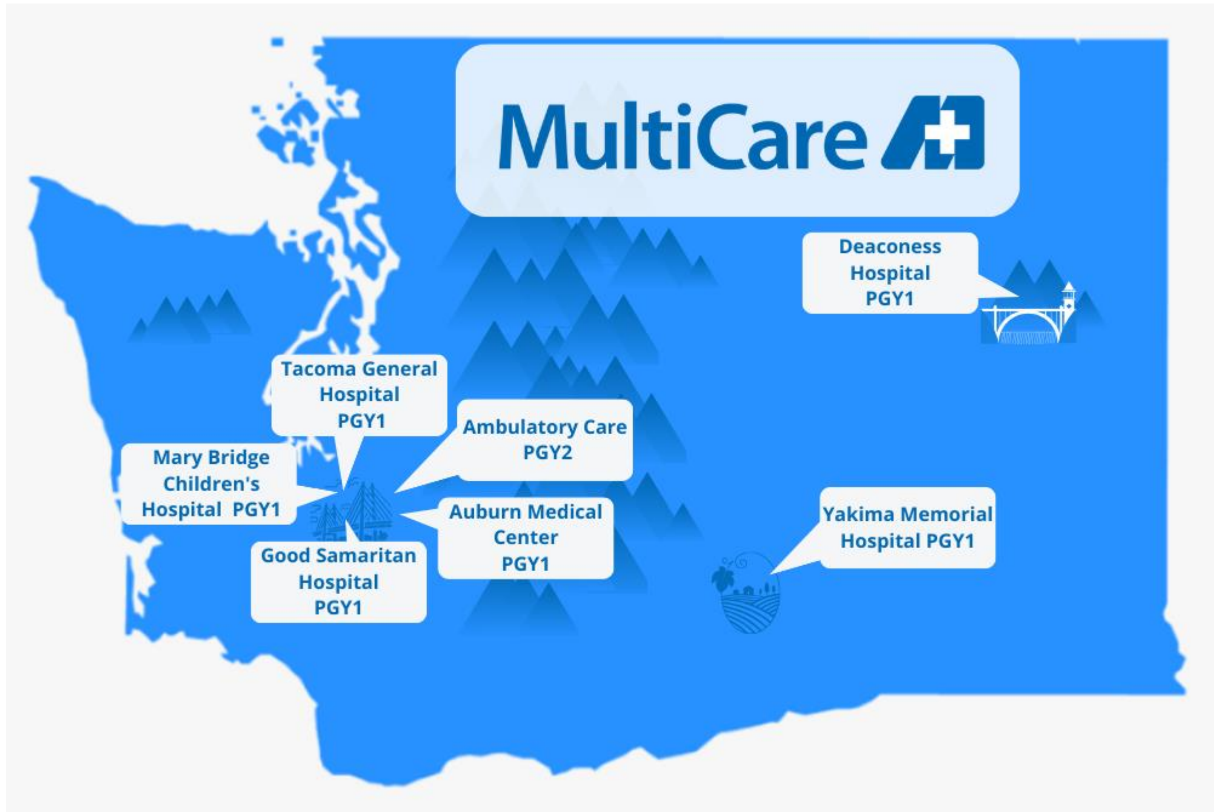
MultiCare Good Samaritan Hospital
PGY1 Pharmacy Residency
Program Manual



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Introduction

Site Description and Background

The MultiCare Health System (MHS), founded in 1882, is the largest not-for-profit, community-based, locally owned health system in the state of Washington. Pharmacy services at MHS are well-established and cover the spectrum of pharmaceutical care, with extensive involvement in acute care, ambulatory care, community pharmacy, population health and managed care.

MultiCare Good Samaritan Hospital (GSH) is a 402-bed facility located in Puyallup, Washington. GSH provides comprehensive health care services, including emergency care, intensive/critical care, stroke, cardiac, medical, surgical, family birth center, neonatal, oncology, Children's Therapy, and rehabilitation programs. Other services include an ambulatory pharmacist clinic that cares for anticoagulation and diabetes patients.

The ASHP accredited pharmacy residency program at GSH has been in place since 1992.

Purpose

The post graduate year one (PGY1) pharmacy residency program builds upon Doctor of Pharmacy (Pharm.D.) education to further develop clinical pharmacists responsible for medication-related care of patients with a wide range of conditions. To accomplish this, the residency program promotes in learners the development of clinical, analytical, evaluative, organizational, and leadership skills necessary to provide pharmaceutical care as well as develop and implement systems of care. Successful graduates of the program are well prepared for seeking board certification, postgraduate year two (PGY2) pharmacy residency training, or positions in acute care settings.

The residency program has adopted the ASHP Residency Program Design and Conduct to assist in the optimal learning of the resident. Within this framework, the residency program experience will be individualized to assure adequate training in three core areas: develop the resident's competence in providing patient care; develop the resident's competence in practice management; and require the resident to complete an appropriate project.

The primary practice site for the residency program is Good Samaritan Hospital.

Mission, Vision, Values, and Key Philosophy Statements

MHS Mission: Partnering for healing and a healthy future

MHS Pharmacy Services Vision: MultiCare Pharmacy Services will be recognized as a world leader in pharmacy practice for quality of care, cost of care, compliance, and practice innovation.

