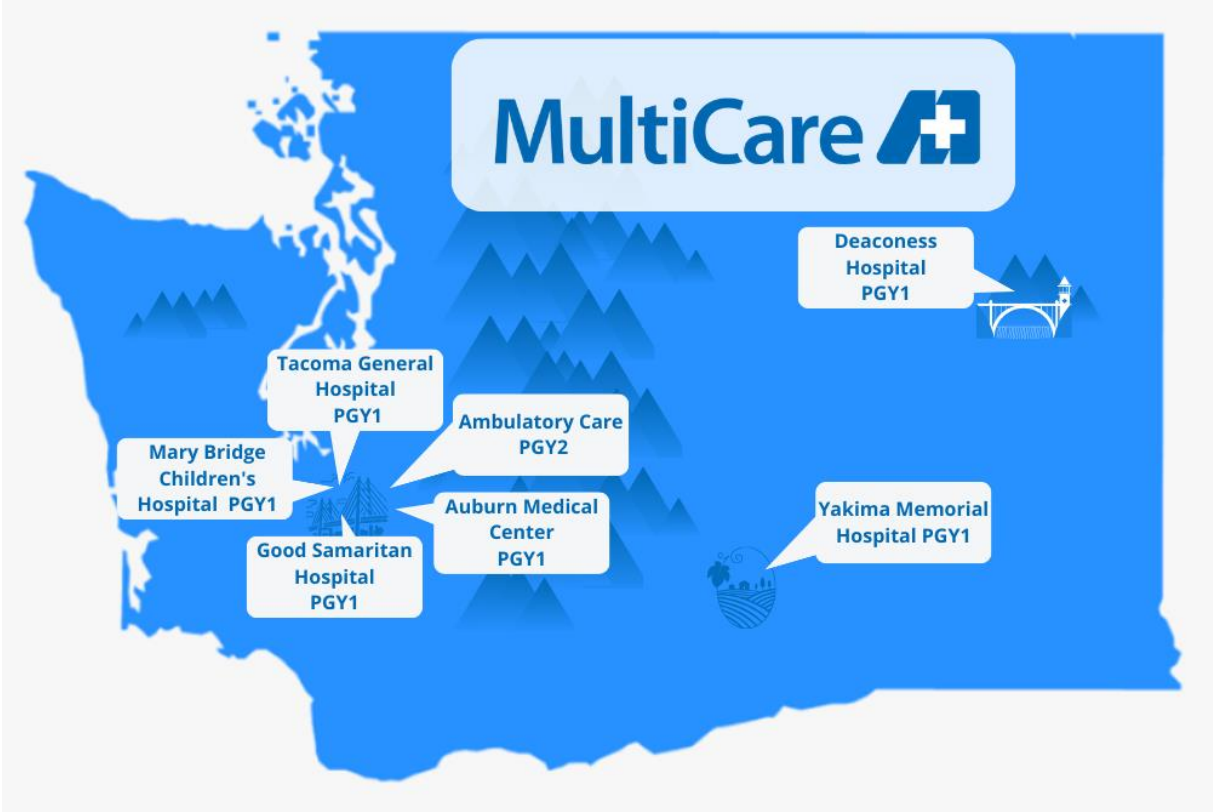
# MULTICARE HEALTH SYSTEM

# Pharmacy Residency Program Manual



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# Introduction

## General Description and Background

MultiCare Health System (MHS) is a not-for-profit health care organization that has been caring for communities in Washington state since the founding of Tacoma's first hospital in 1882. With more than 20,000 team members, including employees, providers, and volunteers, MultiCare 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.

