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Applicability WA - Providence  
Centralia  
Hospital

## Pharmacy Residency Program: Program Completion

**Policy Number: 77100-HR-010**

### **PURPOSE:**

Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by [American Society of Health-System Pharmacists \(ASHP\)](#) and/or other accrediting bodies.

### **APPLIES TO:**

This policy applies to all Pharmacy Residents of Providence South Puget Sound (SPS) Providence Centralia Hospital (PCH).

### **POLICY STATEMENT:**

This policy outlines the competencies that must be achieved in order to complete the residency program for the resident to be awarded a certificate of completion.

*PGY1 Program Purpose:* PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

# OBSERVATION &/OR SAFETY FACTORS:

This policy is consistent with residents successfully completing the program, with knowledge and understanding of the following resident-specific policies:

1. Pharmacy Residency Program: Duty Hours
2. Pharmacy Residency Program: Leave of Absence
3. Pharmacy Residency Program: Selection
4. Pharmacy Residency Program: Separation of Employment
5. Pharmacy Residency Program: Problem Identification and Resolution

All of the following criteria must be satisfied to successfully complete the program:

1. Score of "Achieved for Residency" for all ASHP objectives for the program at the time of last evaluation.
2. Satisfactory completion of all rotations as determined by the preceptors for the rotations.
3. Completion of the required components of the residency (*see below required activities*).
  - A. All must be deemed satisfactory by the program director and the preceptor of the rotation/activity.
4. Completion of the residency project and submission of a formal write-up in manuscript format (by the first day of the last month of residency).
  - A. The manuscript will be reviewed by the project preceptor and the program director.
  - B. Revisions are at the discretion of the preceptor and program director.
5. Completion of the online shared folder with completed work.

## PROCEDURE:

Prior to being awarded a certification of completion, residents must have all major program requirements above "signed off" by the RPD, which will be documented in the customized plan for each resident. Return of identification badge, pagers, keys, etc. will also be required prior to leaving the building.

**Residency Program Requirements for Residency Completion: (*The following are descriptions of required activities that must be satisfied to successfully complete the program*)**

1. Obtain licensure by required date
  - A. The Residency Program Director (RPD) will highly encourage candidates who match with our program to begin working on licensure in the state of Washington as soon as possible.
  - B. The resident must be actively pursuing licensure in the state of Washington and must notify the RPD of all examination dates.
  - C. In order to start residency, the resident must have an active Washington Intern

license or Washington Pharmacist license.

- D. PGY1 Residents are expected to be licensed prior to or within 120 days of the start of residency. Residents must complete at least two-thirds (35 weeks or 245 days) of the program as a licensed pharmacist.
- E. If a resident should fail any of the required licensure examinations, the resident must notify their RPD in writing.
  - 1. The RPD and Director of Pharmacy will determine on a case-by-case basis if re-examination will be allowed.
- F. If a resident is unable to meet the above deadlines due to extenuating circumstances beyond their control, they must request an extension in writing to their RPD.
  - 1. The RPD and Director of Pharmacy will review all extension requests.
  - 2. If the extension request is approved by the RPD and Director of Pharmacy, the resident will be notified in writing and will be granted up to ninety (90) additional days to obtain their pharmacist licensure in the state of Washington.
  - 3. The resident must be licensed as soon as possible within this time.
- G. Failure to meet the above expectations results in termination of the resident from the residency program.

## 2. Learning Experiences (Required and Elective)

- A. Each resident is required to complete a defined number of core clinical six-week block rotations (Internal Medicine, Emergency Medicine, Ambulatory, Transition of Care, and Chehalis Family Medicine rounding with Med/Surg) as well as required longitudinal rotations (Practice Management, Antimicrobial Stewardship, and Staffing).
  - 1. In addition, residents will be responsible for completing a number of elective rotations.
- B. Flexibility will be discussed on a case-by-case basis relative to incoming residents who have completed multiple advanced pharmacy practice clinical rotations in core areas.
- C. Rotations are typically 6 weeks in length (aligned with student rotations for layered learning model) and will be evaluated using PharmAcademic.
- D. At the beginning of each rotation, the preceptor will provide the resident with the rotation goals and objectives, rotation activities, and method of evaluation.
- E. Residents are responsible for coordinating their evaluations with the preceptor.
  - 1. Rotation evaluations that are scheduled during the last week of the learning experience are to be completed no later than the last day of the learning experience.

## 3. Participation in Residency Orientation Program (Required):

A. Start of Residency

1. A formal orientation program for the resident is scheduled in the first month of each residency year.
  - a. This orientation period is to introduce the incoming resident to the Department of Pharmacy, Hospital at large, and to outline the expectations for the residency year.
2. The resident will also participate in ACLS certification during the orientation period (or shortly after, depending on availability of classes and current status of ACLS card).
  - a. This will be evaluated by completion of orientation checklist and in PharmAcademic.

4. Department of Pharmacy Practice - Service Component (Required):

A. The resident is required to complete a pharmacy practice component of the residency program.

1. Often referred to as "staffing", the service component of the residency, is crucial to the development of professional practice and distribution skills so as to provide safe and effective pharmaceutical care.
2. The resident also will develop insight into the operations, policies, and procedures of acute care facilities
3. Staffing is completed at both Providence Centralia Hospital (PCH) and Providence St. Peter Hospital (PSPH), and residents are not compensated for travel to the non home-site hospital.