Pharmacy Services will:

- Recruit and retain the most capable and qualified staff to deliver exceptional care and customer service to our patients
- Provide excellent stewardship of our resources and drug use
- Affect patient outcomes in a positive manner through our knowledge and optimization of drug therapy, ability to educate, collaborate with others, and solve problems
- Strive to use most current technology to improve safety and efficiency

GSH Pharmacy Mission: Be the flagship department of MultiCare.

GSH Pharmacy Vision: Putting our patients first and having our teams back.

MHS Core Values: Respect, Integrity, Stewardship, Excellence, Collaboration, and Kindness

Respect: We affirm the dignity of each person and treat each individual with care and compassion.

Integrity: We speak and act honestly to build trust.

Stewardship: We develop, use, and preserve our resources for the benefit of our customers and community

Excellence: We hold ourselves accountable to excel in quality of care, personal competence, and operational performance.

Collaboration: We work together recognizing that the power of our combined efforts will exceed what we can accomplish individually.

Kindness: We always treat everyone we come into contact with as we would want to be treated.

Key Philosophy Statements:

HIGH RELIABILITY: MultiCare has adopted the principles of being a Highly Reliable Organization (HRO) that defines the expectations, standard processes, and culture of excellence that results in patient and employee safety. The culture supports employees doing the right thing and embracing transparency to ensure patient safety. We communicate complete and accurate information at handoffs; ask questions; and know the patient's story. Our focus is to eliminate harm to patients and co-workers. The department takes measured steps to use technology, including automation and advanced computer systems, to improve patient safety; be good stewards of our resources; and improve the efficiency of the delivery system. We employ a culture of continuous quality improvement. It is critical that we continually improve our processes, workflows, and care models to provide the most appropriate and cost-effective pharmaceutical care with zero defects. We use LEAN principles to eliminate waste,

duplication, and non-value activity so that our customers and patients receive the highest standard of service from our department.

BELONGING: MultiCare has embarked on a "Belonging Journey" to ensure racial equity. This involves evaluation of the Health Equity Strategic Plan of 2015-2020 and development of a 2020-2025 Health Equity Strategic Plan.

TEAM APPROACH: We strongly believe in a collaborative and coordinated approach in providing pharmaceutical care to our patients. Our staff works within multidisciplinary teams to provide optimal patient care. The department pursues opportunities to extend and improve services and systems of care in a manner consistent with MHS Vision statements. The work of pharmacists and technicians adds value and is well-integrated into the overall work of the healthcare team.

PATIENT-CENTERED CARE: Pharmacists observe best practices for the care of all patients, and develop individualized care plans that incorporate patient preferences, needs and values. Patient education and shared decision making are integral to this approach. The practice model defines the minimum level of care patients can expect and a standardized process by which care is delivered. We continually pursue opportunities to expand our accessibility to patients.

STAFF DEVELOPMENT: Our staff is the most valuable resource in the department. Staff development is a responsibility shared by staff and management. Each staff member has a responsibility to remain competent, increase their capabilities, and remain relevant. Management has an obligation to provide growth and development opportunities such that each person can increase their value to MHS and can develop to their fullest potential. Innovation at the boundaries of healthcare shall be encouraged and supported by the department.

Structure and Responsibilities

Residency Program Director

The residency program director (RPD) is responsible to ensure the program adheres to current ASHP accreditation standards, the overall goals of the program are met, appropriate preceptorship for each rotation is provided, training schedules are maintained, and that resident evaluation is a continuous process. The RPD must maintain an active practice within the practice specialty and is also a preceptor. The RPD is also responsible for the selection of residents. This decision shall be made based on the recommendations of the residency interview committee. The RPD will establish and chair the program's RAC.

MultiCare Health System Residency Advisory Committee

MHS has a system-level residency program advisory committee (MHS Mega-RAC) which serves as a venue to connect residency programs. Membership of the MHS Mega-RAC is comprised of Residency Program Directors, Coordinators, and the Clinical Leadership Team. Relevant information is communicated to the individual program's Residency Advisory Committee (RAC) by their respective RPD.

Residency Advisory Committee

Each program has an established Residency Advisory Committee (RAC) which meets at least quarterly. The RAC members include the RPD, RPC if applicable, and primary preceptors at the program. The RAC documents attendance, meeting minutes, and decisions. The RAC is also responsible for assessing the

methods for recruitment that promote diversity and inclusion, ongoing assessment of the program including an annual formal program evaluation (including input from residents and preceptors), and implementation of improvements identified through the assessment process.

Preceptors

Preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents. Preceptors will have demonstrated an ability to educate residents in their area of pharmacy practice.

The RPD is responsible for designating preceptors for each specific learning experience. The RPD is also a preceptor. Preceptors are directly accountable to the RPD regarding their resident training responsibilities.

Preceptor Requirements

Current and prospective preceptors must meet the eligibility and qualification requirements set forth by ASHP Accreditation Standards. Preceptors must practice primarily in the location they wish to precept. The RPD is responsible for ensuring preceptors meet criteria and documenting the appointment.

