MultiCare
Deaconess Hospital

Pharmacy PGY-1 Residency Manual

The PGY-1 Pharmacy Residency conducted by Deaconess Hospital in Spokane, WA is accredited by ASHP.

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Introduction

MultiCare Health System

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. The primary practice site for the residency program is Deaconess Hospital.

Deaconess Hospital

Founded in 1896, MultiCare Deaconess Hospital (DH) (also known as Deaconess Medical Center) has a legacy of providing outstanding care in the Inland Northwest for over 100 years. Our 388-bed facility offers high quality inpatient, outpatient, diagnostic imaging, medical, surgical, and emergency services. As an acute care hospital, DH has a level III trauma center, a Certified Chest Pain Center, a Certified Total Joint Restoration Center, and is the only hospital in our area to be nationally accredited in bariatric surgery. Deaconess also features a Maternal Fetal Medicine program and Level III Neonatal Intensive Care Unit (NICU). We offer inpatient oncology services, as well as ambulatory cancer care via our outpatient hematology/oncology infusion center. Deaconess is in the heart of Spokane, Washington, only a short drive away from the mountains, rivers, and lakes that make the Inland Northwest ideal for year-round outdoor recreation.

Acute Care Experiences

Acute Care learning takes place at Deaconess Hospital in Spokane, Washington. Services provided include emergency medicine, critical care, cardiology, progressive care (PCU), surgery, medical, oncology, obstetrics, and neonatal care.

The Department of Pharmacy provides pharmaceutical care 24 hours a day, 365 days a year. This care includes all hospital patient care areas. 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 major service areas including critical care, medical/surgical, cardiac/PCU, NICU, transitions of care (TOC), and oncology during the day on weekdays. Our emergency department is staffed by decentralized pharmacists in the evening 7 days a week. On evening and night shift, pharmacists are centralized to the main pharmacy.

Clinical services include drug therapy management (including anticoagulation, vancomycin, aminoglycosides, TPN (Total Parenteral Nutrition), renal adjustment, and IV to PO conversion), medication order verification of CPOE (Computerized Physician Order Entry), and drug information and clinical consult. 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 using Pyxis automated dispensing cabinets that are deployed in the patient care areas.

Ambulatory Care Experiences

Ambulatory care learning will occur on the Deaconess Hospital campus in our adult ambulatory oncology clinics and infusion center or at MultiCare Rockwood – Spokane Valley Primary Care Clinic.

Mission, Vision, and Values

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, Kindness, and Joy

- Respect: We embrace the infinite worth of all people, treat everyone with care and compassion, and affirm the dignity of each person with every interaction.
- Integrity: We speak and act honestly, do what is right and stand firmly by our principles, no matter the circumstances.
- Stewardship: We nurture all of MultiCare's resources — including our most valuable resource, our people — to continually improve our organization for the benefit of our customers and communities.
- Excellence: We seek to excel in all facets of how we approach our work, how we improve ourselves and our organization, and how we care for our patients, our communities and each other.
- Collaboration: We actively work with others to achieve goals, recognizing that the power of our combined efforts will exceed what we can accomplish individually.
- Kindness: We will always act with generosity, consideration and concern for others, without the expectation of reward in return. We treat everyone as they would want to be treated.
- Joy: We cultivate joy for our patients, families and colleagues through the active practice of gratitude. We find joy in being connected to the work we do and why we do it.

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.

Leadership

Residency Program Director: Rose Johnson, PharmD, BCPS

Residency Program Coordinators: Alex Stumphauzer, PharmD, BCIDP; David Platt PharmD, BCIDP; Dan Healey, PharmD

Director of Pharmacy: John Landkammer, PharmD

Clinical Manager: Bryan Rowe, RPh

Program Purpose and Goals

Our residency program is a 52-week training program that will develop the resident into an innovative pharmacist with diverse experience in patient care and practice management. Our program has adopted the ASHP (American Society of Health System Pharmacists) Residency Program Design and Conduct to assist in the optimal learning of the resident.

ASHP PGY1 Purpose Statement: PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be

prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Our Purpose Statement:
Within the framework outlined in the ASHP Residency Program Standard, the residency program experience will be individualized to assure adequate training in five core areas:

- Develop the resident's competence in providing patient care
- Develop the resident's ability to lead and manage others
- Develop the resident's competence in practice management
- Develop the resident's competence teaching and disseminating knowledge to others
- Complete an appropriate project

The goal of our residency program is to develop competent clinical practitioners who can:

- Perform in a clinically oriented hospital position
- Be prepared to pursue advanced training such as PGY2 residency
- Be eligible for board certification in pharmacotherapy (BCPS)
- Perform in an introductory supervisory or management position
- Meet the high standards of eligibility for hire within the MHS pharmacy system after completion of the residency program

Recruitment and Selection of Residents

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 process for recruitment, applicant screening, interviews, and Phase II Match is documented in a separate policy.

