if there are any concerns. On quarterly evaluations, the RPD will discuss and evaluate the amount of moonlight hours the resident has worked, if applicable.
 - 6. Should residents engage in unauthorized moonlighting activities or are non compliant with the policy, disciplinary action will be taken. Specific disciplinary action will be determined by the RPD.
 - 7. The combination of residency hours and moonlighting hours must fall within compliance of work hour restrictions. Duty hours must be limited to 80 hours per week. Residents must have a minimum of one day free of duty 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.
 - 8. 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>

Key words: pharmacy residency program policies, PGY1, PGY2, PTO

Attachments

[Moonlighting Approval Form.docx](#)

[Moonlighting Hours Log.docx](#)

Approval Signatures

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Pharmacy Resident Evaluation and Progress - OR Region

I. Objective

- A. Describe processes for evaluation and documentation of pharmacy resident performance and progress.

II. Evaluation Elements

- A. 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:
 1. Preceptor evaluation of the resident's attainment of the goals and objectives assigned for the rotation.
 2. Resident self-assessment of attainment of the goals and objectives assigned for the rotation.
 3. Resident assessment of the preceptor **and** learning experience.
 4. Residency Program Director's (RPD) and/or Residency Program Coordinator's (RPC) assessment of the resident's progress towards completing the goals and objectives of the residency program and need for revision on the resident development plan.
 5. 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.
- B. ASHP Residency Program Design and Conduct tools will be used in evaluating the resident's performance. These tools include:

1. Goals and objectives
2. Summative evaluation form (used to assess degree to which a goal has been achieved)
3. Preceptor evaluation form
4. Rotation evaluation form
5. PharmAcademic on-line resident evaluation system

C. The following scoring tools/scales are applied:

1. Summative evaluation - ASHP Summative Scale (customized to show definitions, as indicated below)
 - a. Needs Improvement (not making progress to achieve competency)
 - i. Resident displays ≥ 1 of the following characteristics: requires direct and repeated supervision / guidance / intervention / prompting, makes questionable / unsafe / not evidence-based decisions, fails to incorporate or seek out feedback, fails to complete tasks in a time appropriate manner, acts in an unprofessional manner.
 - ii. Preceptors must discuss any Needs Improvement ratings with RPD. This discussion should occur no later than midpoint, except in extenuating circumstances when the performance concern first becomes evident after midpoint.
 - iii. In most cases, a Needs Improvement rating will require a performance improvement plan to support resident progress. This is at the discretion of the RPD.
 - iv. An unsatisfactory learning experience evaluation is defined as ≥ 3 Needs Improvement ratings on assigned objectives for a given learning experience
 - v. Preceptors may not issue an unsatisfactory learning experience evaluation to resident unless they have discussed with RPD and worked on a formal performance improvement plan with the resident.
 - vi. As a result of an unsatisfactory learning experience evaluation, RAC will ultimately decide whether a learning experience needs to be extended, repeated, or requirements met through an alternative learning experience.
 - b. Satisfactory Progress (experience needs to be repeated to ensure competency)
 - i. Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.
 - c. Achieved (achieved competency for this rotation)

- i. 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.
 - d. Achieved for the Residency
 - i. Resident can perform associated activities independently across the scope of pharmacy practice.
 - ii. Based on resident evaluations, RAC will determine whether an objective is considered achieved for residency.
 - e. Not Applicable
- 2. Preceptor evaluation - ASHP Preceptor Scale
 - a. Always, Frequently, Sometimes, Never
- 3. Learning experience evaluation - ASHP Learning Experience Scale
 - a. Consistently True, Partially True, False
- D. The PharmAcademic program can be accessed at the following link:
<https://pharmacademic.com>