To be considered as a new residency preceptor, interested pharmacists will notify the RPD. After discussion of requirements, the request will be reviewed by the RAC and decisions documented in RAC meeting minutes. RPD will evaluate potential preceptors as needed throughout the year.

RPD or designee will re-evaluate current preceptors based on ASHP preceptor standards at least every 4 years. Preceptor reappointment will be reviewed by the RAC and decisions documented in RAC meeting minutes. Evaluation will also include the desire and aptitude to precept residents. Desire is determined based on subjective information and evaluations from current residents, desire to teach, and aptitude for teaching. Aptitude is based on meeting criteria set forth in the ASHP Accreditation Standards along with participation in preceptor development activities and evaluations from current and previous residents.

The RPD has the authority to add or remove preceptors at any time at their discretion.

Preceptors not meeting the minimum criteria will have an individualized preceptor development plan targeted to get the preceptor fully qualified within 2 years. This plan will be reviewed by RAC at least annually (see below: additional requirements for preceptors not meeting minimum criteria).

Preceptor Expectations

Preceptors are expected to participate actively in the residency program's continuous quality improvement processes; demonstrate practice expertise and preceptor skills and strive to continuously improve; adhere to residency program and department policies pertaining to residents and services; and demonstrate commitment to advancing the residency program and pharmacy services.

Each residency learning experience preceptor is responsible for the following activities:

- Aiding RPD with developing specific goals and objectives for their learning experience
- Preparing/updating learning experience descriptions as instructed by the RPD
- Orienting residents to their learning experience prior to or on the first day of the learning experience
- Completing formative evaluations as scheduled in the electronic evaluation system

- Completing all summative evaluations within the electronic evaluation system no later than 7 days from the completion of the learning experience
- Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations
- Submitting documentation of preceptor development activities to the RPD or designee

Preceptor Development

A yearly preceptor development plan will be created by members of the RAC. Residency program preceptors will participate in at least 4 hours of development activities per year.

To aid preceptors in reaching this requirement, MHS pharmacy services offers an optional preceptor development program which is comprised of monthly education webinars.

- Participation is optional for residency preceptors
- Degree of resident participation is determined by the RPD and RAC
- The RPD or designee for each program is responsible for evaluating resident and preceptor attendance
- The MHS Mega-RAC and Pharmacy Educational Program Committee will evaluate the success of the preceptor development program yearly and make adjustments to the curriculum, with input from RPDs based on individual program needs

Other Opportunities for Preceptor Development

- APhA and Pharmacist Letter have educational programs available to orient new preceptors and provide refreshers for current preceptors
- University of Washington School of Pharmacy has web-based programs available to preceptors
- ASHP has web-based programs available to preceptors
- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills
- Those who attend meetings will share information at residency meetings or other forums as appropriate
- Self-study materials will be shared

System Resources

Drug Information

A computerized drug information retrieval system is available via the MHS information system network which can be accessed by users most anywhere in the health system. The MHS information system network also allows for access to the internet for web-based drug information sites including OVID, Medline, DynaMedex, Cochrane, Stat Ref, and others. This also includes access to the MHS on-line drug formulary, which is maintained by the MHS Drug Information Specialist Pharmacist.

Information Technology

MHS uses the EPIC health information system and electronic medication record (EMR) for its acute and ambulatory care services. The combination of the EPIC acute and ambulatory system provides clinicians with a fully integrated health information system that allows improved quality and safety of care for our patients. MHS fully utilizes electronic dispensing cabinets throughout the acute care services as well as

integrated smart pumps and bedside bar code technology. In addition, carousel technology is used in central pharmacy for medication storage, distribution, and inventory control.

Medication Safety

MHS developed a system wide Medication Safety Program within the pharmacy department to demonstrate the unparalleled value our organization places on the safety of our patients and staff. Two pharmacists and two technicians operate within the Medication Safety Program to continually support the system's growth both retrospectively and prospectively around adverse drug events. The Medication Safety Team actively collaborates with all pharmacies and system resources throughout the system, while striving to lead initiatives to align with best practices related to improving patient safety. The interdisciplinary relationships fostered by the Medication Safety Team support our organization's journey to becoming a *Highly Reliable Organization (HRO)* and operating within a *Just Culture*.

Additionally, GSH operates a hospital specific multidisciplinary medication safety committee.

Resident Learning Programs

Role of the Pharmacy Resident

Resident learning is accomplished by combining preceptor teaching and work experience during a one-year period. The residency program allows residents to apply educational information and techniques learned to actual work situations. Residents are expected to apply learned concepts, demonstrate learned clinical practice behaviors, and to use the residency experience to develop the array of skills required to be a successful clinician.

Organizationally, residents are a unique set of employees who experience both staff and management roles. It is expected that each resident will integrate themselves into the staff and management structure of Pharmacy Services and contribute to the achievement of department goals. Each resident is also expected to actively work with the RPD and program preceptors to shape the character of their individual program. Residents are expected to manage their own program, which includes maintaining relevant documentation, scheduling meetings, arranging their scheduling jointly with their fellow residents, and other similar activities.

