



MULTICARE HEALTH SYSTEM

Pharmacy Residency Program Manual

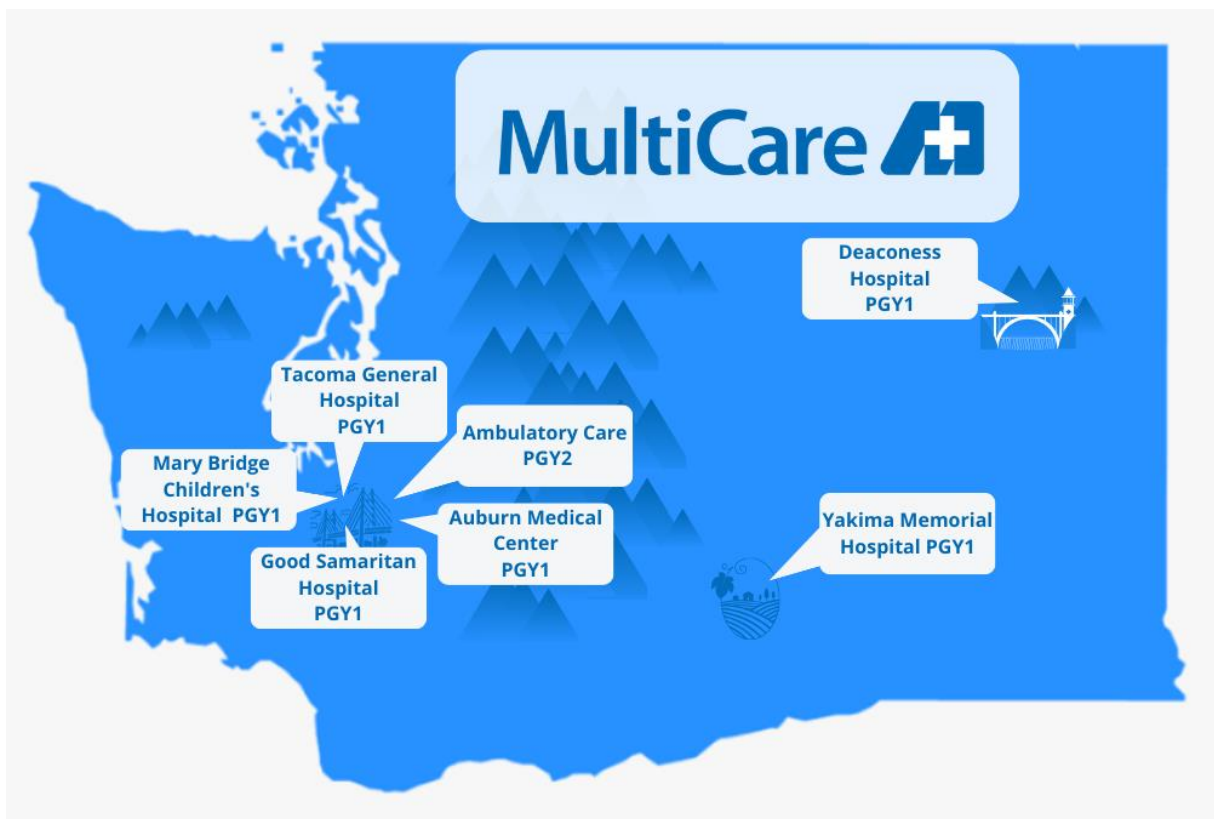


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Introduction

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	<p>The resident exhibits deficiencies in knowledge/skills for this area. For example, the resident:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to proficiency in the objectives	<p>The resident exhibits adequate knowledge/skills for this area. For example, the resident:</p> <ul style="list-style-type: none"> • Requires minimal prompting or assistance to perform daily activities • Is willing and able to provide appropriate self-evaluation, and learns and applies changes from self-evaluation and preceptor feedback • Learns and improves throughout the rotation and asks appropriate questions to supplement learning • Makes appropriate interventions or recommendations, and integrates into the team • Follows through on assigned tasks; meets deadlines or communicates need for extension

		<ul style="list-style-type: none"> • Able to independently staff the rotation area with minimal support <p>In general, SP indicates that the resident is on track to achieve the objective/goal, however additional instruction and evaluation is necessary.</p>
Achieved (ACH)	Resident can perform associated activities independently for this learning experience	<p>The resident has fully accomplished the ability to perform the objective. For example, the resident:</p> <ul style="list-style-type: none"> • Requires no prompting to perform daily activities • Is able to self-adjust their practice before the preceptor gives feedback • Is a team leader • Could independently staff the area with no additional training • The resident can function independently with regards to the achieved objective in this area of practice; no further development work is needed <p>ACH assumes the resident does not require any additional instruction or evaluation for the objective or goal.</p>

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.