III. Evaluation Process

- A. Residency Program Director and/or Residency Program Coordinator requirements
 - 1. RPD/RPC, in collaboration with preceptors, will assign individual goals and objectives for evaluation to the rotations and learning experiences.
 - 2. RPD/RPC will assure that all resident and preceptor evaluations are submitted.
 - 3. RPD/RPC shall review and sign all completed learning experience/rotation evaluations.
 - 4. RPD/RPC will track the residents' progress towards completion of the programs goals and objectives through evaluations, quarterly development plans, and regular RAC meetings.
- B. Preceptor requirements
 - 1. Prior to the resident starting the rotation, the preceptor should review the resident's previous evaluations documented in PharmAcademic.
 - 2. Preceptor will communicate with RPD if resident is not progressing as expected (see specific expectations under Needs Improvement above). This communication should occur no later than midpoint, except in extenuating circumstances when the performance concern first becomes evident after midpoint.
 - 3. 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.

4. Upon completion of the rotation, the preceptor is required to complete the Summative Evaluation for the rotation. Assessment of strengths, areas for improvement, and specific recommendations should be included for each objective that the preceptor is evaluating.
 - a. If an objective is already marked as Achieved for Residency, the preceptor may choose to not add comments.
5. Prior to submitting the summative evaluation, the preceptor and resident shall meet to review the completed resident evaluation. The preceptor will compare evaluation scores and comments with resident self-assessment and discuss evaluation ratings with the resident. The evaluation shall be signed by the preceptor and resident. 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 at intervals specified in PharmAcademic.

C. 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 assigned PharmAcademic evaluations for each rotation. The resident should include a self-assessment of strengths, areas for improvement, and specific plans for growth on each objective that is evaluated. When meeting to review the preceptor's evaluation of the resident's performance, the resident and preceptor should also review the resident's self-evaluation, the evaluation of the preceptor, and rotation evaluation. Areas where the evaluations differ can be used as learning opportunities for the resident in self-assessment.
3. 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. Evaluation Deadlines

- A. 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.
 1. Longitudinal experiences will have recurring evaluations scheduled throughout the year. These are due on the date assigned by PharmAcademic and are considered late after seven days following that date.
- B. Criteria-based checklists are due by the end of the week assigned.

V. Tracking Resident Progress

- A. RPD/RPC will meet with each resident quarterly to review the resident development plan, 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.
 - 1. 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.
- B. RPD/RPC will review evaluations completed for each resident at least quarterly.
- C. RAC will meet at least four times a year to track resident progress and overall program effectiveness. RPD/RPC will present a summary of each resident's overall progress to RAC. RAC will determine progress toward overall achievement of residency goals and objectives. If issues are identified indicating need for a performance improvement plan or modification to the resident development plan, RPD/RPC will follow-up with the resident.

Key words: pharmacy residency program policies, PGY1, PGY2

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Successful Completion of Pharmacy Residency - PGY1 Pharmacy and PGY1/PGY2 HSPAL

I. Objectives

- A. Describe requirements necessary for residents to successfully complete the PGY1 Pharmacy Residency Program and PGY1/PGY2 Health System Pharmacy Administration and Leadership (HSPAL) Residency Program.

II. PGY1 Pharmacy Residency Program Requirements

- A. It is the responsibility of the resident to obtain Oregon Pharmacist Licensure at the earliest opportunity, attaining licensure no later than 120 days after the program's start date per ASHP guidelines (in order to meet the requirement of being licensed for 2/3 of the residency year). If, at the time of the start of the residency, a resident is not licensed as a pharmacist, they will need to be licensed as an intern in the state of Oregon. Failure to obtain Oregon Pharmacist Licensure within 120 days may result in 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. 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.
 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. If granted, the resident will be given up to 30 additional days (150 days post hire) to obtain their pharmacist

licensure in the state of Oregon.