Role of the Preceptor

It is expected that each preceptor, in conjunction with the resident and the program director, shall take part in the development of the goal, objectives, and activities prior to beginning of each resident training experience. It is also expected that the preceptor shall attempt to cover, through topic discussions, each area of clinical pharmacy practice associated with their specialty. It is also important that the preceptor shall attempt to focus on any of the resident's areas of special interest and growth and tailor the learning experience accordingly. It is expected that the preceptor shall attempt to allow the resident as much "hands on" experience as safely possible in dealing with patients, medical staff, and nursing staff.

Program Management and Evaluation

The extent of resident's progression toward achievement of the program's required educational goals and objectives will be evaluated.

Summative Evaluations of Learning Experiences

Summative evaluation of the residents' progress toward achievement of assigned educational goals and objectives, with reference to specific criteria will be conducted after each learning experience by the preceptor with the resident. For longitudinal rotations, evaluations will be completed on a quarterly basis. The resident and preceptor will schedule a planning session at the start of each learning experience to review and customize the established goals and objectives to the resident's needs and to establish mutual expectations of each other.

Preceptors will check the appropriate rating for the goals and objectives being evaluated. In addition, preceptors may mark a goal as achieved for the residency program if all objectives associated with that goal are evaluated during the learning experience. Preceptors should use the following guidance for rating the goals and objectives:

- For GOALS:
  - Achieved for the Residency (ACHR) is earned for a goal if the resident can perform associated activities independently across the scope of pharmacy practice, and if the resident has achieved each objective associated with that goal.
  - The RPD will assess preceptor feedback and mark ACHR during quarterly evaluations and residency plan updates.

- For OBJECTIVES:

Rating	Definition	General Guidance
Needs Improvement (NI)	Resident is not performing at the expected blooms taxonomy level at that time; significant improvement is needed in order to meet objectives	The resident exhibits deficiencies in knowledge/skills/behaviors for this area. For example, the resident: • Requires repeated prompting or assistance to perform daily activities, or cannot complete daily activities in a timely fashion • Is unable to perform appropriate self-evaluation, or does not incorporate preceptor feedback into their practice • Does not prepare as discussed with the preceptor, does not follow preceptor instructions • Does not improve/grow/learn throughout the rotation or ask appropriate questions to supplement learning • Is unable to integrate themselves into the team, or cannot independently staff the rotation area. Preceptors should not hesitate to mark NI when appropriate. This is normal and a chance to provide constructive feedback to help the resident's performance.
Satisfactory Progress (SP)	Resident is performing at the appropriate Blooms taxonomy level	The resident exhibits adequate knowledge/skills for this area. For example, the resident: • Requires minimal prompting or assistance to perform daily activities

		• Is willing and able to provide appropriate self-evaluation, and learns and applies changes from self-evaluation and preceptor feedback • Learns and improves throughout the rotation and asks appropriate questions to supplement learning • Makes appropriate interventions or recommendations, and integrates into the team • Follows through on assigned tasks; meets deadlines or communicates need for extension • Able to independently staff the rotation area with minimal support In general, SP indicates that the resident is on track to achieve the objective/goal, however additional instruction and evaluation or observation by preceptor is necessary.
Achieved (ACH)	Resident shows consistency and independence in performing at the appropriate Blooms taxonomy level	The resident has fully accomplished the ability to perform the objective. For example, the resident: • Requires no prompting to perform daily activities • Is able to self-adjust their practice before the preceptor gives feedback • Is a team leader • Could independently staff the area with no additional training • The resident can function independently with regards to the achieved objective in this area of practice; no further development work is needed ACH assumes the resident effectively manages associated tasks as listed in the specific objective or goal.

Resident Self-Evaluation and Quarterly Development Plan

Residents will complete a self-evaluation and reflection prior to the start of residency or at the beginning of residency as part of the initial development plan.

A quarterly program progress report will be conducted with the RPD to assess residents' progress and determine if the development plan needs to be adjusted within the first 30 days of residency and every 90 days thereafter. Residents will provide a written self-evaluation of their progress toward attainment of the residency goals and objectives, major project, specific interest and career goals, progress on previously identified areas of improvement, identification of new strengths and opportunities for improvement, assessment of well-being and resilience and any adjustments to the residency plan.

Evaluations by Resident

The resident will maintain a program portfolio which records their learning activities performed and relevant documents. This will be helpful to the resident when completing self-evaluations and providing progress reports.

The resident will complete and discuss one evaluation of each preceptor and one evaluation of the learning experience at the end of each rotation.

An important component of residency training is teaching good self-assessment skills. As a result, residents will complete a self-evaluation for selected rotations.

Personnel Policies

Recruitment, Candidate Application, Screening, Interview, Rank, and Match

MultiCare is committed to building a diverse workforce, as a diverse workforce benefits both employees and patients by offering an inclusive place to provide and receive care.

The GSH residency program will document their procedure for recruitment, evaluation and ranking of candidates. Program procedures will adhere to the system standards outlined below.