5. Practice Management/Leadership (Required):

A. The Practice Management Learning Experience includes residents performing in Leadership Roles, Weekly "Practice Management" topic discussions, and a Residency Project.

1. Initial assignments for topic discussions, Leadership Roles, and Projects will be assigned based on results of the resident skills assessment survey.
2. Through the Practice Management weekly topic discussions, the year-long residency project, the leadership roles, a system class review, and additional project assignments, residents will complete the drug information requirements as listed below.

B. Participation in Resident weekly report-out progress meetings and quarterly development plan discussion meetings:

1. Residents will attend scheduled weekly report-out and quarterly development plan update meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency advisory committee meetings, etc.
2. Participation is expected in the weekly report-out meetings, quarterly development plan progress meetings, and weekly Practice Management meetings; residents should notify the residency director if they are unable

to attend due to urgent patient care activities.

3. Project Days will be on Mondays, to be utilized by residents on-site for project work and meetings. Project days are productive time where residents are expected to work. If residents take time off during project days, they need to use Paid Time Off (PTO).
  4. Residents will attempt to schedule as many of the necessary meetings as possible on Mondays (to reduce meeting time during learning experiences).
  5. The resident room and a virtual platform will be utilized for weekly and quarterly meetings and Practice Management Meetings. Use of the resident room for other meetings will be minimized on Mondays in order to promote project work.
- C. Practice Management will be a longitudinal learning experience which is evaluated quarterly through PharmAcademic.
1. Weekly Practice Management Meetings with active participation in Topic Discussions.
  2. Leadership Roles: Definitions will be reviewed during orientation
    - a. Formulary Management
    - b. Medication Safety
    - c. Education Coordinator
    - d. Ambulatory Care Service Optimization: Education Coordination
  3. Residency Project:
    - a. Each resident is responsible for the completion of a year-long residency project.
      1. The project will be reviewed by the Institutional Review Board (IRB) and may be in the form of Quality Improvement, enhancement or evaluation of some aspect of pharmacy operations or patient care services.
      2. The project includes, at a minimum:
        - a. Presentation of a poster at the ASHP Midyear meeting.
        - b. Formal presentation at a Residency Conference and/or CME.
        - c. Full completion of final project expectations as determined by project preceptor.
        - d. Submission of final project write-up in a manuscript form suitable for publication in AJHP.



- 4. Drug Information Participation (satisfactory performance as determined by the RPD or his/her designee is required for successful completion of the residency).
  - a. These topics will be discussed in Practice Management meetings as well and all major program requirements will be "signed off" by the RPD, which will be documented in the customized plan for each resident.
  - b. Active Participation in and Completion of a Medication Use Evaluation (through year-long residency project, leadership role, class reviews, and additional projects):
    - 1. Residents will contribute to at least one Medication Use Evaluation (MUE) and participate in the development or modification of policies related to medication-use evaluation.
    - 2. Residents will contribute to periodic education for healthcare providers on timely medication-related matters.
    - 3. Residents will prepare, review, and/or edit medication monographs based on an analytical review of pertinent biomedical literature, including a safety assessment and a comparative therapeutic and economic assessment of agents for formulary addition or deletion.
    - 4. Residents will participate in the development or modification of initiatives related to adverse drug event prevention, monitoring, and reporting.
    - 5. Residents will be involved in modification of policies and/or protocols related to Medication Quality and Safety as necessary.

6. Ambulatory (Required):

- A. Ambulatory learning experiences are block rotations.

7. Teaching Certificate:

- A. Each resident is highly encouraged to complete the Teaching Certificate program.
  - 1. This program will provide the resident a broad understanding of issues in pharmacy education and opportunities to enhance their teaching skills.
  - 2. It has been constructed for residents to gain knowledge in educational theory, develop experience in teaching in various instructional settings, and document and reflect upon their teaching activities.
  - 3. Each resident who completes the requirements for seminar attendance, teaching, and portfolio will receive documentation certifying their achievements in the Teaching Certificate Program.

4. This is coordinated by the residents in the "Education Coordinator" Leadership Role.

## **AGE-RELATED CONSIDERATIONS:**

No

## **CONTRIBUTING DEPARTMENT/COMMITTEE APPROVALS:**

None

## **DEFINITIONS:**

N/A

## **ATTACHMENTS:**

N/A

## **OWNER:**

Senior Manager, Quality & Medication Safety, Pharmacy Services South Puget Sound

## **REFERENCES:**

- [Pharmacy Residency Program: Duty Hours](#)
- [Pharmacy Residency Program: Leave of Absence](#)
- [Pharmacy Residency Program: Selection](#)
- [Pharmacy Residency Program: Separation of Employment](#)
- [Pharmacy Residency Program: Problem Identification and Resolution](#)
- [American Society of Health-System Pharmacists](#)

## **ADMINISTRATIVE APPROVAL:**

Regional Director, Pharmacy Services South Puget Sound

### **All Revision Dates**

7/11/2023, 9/1/2022, 3/12/2022, 2/9/2021, 6/11/2019, 6/22/2018, 11/29/2017, 9/29/2016, 10/22/2015, 3/1/2014

## Approval Signatures

Step Description	Approver	Date
Site Administrator	Erika Sherie Luat: Quality Accreditation Analyst	7/11/2023
Regional Director, Pharmacy Services SWSA	Lauren Bristow: Senior Director Pharmacy	6/26/2023
	Julie Mccoy: Senior Manager Pharmacy	6/26/2023

## Standards

No standards are associated with this document

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