Pharmacy residency programs at MHS:

- MultiCare Auburn Medical Center PGY1 Pharmacy Residency
- MultiCare Deaconess Hospital PGY1 Pharmacy Residency
- MultiCare Good Samaritan Hospital PGY1 Pharmacy Residency
- MultiCare Mary Bridge Children's Hospital PGY1 Pharmacy Residency
- MultiCare Tacoma General Hospital PGY1 Pharmacy Residency
- MultiCare Yakima Memorial Hospital PGY1 Pharmacy Residency
- MultiCare Ambulatory Care PGY2 Pharmacy Residency

## Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

To accomplish this, the residency programs shall promote the development of clinical, analytical, organizational, and leadership skills necessary to provide pharmaceutical care as well as develop and implement systems of care. MHS residency programs have adopted the ASHP Residency Program Design and Conduct to assist in the optimal learning of the resident.

## Mission, Vision, Values, and Key Philosophy Statements

Mission: Partnering for healing and a healthy future

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

## 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: The system 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

### MultiCare Health System Residency Advisory Committee

MHS has a system-level residency program advisory committee (MHS Mega-RAC) which provides oversight of MHS pharmacy residency programs. This serves to connect MHS residency programs by establishing a structure to unify and provide direction and oversight. Membership of the MHS Mega-RAC is comprised of Residency Program Directors and Coordinators. MHS Mega-RAC reports to the Clinical Leadership Team, and information is communicated to each specific program's Residency Advisory Committee (RAC).

### 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.

### 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. Each 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 MHS Mega-RAC and system pharmacy educational programs. The preceptor development program is comprised of monthly sessions and is open to all pharmacists at MultiCare.

- Residency program preceptors will participate in at least 4 hours of development activities per year
- Pharmacy residents will participate in each monthly session as part of their training
- The RPD or designee for each program is responsible for evaluating resident and preceptor attendance

The MHS Mega-RAC and pharmacy educational programs 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 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*.

# Resident Learning Programs

## Role of the Pharmacy Resident

Resident learning is accomplished by combining preceptor teaching and work experience during a one-year period. MHS residency programs allow residents to apply educational information and techniques learned to actual work situations. Residents are expected to demonstrate learned clinical practice behaviors, apply learned concepts, 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 program director and program preceptors to shape the character of their individual program. Residents are expected to manage their 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.
    - Preceptors may mark a goal as ACHR only if all the objectives associated with that goal are evaluated during that learning experience. Otherwise, the RPD will assess and mark ACHR during the quarterly evaluation and residency plan update.

- For OBJECTIVES:

| Rating | Definition | Guidance |
|---|---|---|
| Needs Improvement (NI) | Resident is not performing at an expected level at that time; significant improvement is needed in order to meet objectives | The resident exhibits deficiencies in knowledge/skills for this area. For example, the resident:<br>• Requires repeated prompting or assistance to perform daily activities, or cannot complete daily activities in a timely fashion<br>• Is unable to perform appropriate self-evaluation, or does not incorporate preceptor feedback into their practice<br>• Does not prepare as discussed with the preceptor, does not follow preceptor instructions<br>• Does not improve/grow/learn throughout the rotation or ask appropriate questions to supplement learning<br>• Is unable to integrate themselves into the team, or cannot independently staff the rotation area.<br>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 and progressing at a level that should eventually lead to proficiency in the objectives | The resident exhibits adequate knowledge/skills for this area. For example, the resident:<br>• Requires minimal prompting or assistance to perform daily activities<br>• Is willing and able to provide appropriate self-evaluation, and learns and applies changes from self-evaluation and preceptor feedback<br>• Learns and improves throughout the rotation and asks appropriate questions to supplement learning<br>• Makes appropriate interventions or recommendations, and integrates into the team<br>• Follows through on assigned tasks; meets deadlines or communicates need for extension |

| | | |
|---|---|---|
| | | • Able to independently staff the rotation area with minimal support<br>In general, SP indicates that the resident is on track to achieve the objective/goal, however additional instruction and evaluation is necessary. |
| Achieved (ACH) | Resident can perform associated activities independently for this learning experience | The resident has fully accomplished the ability to perform the objective. For example, the resident:<br>• Requires no prompting to perform daily activities<br>• Is able to self-adjust their practice before the preceptor gives feedback<br>• Is a team leader<br>• Could independently staff the area with no additional training<br>• The resident can function independently with regards to the achieved objective in this area of practice; no further development work is needed<br>ACH assumes the resident does not require any additional instruction or evaluation for the objective or goal. |
| Achieved for Residency (ACHR) | Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations for the residency program | • For objectives taught and evaluated in multiple learning experiences or multiple quarters, requires having an evaluation of "achieved" on two separate learning experiences<br>• Objectives evaluated in a singular learning experience may be marked ACHR after a one-time evaluation of "achieved"<br><br>Designated only by program director or coordinator based upon review and assessment of each resident's performance from summative evaluations. |

For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate.