5. Residents who are not licensed within 150 days will not be able to complete two thirds of the residency as a licensed pharmacist even with a 30 day extension, therefore they will be dismissed from the program.
- B. Residents must receive Achieved for Residency status by the RAC on all ASHP PGY1 Pharmacy Residency objectives.
- C. PGY1 residents must meet the following program requirements:
1. 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.
 - c. Present a poster at a local, state, or national venue
 2. Prepare a drug class review, monograph, treatment guideline, or protocol
 3. Complete all pharmacy dosing certification programs as well as assigned educational trainings
 4. Participate in a medication-use evaluation
 5. Submit completed portfolio to Residency Program Director (see Resident Portfolio below)
 6. Meet [Resident Expectations Policy](#)

III. PGY1/PGY2 HSPAL Residency Program Requirements

- A. 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).
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. All PGY1 requirements must be met no matter the date of licensure and extensions given.
 4. 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).

- B. Resident must meet all PGY1 requirements listed in #2 and #3 above.
- C. PGY2 HSPAL resident meet the following program requirements:
 - 1. 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.
 - 2. Facilitate change management pertaining to a drug class review, monograph, treatment guideline, or protocol.
 - 3. Facilitate and/or participate in the Citywide Residency Conferences.
 - 4. Submit completed portfolio to Residency Program Director (see Resident Portfolio Content Policy).
 - 5. Meet Resident Expectations Policy.
- D. 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. Resident Portfolio

- A. Portfolio submission
 - 1. Prior to completion of the PGY1 or PGY1/PGY2 HSPAL Residency Programs, the resident will submit a Portfolio documenting accomplishments throughout the year.
 - 2. Resident will post all documents on residency SharePoint site at least 2 weeks prior to the end of the residency year.
- B. Portfolio contents will include:
 - 1. Documents uploaded to SharePoint
 - a. Copy of signed contract for residency year
 - b. Copy of completed onboarding pathway
 - c. IRB approval forms
 - d. Responses to drug information questions
 - e. Formulary Project: drug class review, monograph, treatment guideline or protocol
 - f. Medication Use Evaluation summary
 - g. Major Project poster presentation and any additional posters presented
 - h. Regional Residency Conference Major Project presentation
 - i. Major Project Manuscript

- j. Copies of all presentations throughout the year with notation of where presented and target audience
 - k. Copies of projects completed
 - l. Any additional documents: e.g., clinical pearl presentations, journal clubs completed/facilitated, projects related to Practice Management Conferences, miscellaneous projects/presentations
 - m. Copy of Teaching Certificate (if obtained)
 - n. Completion requirements checklist (completed by resident and RPD/RPC)
2. PharmAcademic content (stored on PharmAcademic site)
 - a. All scheduled PharmAcademic evaluations
 - b. ASHP Resident Entering Self-Assessment Form
 - c. Quarterly development plans

V. Residency Advisory Committee (RAC)

- A. 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

- A. Successful completion of the PGY1 and PGY2 Infectious Diseases residency programs requires 52 weeks (minus paid time off [PTO]). Successful completion of the HSPAL residency program requires 104 weeks training (minus paid time off [PTO]).
- B. Significant time away from the residency program may deter from achieving successful completion of the residency program. ASHP specifies that residents may not spend more than 37 days away from the residency program within a residency year.
 1. ASHP defines time away as "anything not falling within a program's learning experiences" which would include PTO, interviews, conferences (even if they are for residency related work), and sick time. Comp days are not counted as time away.
 2. If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the resident's time in the program must be extended by the number of days the resident is away from the program in excess of 37.
- C. 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.
 1. Upon determination by RAC, the residency program may offer a paid extension with full employee benefits for up to three months (90 days) post initial residency completion date to meet successful completion time requirements (#1 above) and allow resident progress toward completion of program goals and objectives.

- D. If time away from the residency program exceeds 90 days, upon determination by RAC, the resident may be dismissed from the residency program without further pay and/or the resident may be asked to reapply to the resident program.
- E. Standard Providence time off and absence employee policies would apply.