Candidate meets criteria for application including:

- Graduate (prior or anticipated) of an ACPE-accredited college of pharmacy or Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate and is licensed or eligible for licensure in Washington State
    - MHS GSH does not sponsor work visas
- Registered to participate in the ASHP Residency Matching Program
- Must satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check

All candidate application materials must be submitted in PhORCAS and meet application deadline

- Letter of intent
- Curriculum Vitae (CV)
- Three letters of reference
- Official transcripts of all professional pharmacy education from an ACPE-accredited pharmacy degree program or FPGEC program

Candidate Screening Process

1. The RPD and application review team are responsible for screening applicants to invite for interviews.
2. Each application component is scored using a program-specific standardized assessment tool. Application components evaluated include:
    a. Letter of intent
    b. Letters of recommendation
    c. Curriculum Vitae (CV)
        i. Work Experience
        ii. Clinical Rotations
        iii. Leadership & Extracurricular Involvement
        iv. Projects, Presentations, Research & Publications
        v. Other – unique experiences or background that may enhance the residency learning experience
    d. Transcripts – if GPA is used as part of the selection criteria, the program-specific procedure will include information on how the academic performance of applicants from pass/fail institutions are evaluated.

3. RPD or designee is responsible for offering and scheduling resident applicant interviews. Applicants invited to interview will be provided with a link to the residency manual, program policies within the manual, requirements for successful completion of the program, program start date and term of appointment, and benefit/stipend information.

Resident Interview and Ranking Process

- An interview is required.
- The interview process may include, but not limited to, meetings with the program director, management, and preceptors, and a tour of the facilities. Interview questions should be pre-determined and consistent for each year's candidates.
- Application materials and interviews are the basis for assessing criteria used to rank candidates. Candidates will be scored by each member of the interview team using a program-specific standardized assessment tool.
- The Residency Interview Team will consist of the RPD, current residents and preceptors. The RPD will complete training to reduce implicit bias prior to the application and interview process.
- The Residency Interview Team will meet prior to the match deadline to discuss candidates and develop a final rank list based on review or scoring system and discussion.
- The pharmacy residency program participates in and abides by the rules outlined by the ASHP Matching Program.
- After match results are released, final acceptance of matched applicants will be the responsibility of the RPD to communicate and confirm with matched residents, as outlined in ASHP Standards and the Letter of Acceptance section below.
- If a position was not matched, RPD or designee will review and a decision will be made to pursue additional candidates for the Phase II Match. If the decision is to pursue Phase II candidates, RPD will coordinate review of candidates. The Phase II applicant screening will follow the same procedure as Phase I. Candidate interviews during Phase II may be abbreviated or conducted by only RPD or designee rather than an interview team. Those involved in candidate screening or interview will meet prior to the match deadline to discuss candidates and develop a final rank list based on review or scoring system and discussion.

MultiCare does not offer early commitment for current PGY1 residents applying to PGY2 programs.

Licensure

Residents must be licensed in the State of Washington to practice pharmacy at MultiCare. <u>Residents are strongly encouraged to be licensed as pharmacists by the residency start date.</u>

- PGY1 - if a pharmacist license is not obtained by the onboarding/hire date, then an intern license or a graduate pharmacist license must be obtained by the start date. Failure to obtain the intern license by the start date may result in termination of the residency.
- The resident will become a licensed pharmacist in the state of Washington within 120 days from the residency start date. The resident must be a licensed pharmacist for at least two-thirds of the residency year to meet ASHP Accreditation Standards.
    - If not licensed within 90 days:
        - RPD will review residents progress towards licensure, with considerations of resident's test dates to evaluate if can be licensed within 120-day goal.

        - If available, the resident may take PTO at the discretion of the RPD to accommodate studying and test dates. The maximum time away and extension are described in the section Extended Leaves of Absence. The GSH pharmacy residency program does not allow program extensions for time away caused by failure to become licensed.
    - If not licensed within 120 days, the resident will be dismissed.

Pre-Employment Requirements

The resident must complete all pre-employment requirements:

- Online Employment Application (required upon matching with program)
- Complete new hire paperwork for Human Resources which may include, but not limited to:
    - Child/Adult Abuse Act Request for Information form
    - Immigration Reform and Control Act form (I-9)
    - Internal Revenue Service W-4
    - Criminal Background check
    - Pre-employment drug screen, including nicotine
    - Immunization or immunity records: immunizations must be up to date, including SARS-Cov-2 and influenza vaccines
        - Proof of immunity may be required for some situations (varicella, MMR)
    - The resident is not required to obtain professional liability insurance

Terms of Residency

The pharmacy practice residency is a 52-week independent practice educational experience during which time the resident will actively participate in the development and implementation of departmental goals and objectives which are directed towards improved patient care and ensuring that patients receive safe and effective medication therapy. The training consists of predetermined learning experiences for which the resident is paid a stipend for the year. The resident will receive extensive training and experience beyond the traditional academic experiences and undergraduate clerkships.

Rotations may be no more than one-third of the 52-week program in one specific patient disease state and population (i.e., critical care, oncology, medical-surgical).

Residents must spend two thirds or more of the program in direct patient care activities.

Letter of Acceptance, Contracts, and Job Description

The RPD will contact matched applicants in writing no later than 30 days after the match results with a letter outlining their agreement to participate in the program. The written contact will include a link to the resident manual, defining the terms and conditions of the resident's participation. This policy and a job description will be available for residents to review.