At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

## 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.

Each 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 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.
    e. PGY2 candidates must be participating in or have completed an ASHP-accredited or accreditation eligible PGY1 residency. Participation in PGY1 will be evaluated during the applicant screening process. Confirmation of completion of PGY1 will be via review of PharmAcademic graduate tracking within 30 calendar days after the start of the PGY2

program. Failure to successfully complete their PGY1 program will result in dismissal from the PGY2 program.

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 to include specific health coverage options and paid time off details.

### 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. Candidate scores are combined and averaged by the RPD to develop the final rank list. Any deviation from score order in the final rank (including decisions to not rank a candidate) will be made by the entire interview team and documented in meeting minutes.
- The residency interview team will consist of the RPD, current resident, and preceptors. The RPD will complete training to reduce implicit bias prior to the application and interview process.
- The residency program will participate and abide 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.

## Early Commitment

PGY1 residents currently completing a residency with a MultiCare program will have the opportunity to apply for and early-commit to a PGY2 residency program in advance of the ASHP Match process.

- The PGY1 and PGY2 programs must be consecutive years (only current residents will be considered)
- The PGY1 resident must be in good standing and on track to complete an ASHP accredited or ASHP candidate status PGY1 pharmacy residency

### *Application Process:*

- PGY1 residents may apply for early commitment to PGY2 program by submitting the following items via email to the PGY2 RPD, no later than November 1st:

    - Curriculum vitae
    - Letter of intent
    - A minimum of one letter of recommendation, to be emailed to RPD by reference writer
    - A letter indicating good standing from current program's RPD
- PGY2 RPD and RAC will utilize the same applicant screening process used during the Match to determine whether to offer an interview, with the exception that they may discuss the candidate with the PGY1 RPD and review summative evaluations for their current program.
- The interview will take place before November 15th and follow the same format and scoring as non-early commit interviews.
- In the case of multiple applicants, the candidates will be ranked utilizing the same process for non-early commit interviewees. If there is only one applicant, the PGY2 RPD and interviewing preceptors will decide based on candidate's merit and fit.
- If the decision is made to offer the position to a current PGY1 resident, the applicant will be notified before November 30th.
    - The applicant must respond to the offer within 2 business days, and sign/return the commitment letter provided by RPD within 5 business days.
    - The applicant and RPD must complete the early commitment process with the National Matching Service by their mid-December deadline, preferably before ASHP Midyear Clinical Meeting.
- Candidates who are not offered (or do not accept) a position can re-apply for the PGY2 program following the same procedures as outside candidates. The candidate understands that this option does not guarantee an interview.

## Licensure

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

- PGY2 - must be licensed in Washington, or eligible for reciprocity to Washington state by the start date. If a pharmacist license is not obtained, then an intern 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 or delayed start of residency at the discretion of the RPD and director of pharmacy.

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.
    - The resident may be placed on unpaid leave 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.
- If not licensed within 120 days:
    - At the discretion of the RPD with consideration of resident's test dates and extenuating circumstances (e.g., state Board of Pharmacy delay or cases of incorrect test scoring),

the resident may either be dismissed or placed on unpaid leave, as described in the section Extended Leaves of Absence.

## 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.

PGY1 residents 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.

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 programs do NOT allow External Moonlighting, In-House Call Programs, At-Home or other Call Programs. Internal (departmental) moonlighting is addressed by each program; please refer to each program's section of the manual.