Resident Interview and Ranking Process

- An interview is required.
- The interview process may include, but not limited to, meetings with the program director, management, and preceptors, and a tour of the facilities. Interview questions should be pre-determined and consistent for each year's candidates.
- Application materials and interviews are the basis for assessing criteria used to rank candidates. Candidates will be scored by each member of the interview team using a program-specific standardized assessment tool.
- The Residency Interview Team will consist of the RPD, current residents and preceptors. The RPD will complete training to reduce implicit bias prior to the application and interview process.
- The Residency Interview Team will meet prior to the match deadline to discuss candidates and develop a final rank list based on review or scoring system and discussion.
- Each Multicare 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.

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

Licensure

PGY1 and PGY2 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.

- PGY1 - if a pharmacist license is not obtained by the onboarding/hire date, then an intern license or a graduate pharmacist license must be obtained by the start date (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.
- 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 on day or evening shift.

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

Duty Hours

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

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

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

The 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.

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

Extended Leave of Absence

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

If a leave of absence is approved, then the residency will be extended by the number of days that the resident is on extended leave, up to 4 weeks, to meet the 52-week requirement and allow the resident to complete program requirements. The director of pharmacy, with recommendation by the RPD, may extend leave of absence to 8 weeks on a case-by-case basis. 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 extent of the unpaid leave. Residents will be paid a salary and be eligible for benefits during any resulting program extension.

Absence Without Approved Leave

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

Dismissal

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

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

Considerations for CAP may include but not limited to a resident who is failing to progress in the education 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 RPD 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 Credentialing 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 credentialing.

- 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 by each program to candidates invited to interview. The estimated start date and stipend are posted on the program's ASHP's residency listing.

MultiCare Auburn Medical Center PGY1 Pharmacy Residency

MultiCare Auburn Medical Center (MAMC) is a non-profit medical center with 195 beds located 26 miles south of Seattle. MAMC offers South King County residents a wide range of medical expertise including intensive/critical care, stroke and cardiac services, newly renovated emergency department, medical surgical, family birth center, neonatal, psychiatric care, oncology, diabetic and anticoagulation clinics. MAMC supports a physician family practice residency program. MAMC has been awarded the American Heart Association/American Stroke Association's 2022 "Get with the Guidelines" Stroke Gold Plus Quality Achievement Award.



Leadership

Residency program director: Thomas Rowe, PharmD, MBA, BCPS – Director of Pharmacy
Residency Coordinator: Yazmin Chan, PharmD, BCPS

Program Goals

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

- Perform in a clinically oriented hospital or ambulatory clinic position
- 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.

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.

To accomplish this goal, this residency program 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. The program has adopted the ASHP Residency Program Design and Conduct (RPDC) to assist in the optimal learning of the resident.

Training Site Description

Acute Care

Acute Care learning takes place primarily at MultiCare Auburn Medical Center (MAMC) campus. Services provided include critical care, level III trauma, emergency room services, surgical, general medicine, geropsychiatric and acute psychiatric service, level II neonatal intensive care, and a family birth center.

Clinical services are supported by decentralized pharmacists to proactively work closely with medical staff, nursing staff, and patients in a team-based approach to ensure optimization of medication use and provide patient centered care. This activity is supported by prescriptive protocols, electronic medical record, and participation on multidisciplinary rounds. Decentral pharmacists do not have primary dispensing responsibilities. Decentralized pharmacists are available during the day and evenings, including weekends and holidays.