Matched applicants will return a signed copy of the agreement within 7 days of receipt.

After completing the application for employment, the resident will receive an official Job Offer which they must accept prior to the start of their residency year.

Orientation and Training

Residents will attend New Employee Orientation and be oriented to the department and complete a department orientation checklist. In addition, the resident will complete an orientation rotation specific to their program.

Resident Work Hours

Staffing

The resident will staff as part of a longitudinal experience evaluated throughout the residency year. They may be assigned to work independently in a patient care area toward the latter part of the residency year.

May be assigned to cover for sick leave or other emergencies on day or evening shift.

May be assigned to cover holidays, not to exceed three per year.

Duty Hours

Duty Hours are defined as all scheduled clinical and academic activities related to the residency program that are required to meet the goals and objectives of the residency.

Duty hours do not include: reading, studying, preparation time for presentations, travel time to/from conferences, and any hours not scheduled by the RPD.

The programs and residents will comply with the ASHP duty-hour standards: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx

The program does NOT allow External Moonlighting, In-House Call Programs, At-Home or other Call Programs. Internal (departmental) moonlighting is allowed as discussed further below.

The resident is required to attest to the compliance of the duty hour and moonlighting requirement monthly as per ASHP standards. Attestation will be documented via PharmAcademic. In the case of non-compliance with duty-hour standards, the RPD will discuss with the resident and develop a plan to return to compliance, which will be documented in the next resident development plan.

Resident Time Off / Leave of Absence

The maximum time away from residency (including holiday, vacation, accrued sick time and educational leave) may not exceed 37 days in a 52-week period without requiring extension of the program. Educational leave includes time spent at conferences, time spent offsite facilitating didactic lectures or small group discussion and time off for job/fellowship/specialty residency interviews. The RPD will track time away from residency. The resident is responsible for being proactive to avoid exceeding the maximum time away.

Vacation Time (Paid Time off (PTO))

Residents accrue and may use PTO in accordance with MHS policies. All time off must be requested prior to taking it. PTO requests will be reviewed for approval by RPD and preceptor of the affected rotations on a case-by-case basis, with review of the total time away from residency to ensure compliance with ASHP Standards.

Assignments to attend meeting dates for Midyear Clinical Meeting, regional residency conference, or other required attendance by RPD will not require use of PTO but will count as time away from residency as outlined above.

Extended time off (more than 3 consecutive days) for any reason during a rotation will need to be made up by the resident. The resident should creating a written plan detailing how lost time will be made up and submit the plan preceptor and RPD for approval.

If the resident is sick for a required staffing weekend, an effort should be made to have co-resident(s) cover the shift and organize a trade.

Extended Leave of Absence

Leaves of absence will be granted at the discretion of the RPD and pharmacy administration and in accordance with MHS policy and procedures.

If a leave of absence is approved, then the residency will be extended by the number of days that the resident is on extended leave, up to 4 weeks, to meet the 52-week requirement and allow the resident to complete program requirements.

Extended leaves of absences longer than 4 weeks or that jeopardize the resident from completing requirements for successful completion of the program (i.e., completion of major project and presentation at a conference) will result in dismissal from the program.

Residents are required to take accrued available PTO for any absence prior to taking time off without pay, except if using unpaid leave for licensure exams at the discretion of the RPD (see Licensure section). Salary and benefits continue during paid leave when a resident has available PTO. Unpaid leave will follow MHS policy. Currently, residents placed on unpaid leave will not be paid during this period and benefits may be stopped depending on the extent of the unpaid leave. Residents will be paid a salary and be eligible for benefits during any resulting program extension.

Absence Without Approved Leave

Residents are expected to communicate directly with the RPD in the event they are unable to participate in the residency program for a period exceeding 24 hours. If the resident does not communicate with the RPD, the MHS policy/procedure for unexcused absences and/or dismissal will be used.

Dismissal

The resident will adhere to MHS rules, regulations, procedures, and policies during their residency year.

MHS recognizes and asserts the right to discharge an employee “at will” with or without notice or cause at any time. Human resources policy and procedure will be utilized for violation of MHS policies. To allow a resident an opportunity to correct behavior or resolve a performance problem(s) a corrective action process (CAP) can be utilized. However, under certain circumstances immediate dismissal from the program will be the course of action. Falsification of any information during the application, interview or hiring process will be grounds for immediate discharge.

Considerations for CAP may include but not limited to a resident who is failing to progress in the educations goals and objectives as evaluated during quarterly development plans, or not on track for

graduation requirements set forth by each program. Efforts will be made to identify failure to progress as early as possible. Examples of failure to progress include but are not limited to:

- Not making progress on major project or missed deadline
- Consistently incomplete or late work
- "NI" marked on more than 25% of objectives
- Feedback or concerns brought forward from preceptors
- Failure to comply with duty hours or moonlighting policies

Corrective Action Process (CAP)

The RPD will be the point person for the CAP. If the concern involves the RPD, then the RPD's immediate supervisor or pharmacy director will be conducting the CAP. In that case, substitute supervisor or director for RPD throughout this process.