Application Requirements

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
    - If attending a pass/fail school applicants are encouraged to submit a class rank and/or documentation of performance along with their transcript

An interview is required and may include, but not limited to, meetings with the program director, management, and preceptors, and a tour of the facility.

Our program will participate and abide by the rules outlined by the ASHP Matching Program.

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 process for early commitment is documented in a separate policy.

Program Structure

Learning Experiences

The PGY1 Pharmacy Residency Program provides residents with exposure to multiple areas of pharmacy practice including rotational and longitudinal learning experiences. Specific rotation requirements are as follows:

<table>
<tr><td>Required Rotations
• Orientation (2 weeks)
• Centralized Pharmacy (4 weeks)
• Medical and Surgical (4 weeks)
• Inpatient Oncology (4 weeks)
• Cardiology (4 weeks)
• Emergency Medicine (6 weeks)
• Intensive Care Unit (4 weeks)
• Antimicrobial Stewardship and Infectious Diseases (6 weeks)
• Transitions of Care (4 weeks)</td>
<td>Elective Rotations (8 weeks)
Residents choose 2 experiences
• Advanced Practices in Intensive Care Unit (4 weeks)
• Advanced Practices in Emergency Medicine (4 weeks)
• Advanced Practices in Infectious Diseases (4 weeks)
• NICU (4 weeks)
• Outpatient Infusion (4 weeks)
• Ambulatory Care (4 weeks)
• Informatics (4 weeks)
• Medication Safety/Administration (4 weeks)</td></tr>
<tr><td colspan="2">Required Longitudinal Rotations
• Staffing (46 weeks, two 8-hour shift every third weekend)
• Practice Management (50 weeks, 1-week ASHP Midyear,1 week wrap-up, 4 weeks admin shadow)
• Major Project (50 weeks, 1 day/month dedicated project days)
• Teaching (50 weeks) - optional teaching certificate through Washington State University</td></tr>
</table>

Disclaimer: Residency program structure documents outline proposed 2025–2026 requirements. At the end of each year, resident and preceptor feedback is reviewed in evaluation meetings, and program changes may be made to enhance the experience.

During the first 30 days of residency, the resident and RPD will work together to establish the schedule for the residency year and select two elective experiences.

Major Project

Each resident is expected to complete a major project as a requirement for successful completion of the residency program. The specific aims of the project should align with MultiCare Deaconess Hospital's goals and strategic plan.

Projects will be identified by the first Friday of August. Time to complete the project may be concentrated at the front end for project organization and at the back end for project summary/completion. Residents may be granted dedicated project time corresponding with major deadlines. Project time will be approved at the discretion of the RPD.

Staffing

The resident will staff as part of a longitudinal experience evaluated throughout the residency year. Each resident is required to staff every third weekend (two 8-hour shifts), 1 major holiday, and 1 minor holiday over the one-year period as part of the staffing rotation.

Customization of Residency Program

The residency program is committed to maintaining a customized program that meets the needs of the individual resident. The resident is expected to meet the performance requirements of the residency as outlined in the program policy and procedures that are updated before the start of each training year.

However, to meet each resident's individual needs, aspects of residency including personalized activities identified in the resident development plan will be developed to help the resident be successful and obtain the maximum value from the residency. The resident's development plan will be re-evaluated and updated at least once every quarter of the program.

Additionally, 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.

Program Oversight

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 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

MHS Residency Advisory Committee

MHS has a system-level residency program advisory committee (MHS Mega-RAC). 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). Mega-RAC serves to connect MHS residency programs by establishing a forum for collaboration. Each individual RPD continues to maintain sole control over their individual residency program.

Other pharmacy residency programs at MHS include:

- MultiCare Auburn Medical Center 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

DH Residency Advisory Committee

DH residency 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 of 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 RPD or designee. RPD will evaluate potential preceptors as needed throughout the year. The 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 RPD and documented in the program Preceptor Roster. 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 the PRD or designee 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

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 comprises of monthly sessions and is open to all pharmacists at MultiCare.