Key words: pharmacy residency program policies, PGY1, PGY2

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Standards

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Owner Andrew Jarrell:
Manager Clinical
Pharmacy
Policy Area Pharmacy
Applicability OR - Oregon
Region

Pharmacy Resident Dismissal - OR Region

I. Objective

1. Provide the Residency Program Director (RPD) guidelines in assessing the need for dismissal of the pharmacy resident from the residency program.

II. Reasons for Dismissal

- A. Every effort shall be made to assist the resident in the successful completion of the residency program.
- B. After evaluation and counseling, the resident may be terminated for the following:
 1. 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 but not limited to:
 - a. Not meeting appropriate ethical, legal, and regulatory standards or complying with Providence's policies and standards, as outlined in the [Code of Conduct](#) and the [Standards of Conduct Policy](#).
 - b. Not meeting performance standards for the job, including knowledge and skills below standards considering length of time in the position.
 - c. 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.
 - d. Assault, battery, abuse or other inconsiderate treatment of others, either emotional or physical, including violation of [Workplace Violence](#) and [Domestic Violence](#) policies.

- e. Violation of policies regarding confidentiality, HIPAA or Providence information, as outlined in the [Confidentiality Policy](#) and other Oregon Region policies.
 - f. 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).
 - g. Fraudulent use of sick leave.
 - h. Refusing to cooperate, withholding or misrepresenting information during a human resources, security, loss prevention or quality investigation.
 - i. Unauthorized possession of firearms, dangerous weapons or explosives while at work or on Providence premises.
 - j. Soliciting, offering, or accepting a bribe or gratuity in connection with any Providence business activity.
 - k. Violation of Providence [Substance-Free Workplace Policy](#) as well as [Fitness for Duty Policy](#).
 - l. Abusive, profane, or obscene language, acts, gestures or any form of harassment, intimidation, threats or discrimination based on sex, race, religion or other basis protected by applicable law. ([Harassment Discrimination Retaliation Policy](#)).
 - m. Insubordination or refusal to accept job assignments or direction from managers or supervisors.
 - n. 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.
 - o. 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.
 - p. Serious safety/security violations (willful or negligent) that could result in injury to a person or damage Providence property.
 - q. 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](#).
 - r. Not having a current license or certification required for the job.
2. Two unsatisfactory learning experience evaluations, as defined in Resident Evaluation and Progress - OR Region policy, may result in dismissal of the resident from the residency program.

3. Time away from the residency program exceeding 90 days, upon determination by RAC, the resident may be dismissed from the residency program without further pay.
4. Failure to obtain licensure
 - a. It is the responsibility of the resident to obtain Oregon Pharmacist Licensure at the earliest opportunity, attaining licensure no later than 120 days after the program start date per ASHP standards (in order to meet the requirement of being licensed for 2/3 of the residency year). If, at the time of the start of the residency, a resident is not licensed as a pharmacist, they will need to be licensed as an intern in the state of Oregon. Failure to obtain Oregon Pharmacist Licensure within 120 days may result in dismissal from residency program, as determined by the Residency Advisory Committee (RAC).
 - i. If a resident should fail any of the required licensure examinations, the resident must notify RPD in writing immediately.
 - ii. Residents must complete at least 2/3 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.
 - iii. If a resident is unable to meet the above deadlines due to extenuating circumstances, they must request an extension in writing to their RPD.
 - iv. The RPD and RAC will review all extension requests. If granted, the resident will be given up to 30 additional days (150 days post hire) to obtain their pharmacist licensure in the state of Oregon.
 - v. 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.
 - b. PGY1/PGY2 HSPAL
 - i. In addition to the above, if licensure extension is granted by RAC, direct patient care rotations will be moved into the 2nd year curriculum. Non-direct patient care rotations will be moved 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.