Suggested process for CAP is as follows:

1. After a concern has been identified, the RPD will collect data including meeting with the resident to understand the circumstance.
2. The RPD may seek assistance and guidance from the RAC following the investigation to determine the need to initiate a CAP. The RPD will make the decision whether to initiate the CAP or not.
3. The RDP will meet with the resident to discuss the decision of whether to initiate a CAP or not. If a CAP is initiated the RPD will review with the resident the process and time frame.
4. The CAP will consist of a written document that will be posted on PharmAcademic. This document will be verbally reviewed with the resident:
    a. Describing behavior that needs correcting
    b. Information discovered during investigation
    c. Expectations for improved performance or behavior
    d. Timeline for expected improvement and checking on progression
    e. Date for probationary period associated with CAP to be completed
5. Once the CAP is completed, a final evaluation will be completed by RPD in consultation with the RAC. It will be determined if the resident successfully met expectations or did not meet the CAP expectations. If expectations are not met and dismissal is warranted, the process will be started with HR. If expectations are partially met, the RPD and RAC may determine if the CAP can be extended or addended. There will be no extensions of residency program duration for residents who are failing to progress.
6. The RPD will write an evaluation of the conclusions. This will be posted on PharmAcademic. The RPD will meet with the resident and verbally review the evaluation and conclusions.

Pay and Benefits

Residents are considered 1.0 FTE staff and receive a stipend for the year. The aim of the PGY1 residency year is to start at the end of June on the last New Employee Orientation for the month. Estimated start date and stipend are posted on the program's ASHP's residency listing. Program duration is 52 weeks. Benefits include:

- Medical/Dental/Life/Vision Insurance
- Paid Time Off (PTO)

- Extended sick time
- Education Leave/Funding: funding for a regional residency conference and some or all funding for the ASHP Midyear Clinical Meeting; amount disclosed prior to making reservations
- Free Parking
- Meal discounts

Program Specifics

Leadership

Residency program director: Steven Larson, PharmD, BCPS

Director of Pharmacy: Terry Lerma, PharmD

Clinical Director: Hope Barnes, PharmD

Training Site Description

Acute Care

Acute Care learning takes place primarily at GSH in Puyallup, Washington. Services provided include critical care, cardiology, progressive care, surgery, medical, oncology, pediatrics, rehabilitation, obstetrics, special care nursery and emergency services.

The Department of Pharmacy provides pharmaceutical care 24 hours a day, 365 days a year. This care includes all hospital patient care areas, including the emergency department. Patient-focused pharmaceutical care includes prescribing/ordering, preparing, dispensing, administration and monitoring the effects of medications on patients.

Clinical services are supported by decentralized pharmacists assigned to all major service areas including medical, surgical, critical care, PCU, cardiac, oncology, infectious disease, observation, palliative, and rehabilitation units on day shift. Decentralized pharmacists staff the emergency department 24/7. On evening shift, pharmacists are decentralized to critical care, surgical, cardiac, palliative, observation, oncology, and PCU. Clinical services include prescriptive protocol management (including anticoagulation, vancomycin, aminoglycosides, TPN, renal, and IV to PO), medication order verification of CPOE, drug information and clinical consults. In addition, medication histories are taken by trained medication reconciliation technicians and verified by pharmacists.

Distributive services are centralized and include IV admixture service and unit dose system. Distributive services are supported through using the central pharmacy carousel and multiple Pyxis automated dispensing machines deployed in patient care areas.

Ambulatory Care

Elective ambulatory care learning takes place in clinics located near GSH. Clinics include a multidisciplinary family practice medicine residency clinic and a diabetes management clinic.

Learning Experiences

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate.

Required and Elective Learning Experience

REQUIRED ORIENTATION (4 weeks)

- Facility & team orientation (2 weeks)
- Clinical bootcamp orientation (2 weeks)

REQUIRED ROTATIONS (39 weeks)

- Administration (2 weeks)
- Cardiac (4 weeks)
- Core/Distribution (3 weeks)
- Critical Care (8 weeks)
- Emergency (6 weeks)
- Evening shift (3 weeks)
- Infectious Disease (4 weeks)
- Internal Medicine/Progressive Care (5 weeks)
- Oncology (4 weeks)

ELECTIVE ROTATIONS (5-7 weeks)

- East Pierce Family Medicine Ambulatory Care Clinic (4 weeks)
- Informatics (6 weeks)
- Medication Safety (2 weeks)
- NICU (2+ weeks)
- Pediatrics (2+ weeks)
- Psychiatric, inpatient (4 weeks)
- Extend a required rotation (2+ weeks)
- Other (see below)

REQUIRED PRACTICE MANAGEMENT EXPERIENCES (longitudinal)

- Staffing (45 weeks, two 8hr shifts every other to every third weekend starting in August)
- Conferences (2 weeks)
  - ASHP Midyear Clinical Meeting
  - Regional residency conference
- Projects (45 weeks, one 8hr shift after each staffing weekend)
  - Major residency project
  - P&T (Drug Information/Monographs, SBAR, MUE)
- Med Safety Committee (49 weeks, 1hr meeting monthly)

To allow for flexibility in the program, the resident may propose other elective learning experiences to fulfill areas of growth and special interests. A significant amount of resident involvement may be required to develop this elective experience. Also, the program has the flexibility to allow for an alternative site learning experience mutually agreed upon by the resident and program director.