- Residency program preceptors are encouraged to participate in preceptor development activities
- Residency program preceptors are required to participate in some form of preceptor development annually, this may include MHS system preceptor development activities or DH specific preceptor development activities (4M,CCR, or Preceptor Development at RAC or Mini-RAC)
- Pharmacy residents will participate in MHS preceptor development activities and DH preceptor development activities as part of their training
- Residency program preceptors are expected to self-identify areas for improvement and keep track of their own preceptor development activities

The MHS Mega-RAC and pharmacy educational programs will evaluate the success of the preceptor development program yearly and adjust the curriculum, with input from RPDs based on individual program needs. The RPD, designee, and/or RAC will evaluate the success and curriculum of DH specific preceptor development programs (4M, CCR, or Preceptor Development at RAC or Mini-RAC) and make changes as needed.

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 are encouraged to share information at residency meetings or other forums as appropriate.

Program Requirements and Policies

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 contract 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.

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.

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

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 the residency program.

Resident Salary 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/beginning of July, the date to coincide with a Human Potential New Employee Orientation session. Benefits include:

- Medical/Dental/Life/Vision Insurance
  - See MHS Pay & Benefits for more specific information about these benefits.
- 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

Specific benefit information, the estimated start date, and stipend will be shared with candidates invited to interview.

Resident Time Off/Leave of Absence/Duty Hours

PGY1 Pharmacy Residents at MultiCare Deaconess Hospital are expected to maintain consistent participation throughout the residency year to fulfill program requirements and ensure continuity of learning and service. Separate policies outline the detailed procedures governing Paid Time Off (PTO), Leave of Absence, and Duty Hours. The following section provides a general summary.

Maximum Time Away:

- In accordance with the ASHP Accreditation Standard, residents must complete a minimum of 52 weeks of training. Time away from the program—including vacation, sick leave, holidays, interviews, personal days, and other approved absences—must not exceed 30 working days within the 52-week residency period without requiring extension of the program.

Paid Time Off (PTO):

- Accrued every 2 weeks; covers vacation, sick, personal days, and interviews.
- PTO requests must be submitted in advance and approved by RPD and preceptor.
- Extended time off (>3 consecutive days during a rotation) requires a written make-up plan.

Extended Leave of Absence:

- Requires RPD and pharmacy administration approval; must follow MHS policies.
- PTO must be used before unpaid leave is considered.
  - Salary and benefits continue during paid leave when PTO is available.
  - Residents placed on unpaid leave will not receive salary, and benefits may be discontinued depending on the extent of the unpaid leave.

Duty Hour Requirements

- The program and residents will comply with the ASHP Duty Hour Requirements for Pharmacy Residencies.
- Residents must attest monthly to duty-hour compliance via PharmAcademic™ within 7 days of the due date.
- Noncompliance triggers corrective action and documentation in the development plan.

Moonlighting

- Internal moonlighting allowed with RPD approval; external moonlighting prohibited.
- All moonlighting hours count toward the 80-hour weekly limit.
- No on-call requirements and residents may not sign up for on-call coverage.

Licensure

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

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 (for those candidates previously licensed as a pharmacist). 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.

If a resident fails to obtain licensure within 120 days, please refer to the program's licensure policy for guidance regarding next steps, including potential program extension.

Corrective Action Process

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.
7. Residents with unresolved CAPs by the end of the 52 week residency period will not receive residency certificates.

Resident 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 exhibits unprofessional behavior, plagiarizes, is failing to progress in the educations goals and objectives as evaluated during quarterly development plans, or not on track with 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

Resident 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.

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 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.

Information Technology: MHS utilizes EPIC health information system for electronic medication record (EMR) for its acute care services since 2018. The combination of EPIC acute and ambulatory systems provides clinicians with a fully integrated health information system that allows improved quality and safety for care of our patients. The EMR is a great tool to help our pharmacists further their clinical practice. Additionally, MHS utilizes Pyxis electronic dispensing cabinets, a pneumatic tube delivery system, integrated smart pump technology, and bedside bar code technology throughout acute care services.

Artificial Intelligence

MHS and the program recognize the potential benefits and limitations of using Artificial Intelligence (AI) tools to support patient care and other work. Any use of AI tools must conform to MHS Policy which includes using AI ethically, maintaining data privacy, avoiding misuse or prohibited use, taking accountability for decisions made when using AI, and reporting misuse and violations of policy. Violations of this policy may result in disciplinary action, up to and including dismissal from the program without a residency certificate.