Key words: pharmacy residency program policies, PGY1, PGY2

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Owner Andrew Jarrell:
Manager Clinical
Pharmacy
Policy Area Pharmacy
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Pharmacy Residency Preceptor Requirements, Appointment, and Development - OR Region

I. Objective

- A. Define requirements of Pharmacy residency program preceptors, process for appointment/reappointment of preceptors, and structure of the program's preceptor development plan.

II. Preceptor Requirements

A. ASHP requirements

1. Pharmacy residency program preceptors must meet ASHP requirements for preceptors as defined in the current version of the applicable standards.
 - a. Preceptors not meeting ASHP requirements will, in collaboration with the Residency Program Director (RPD) and the preceptor's core leader, prepare an individual preceptor development plan to demonstrate how they will meet the requirements within two years.

B. Program-specific requirements

1. Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents.
2. Demonstrate consistent ability to assess and provide feedback (verbal and written) on resident performance.
3. Demonstrate practice expertise, preceptor skills, and strive to continuously improve.
4. Complete a minimum of 2 hours of preceptor training per year (each preceptor will be responsible for documenting the completion of this requirement).
5. Track professional accomplishments and update Academic and Professional Record

form (APR) and curriculum vitae at least annually.

6. Participate actively in the residency program's continuous quality improvement processes.
7. Participation in residency program recruitment, resident mentoring, or residency projects is expected, as applicable.
8. Attendance at Residency Advisory Committee meetings and/or preceptor development meetings is expected, as applicable.

III. Appointment of New Preceptors

- A. When a pharmacist requests to become a preceptor, the RPD will:
 1. Meet with the pharmacist to discuss precepting desire, qualifications, and past experiences.
 2. Instruct the pharmacist to complete the APR form and to provide a current version of their curriculum vitae.
 3. Review the APR form and curriculum vitae.
 4. Determine whether the pharmacist meets requirements to be appointed as a preceptor in the program.
- B. If the preceptor meets requirements for appointment, the RPD will:
 1. Appoint the preceptor to the program and add the preceptor to PharmAcademic.
 2. Orient preceptor to the program.
 3. Orient preceptor to the Residency SharePoint site.
 4. Orient preceptor to PharmAcademic.
 5. Orient preceptor to pertinent learning experiences.
 6. Orient preceptor to the program's preceptor development plan.
 7. Notify the Residency Advisory Committee of the new preceptor's appointment at the next scheduled meeting.

IV. Reappointment of Preceptors

- A. Preceptors will be reviewed for reappointment every four years.
- B. RPD will review preceptor's current APR form, curriculum vitae, adherence to preceptor requirements (as specified above), and resident feedback in PharmAcademic. RPD will formulate a recommendation regarding preceptor reappointment.
- C. RPD will provide recommendation regarding preceptor reappointment to Residency Advisory Committee. Residency Advisory Committee will make final determination regarding preceptor reappointment.
- D. RPD will notify preceptor and their core leader regarding the decision about reappointment.

V. Preceptor Development Plan

- A. To support and continually improve the residency program, Providence in the Oregon Region is committed to providing preceptor development.
- B. Preceptor and learning experience resident feedback
 - 1. All preceptor and learning experience evaluations will be reviewed by RPD. As determined by RPD, improvement plans will be developed by RPD, preceptor, and preceptor's core leader for preceptors consistently receiving scores of sometimes or never on the resident's preceptor evaluations or scores of partially true or false on the learning experience evaluations.
 - 2. Each year, a residency program assessment meeting will be scheduled for the Residency Advisory Committee to determine what changes are needed to the program.
 - 3. Feedback from resident and preceptor evaluations, resident and preceptor meetings, as well as the annual assessment will be used to help design and plan upcoming preceptor training programs.
- C. Ongoing preceptor training
 - 1. Preceptor development education programs will be provided at a minimum of four times per year. As outlined above, program content will be based upon resident evaluations as well as feedback provided by both residents and preceptors.
 - 2. All preceptors are required to complete at least 2 hours of preceptor training each year.

Key words: pharmacy residency program policies, PGY1, PGY2

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