Staffing

Each resident is required to complete the following staffing commitments over the one-year period. Variances in excess or below these minimums must be approved by the program director. Variances exceeding the minimums must also be acceptable to the resident.

- Every third weekend, typically on day shift

Conferences and Resident Meetings

Residents are required to attend and participate in the ASHP Midyear Clinical Meeting and a regional residency conference selected by the program. Acceptable participation includes adequate preparation, appropriately presenting the major residency project, and attending educational programming.

Resident & RPD meetings are intended to serve the needs of residents and are a forum where the program can be discussed. Residents and RPD are required to attend. In addition to program discussion, other agenda items will include management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs. Readings may be required for meetings.

Projects

Each resident is expected to appropriately complete one major year-long residency project and multiple P&T projects to obtain the residency certificate.

Guidelines for performing a major project can be obtained from the program director. The specific aims of the project should be of interest to GSH and/or MHS and the project should be one that contributes to the provision of patient care. The resident will present a poster of the project at the ASHP Midyear meeting, present the entire project at a regional residency conference, and will prepare a manuscript suitable for publication.

Guidelines for completion of assigned P&T assignments depend upon the task assigned and will be provided to the resident when the assignment is made.

Duty Hours and Moonlighting

The program and resident will comply with the ASHP duty hour standards. Residents will attest in PharmAcademic each month that they have followed these standards. Any deviations from these standards will be subject to review and disciplinary actions as discussed in the manual above.

The program does NOT allow external moonlighting, In-House Call Programs, or At-Home or other Call Programs. Internal moonlighting is allowed if the following criteria are met. Any deviations from these standards will be subject to review and disciplinary actions as discussed in the manual above.

- Coverage for sick leave or other emergencies on day or evening shifts, up to four shifts during the residency year.
- Attempts must be made to arrange for other staff coverage prior to using a resident.
- The covering resident must be progressing appropriately towards completing residency requirements.
- Residents must not exceed the ASHP duty hours standards if covering these shifts.
- The RPD or RPC and resident must agree to the plan for the resident to cover the shift.

Goals and Objectives

The resident will be evaluated on all required ASHP required Competency Areas, Goals, and Objectives (CAGOs) for PGY1 pharmacy residencies. In addition, the program will evaluate the following elective:

- E5.1.1 Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures

Requirements for Successful Completion of the Residency

To receive a certificate of completion, the resident shall:

Requirement	Components
Obtain WA State RPh License	Required within 120 days of start of residency

Complete orientation	• Hospital and pharmacy mission and values • Department orientation (checklists) • High Reliability Behaviors Training • Residency Program Design and Conduct • MHS required annual trainings • Pharmacy operations • BLS & ACLS certification • Information systems (Epic, Pyxis, Carousel, CII Safe, Medkeeper) • Drug information • Prescriptive protocol review and competencies • Department competencies & annual trainings (as listed in orientation documents)
Complete Required Rotations	• Administration • Cardiac • Core/Distribution • Critical Care • Emergency • Evening shift • Infectious Disease • Internal Medicine/Progressive Care • Oncology • Surgical

Complete Required Practice Management Experiences	• Weekend staffing as scheduled
	• Conference participation
	  ○ ASHP Midyear Clinical Meeting
	  ○ Regional residency conference
	• Major residency project
	  ○ ASHP Midyear Clinical Meeting abstract & poster
	  ○ Residency Conference presentation
	  ○ Manuscript suitable for publication
	• P&T assignments
	  ○ Drug Information/Monographs
	  ○ SBAR
	  ○ MUE
	• Med Safety Committee Meetings & Assignments

Complete Five to Seven Weeks of Elective Rotations	• List and duration of rotations completed
Participate in Required Conferences & Resident/RPD Meetings	• RPD/Resident Meetings • ASHP Midyear Clinical Meeting • Regional Residency Conference
Achieve 80% of Goals and Objectives	• 8 of 10 goals • 27 of 33 objectives

Rating of Achieved on the following Leadership Specific Objectives	• Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement. • Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities. • Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
No "Needs Improvement" on Final Ratings for Objectives	
Complete All Duty Hour Attestations	

Files Uploaded in PharmAcademic	**Uploaded by RPD**
	• Signed match confirmation letter
	• Pharmacy Intern license
	• Entering self-assessment form (under "Self-Assessment & Development Plans" tab)
	• Development Plans (initial, q1, q2, q3, final)
	• Onboarding checklists
	• Signed Residency Certificate
	
	Uploaded by Resident
	• Pharmacist license
	• CITI Training Certificates
	• Project documents
	    ○ Project planning tool
	    ○ Project abstract (midyear)
	    ○ Project poster (midyear)
	    ○ Project abstract (residency conference)
	    ○ Project presentation (residency conference)
	    ○ Education materials provided to staff
	    ○ Final manuscript
	• P&T documents (final versions submitted to P&T)
	• Medication Safety assignments
	• Patient case handouts (PHI removed)
	• Rotation specific handouts/projects

Return Hospital Property at End of Residency	• Laptop • Office keys (if not staying on at GSH) • Name badge (if not staying on with MHS)