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. Each individual residency program is responsible for tracking time away from residency and being proactive to prevent residents from exceeding the maximum time away.

### *Vacation Time (Paid Time off (PTO))*

Residents accrue 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 to include a written plan approved by preceptor and RPD.

### *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 8 weeks, to meet the 52-week requirement and allow the resident to complete program requirements. If multiple leaves of absence are taken, the total cumulative time away and subsequent program extension will be a maximum of 8 weeks.

Extended leaves of absences longer than 8 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 duration 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.

## Credentialing

Pharmacists who bill for ambulatory care services, other than dispensing, are to be credentialled by MultiCare Medical Staff Credentialling as a requirement to bill health plans. The care provided by the pharmacist is within the pharmacist's scope of practice. With the passage of Washington State bill ESSB 5557, and subsequent RCW 48.43.715, pharmacists are among healthcare providers to be represented in health insurance provider networks. As employees of MultiCare, credentialing through Medical Staff Credentialing is the avenue to enroll in commercial health plan provider networks.

Pharmacy residents who will be independently billing for clinical services during their planned residency program will need to complete the application for credentialling.

- Application may be completed at any time once deemed necessary by RPD and preceptors, after licensure by the Board of Pharmacy.
- Online application is available at: www.multicare.org/credentialing-application-form/

- Per WAC 246-945-350, Pharmacists will complete the applicable Collaborative Practice Agreements (CDTA) for the location of practice. Sponsoring physicians also co-sign the CDTA. The original CDTA is mailed to the Washington State Quality Assurance Commission. Copies of the CDTAs will be retained by the Ambulatory Pharmacy Manager and the Pharmacist.

## 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; the aim of the PGY2 residency year is to start at the beginning of July or as soon as possible after completion of PGY1. Program durations are 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

Specific benefit information will be shared with candidates invited to interview. The estimated start date and stipend are posted on the program's ASHP's residency listing.

# MultiCare Ambulatory Care PGY2 Pharmacy Residency

MultiCare's PGY2 Ambulatory Care Pharmacy Residency develops competent clinical practitioners who are ready to provide evidence-based, patient-centered care to a diverse patient population. Ambulatory care clinical pharmacists at MultiCare practice in primary care and specialty settings in the South Puget Sound, providing direct patient care under collaborative drug therapy agreements as credentialed providers.

PGY2 ambulatory care residents at MultiCare have diverse learning opportunities and excellent support including a formal mentorship program. The residency has a strong focus on preparing residents for teaching and precepting, including a preceptor development program and opportunities to precept pharmacy students and residents. The PGY2 resident works closely with the faculty pharmacists, training along with medical residents at our family medicine residency programs. Rotations are available in primary care, diabetes management/education, hospice/palliative care, neurology, cardiology, psychiatry, outpatient oncology and others based on resident interest.


## Leadership

Residency program director: Leanna Davis, PharmD, BCACP, CDCES – Faculty Pharmacist, Tacoma Family Medicine Residency

Residency program coordinator: Christy M. Weiland, PharmD, BCPS – Faculty Pharmacist, East Pierce Family Medicine Residency

## Program Goals

The residency program will develop competent clinical practitioners who are able to:

- Perform in a clinically oriented and independent ambulatory clinic position
- Perform in an introductory supervisory or management position
- Meet the high standards of eligibility for hire in an advanced practice within an ambulatory care setting after completion of the residency program

Specific skills are:

- Provide evidence-based, patient-centered medication therapy management to a diverse patient population
- Provide a high level of drug information and to educate and train patients, caregivers, and other healthcare professionals on medication practice-related issues
- Develop, implement, and evaluate pharmacy programs and initiatives
- Manage and improve the medication-use process
- Exercise leadership and practice management skills
- Monitor and evaluate one's own progress to allow one to meet the future challenges of providing pharmaceutical care beyond the completion of the residency program
- To be effective in work teams that are charged with planning activities, identifying opportunities for improvement, analyzing alternatives, implementing solutions, and evaluating results

## Training Site Description

Ambulatory care learning will occur at MultiCare clinic settings where pharmacists are present, including our family medicine residencies, primary care clinics, and specialty clinics. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy and specialty pharmacy services.