Specific examples of this policy being applied to pharmacy residents include, but are not limited to, the following:

- Protected Health Information (PHI) must never be entered into unapproved AI tools.
- Residents must independently create first drafts of all work; AI may NOT be used to create first drafts (spelling and grammar suggestions provided in Microsoft Office programs provided by MHS may be used during the creation of first drafts).
- Residents using AI tools retain full responsibility for decisions or recommendations they make based upon their use of these tools. This means residents recognize that AI tools do NOT replace clinical judgement and that they must review all information and recommendations provided by AI through a critical appraisal of appropriate sources prior to using AI generated information or recommendations.
- Residents must disclose and appropriately cite their use of AI in all work (including but not limited to topic discussions, drug information responses, clinical care, and any other deliverables required by the program), and must appropriately cite sources used by the AI tool.

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.

Resident Assessment and Evaluation

Achievement of skills in all four competency areas and their associated objectives by the resident will be evaluated. See the [ASHP required Competency Areas, Goals, and Objectives (CAGOs) for PGY1 pharmacy residencies] for more details.

Required competency areas:

R1. Patient Care
R2. Practice Advancement
R3. Leadership
R4. Teaching and Education

Quarterly Development Plan

An initial development plan which includes resident's initial self-assessment and RPD's assessment of the resident's knowledge and skills related to the required competency areas will be developed, discussed, and documented within 30 days from the start of the residency. This initial plan will also include any adjustments to the program for the resident. The initial plan will be documented in PharmAcademic™.

A quarterly program progress report will be conducted with the RPD to assess residents' progress and an update to the development plan will be documented and finalized on PharmAcademic™ every 90 days from the start of the residency program. 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 program.

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.

Summative Evaluations of Residents

At the start of each learning experience, the resident and preceptor will review and tailor the objectives to the resident's developmental needs, and to establish mutual expectations. At the conclusion of each learning experience, preceptors will conduct a summative evaluation of the resident's progress toward assigned educational goals and objective.For longitudinal rotations (greater than 12 weeks), evaluations will be scheduled at regular intervals throughout the experience. PharmAcademic™ will automatically schedule these evaluations based on rotation length and program standards.

Preceptors should use the following guidance for rating 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 utilize feedback from preceptors and evaluations to determine which objectives should be marked as ACHR.

For OBJECTIVES:

Rating and Definition	Guidance
Needs Improvement (NI) **Definition:** 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: • 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) **Definition:** 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: • Requires minimal prompting/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 In general, SP indicates that the resident is on track to achieve the objective/goal, however additional instruction and evaluation is necessary.
Achieved (ACH) **Definition:** 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: • Requires no prompting to perform daily activities • Can self-adjust their practice before the preceptor gives feedback • 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 does not require any additional instruction or evaluation for the objective or goal.
Achieved for Residency (ACHR) **Definition:** Resident can perform associated activities independently	The resident is expected to meet ACH criteria prior to being marked as ACHR, but is expected to be able to translate those skills outside of the rotation where the objective was marked as ACH. The RPD will utilize feedback from preceptors and evaluations to determine which objectives should be marked as ACHR. This process will be completed quarterly in combination with work on quarterly development plans.

Requirements for Successful Completion of the Program

The criteria described below must be met for the resident to receive their completion certificate.

Achievement of Educational Objectives

- Of the 31 required educational objectives, a minimum of 25 objectives must be Achieved for Residency
- No required objectives with final rating of "Needs Improvement" by the last Monday of the residency program

Patient Care

- At least one of the following:
    - Preparation or revision of a drug class review, drug monograph, treatment guideline, treatment protocol/pathway, utilization management criteria, and/or order set
- At least one deliverable for each required clinical rotation
    - Deliverable examples: patient case presentation, treatment guideline review, disease state review, journal club presentation

Practice Advancement

- A major project to include:
    - Project plan
    - Platform style to an external audience*
    - Poster presentation to an external audience*
    - Final manuscript and/or formal written report approved by project team
- A minor project
    - Examples: MUE, clinical program development/enhancement/analysis, cost or budget analysis, quality assurance
- Medication Safety Deliverable
    - 2 HeRO submission and 1 root cause analysis or safety report work-up

**A regional residency conference or comparable professional meeting*

Teaching and Education

- 1 Continuing Education (CE) presentation
- 1 In-service presented to nursing staff
- 1 Clinical Case Review (CCR) presentation
- 2 Mid-Month Mini Mastery (4M) presented to pharmacy staff

Other Program-Specific Requirements

- Completion of all required rotations
- Completion of 8 weeks of elective rotations
- Completion of all assigned evaluations in PharmAcademic™

A graduation requirement checklist will be filled out by the RPD for each resident. The checklist is to be uploaded once all elements have been completed into PharmAcademic™ by the RPD.