Core services we provide are anticoagulation, asthma and COPD, diabetes, heart failure, hypertension, hyperlipidemia, polypharmacy, weight management, and the ongoing education of physicians and pharmacists. Innovation is ever-present and contributes to the incorporation of new ideas and ongoing expansion of care.

## Learning Experiences

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate. Individual programs vary depending on baseline skills and career interests. The actual sequence of training and the duration of each training experience will likely vary from the below sequence.

### Required and Elective Learning Experiences

#### *Required Rotations*

- Orientation (4 weeks)
- Family Medicine Residency Clinic (longitudinal x 11 months)
- Primary Care Clinic (longitudinal x 11 months)
- Managed Care – population health (longitudinal x11 months)
- Academics - teaching and precepting (longitudinal x11 months)
- Research - residency project (longitudinal x11 months)

#### *Elective Rotations*

- Addiction Medicine (4 weeks)
- Diabetes (4 weeks)
- Cardiology in Yakima (4 weeks)
- Hospice / Palliative Care (4 weeks)
- Geriatrics (4 weeks)
- Oncology (4 weeks)

- Psychiatry (4 weeks)
- Rheumatology / Specialty Pharmacy (4 weeks)
- Rural Family Medicine in Omak (4 weeks)

To allow for some flexibility in the program the resident may propose an elective learning experience to fulfill areas of growth and special interests. A significant amount of resident involvement may be required to develop this elective experience. The resident will also attend ASHP Midyear Clinical Meeting and a regional residency conference. Teaching certificate option available through a partnership with University of Washington.

### Staffing

The resident will teach group diabetes education classes one weekday evening per month as a requirement of their graduation. Other clinic staffing will be on an as-needed basis, after orientation in the specific clinic, and is not part of the graduation requirement.

Internal (departmental) moonlighting is not allowed by this program.

### Resident Meetings

The RPD and residents will meet regularly throughout the residency year. These meetings are intended to serve the needs of residents and shall be one forum where the program can be discussed. In addition to discussion of the program, this biweekly meeting will also be utilized for education and professional development. Readings or projects may be assigned.

### Major Project

The resident will complete a major project including formal presentation and manuscript. The specific aims of the project should align with MultiCare Health System goals and strategic plan. The resident shall present the project in the spring at a regional or national conference and complete a manuscript by the end of the residency year.

## Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for Ambulatory Care PGY2 pharmacy residencies. In addition, the program will evaluate the following electives:

Competency Area E2: Credentialing
Goals E2.1: Where the ambulatory care pharmacy practice is within a setting that allows pharmacist credentialing, successfully apply for credentialing.
Objective E2.1.1: Follow established procedures to successfully apply for credentialing as an ambulatory care pharmacy practitioner.

## Requirements for Successful Completion of Residency

In order to receive a certificate of completion, the resident shall:

1. Comply with the licensure and credentialing policies in this manual
2. Achieve 80% of the Goals and Objectives for the program, with no ratings of Needs Improvement, and with at most one area rated Satisfactory Progress on R1 Patient Care objectives
3. Successful completion of all required learning experiences
4. Complete 12 months of residency

5. Complete a residency research project including formal presentation and manuscript
6. Complete staffing requirement of teaching group diabetes education class monthly, or as scheduled (no minimum number of classes required)
7. Document direct patient care experience in at least 8 of the 15 required patient care areas for PGY2 ambulatory care programs per ASHP (appendix completion)
8. Prepare or revise a protocol, SOP, or CDTA related to ambulatory care
9. Complete the following presentations related to ambulatory care to an audience of healthcare professionals:
    a. One staff development/ inservice presentation
    b. One didactic lecture for learners such as medical residents
    c. One hands-on workshop for learners such as medical residents
10. Complete two or more assignment(s) for submission/presentation to the P&T Committee