Distributive services are centralized at MAMC and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported with electronic automated dispensing cabinets, pharmacy carousel medication storage units, USP 797 compliant IV admixture room, USP 800 compliant Chemo and Hazardous mixing and storage rooms, bedside barcode, and smart IV pumps with interoperability.

Ambulatory Care

Ambulatory care learning will occur at our MultiCare Clinic settings including our oncology, diabetic, family practice and anticoagulation clinics. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy and its specialty pharmacy service.

Learning Experiences

Each resident shall complete several learning experiences during the year. The learning experiences will be a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over a specified weekly period typically four to eight weeks. Longitudinal learning is learning that occurs intermittently over a long period of time, which can be three to twelve months. An example of longitudinal learning is the drug information and policy development learning experience. Activities under this learning experience occur intermittently throughout the year including participation at the monthly P&T meetings. The duration of each training experience shall depend on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The resident rotation schedule will be mutually agreed upon by the Residency Director and resident.

The residency program focuses on four core areas for the development of resident's competence:

- Providing patient care
- Advancing practice and improving patient care
- Leadership and management
- Teaching, education, and dissemination of knowledge

Achievement of skills in the core areas by the resident is assessed using key goals and objectives and extensive evaluation by both preceptor and resident.

Required and Elective Learning Experiences

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate. Individual programs shall vary depending on baseline skills and career interests.

Orientation/Central Pharmacy – 6 weeks

- Residency learning system review
- ACLS certification
- Collaborative Drug Therapy Agreement Certification
- Completion of department competency programs
- USP.797 and USP.800
- Central Pharmacy Practice

Drug Information and Policy Development

- Completion and presentation of at least one drug monograph and one medication use evaluation for the P&T Committee

Completion of the following required learning experiences:

Acute care

- Medical-Surgical–4 weeks
- Critical Care-4 weeks
- Emergency Department -4 weeks
- Behavioral Health –4 weeks

Ambulatory care

- Oncology Clinic –4 weeks

Longitudinal

- DrugInformation-12 months
- Practice Management-9 months
- Major Project-12 months
- Staffing-9 months
- Infectious disease/antimicrobial stewardship –4 months

Residents are also required to complete a minimum of one journal club topic/topic presentation per quarter and one in-service presentation during the first half of the resident year and one in the second half.

Electives –23 weeks (the resident may choose rotations listed below to fulfill the electives. Duration may be adjusted to tailor to resident’s learning and interest)

- Extension of core rotations:
 - Critical Care II –4 weeks
 - Med Surg II –4 weeks
 - Emergency Room II –4 weeks
 - Behavioral Health II –4 weeks
- Family Practice Clinic -4 weeks
- Diabetes Clinic -4 weeks
- Administration -4 weeks
- Teaching certificate (longitudinal) –9 months
- Other learning experience offered at MHS. To be discussed with RPD –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.

Staffing

Each resident is required to complete the following staffing commitments over the one-year period as part of the staffing rotation:

- At least one weekend shift per month (but not to exceed two).
- Work independently in an assigned patient care area for at least 2 weeks toward the latter part of the residency year.
- Potential 4-hour evening midweek shift each week.

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 Health System goals and strategic plan. The resident shall present the project in the spring at a Regional Residency Conference and complete a manuscript.

Resident Work Hours

Resident Meetings

These weekly 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, other subjects for these meetings shall be management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs. Readings will be assigned.

Moonlighting

Internal moonlighting is permitted on a limited basis provided the resident is progressing satisfactorily in the program and with approval of the RPD. All work hours must conform to the Duty Hours Policy.

Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies.

Requirements for Successful Completion of Residency

To receive a certificate of completion, the resident shall:

1. Achieve 80% of the Goals and Objectives for the respective program, with a rating of Achieved on the following leadership objectives: R3.1.1, R3.1.2, R3.2.4
2. Complete rotations in required competency areas and any elective competency area that have been optionally selected by the resident
3. Complete a major project including formal presentation and manuscript
4. Complete the staffing commitment as defined under the Learning Experiences section.
5. Complete required journal club/topic discussion presentations, MUE, drug monograph as described in the Learning Experiences Section.

MultiCare Deaconess Hospital PGY1 Pharmacy Residency

Founded in 1896, MultiCare Deaconess Hospital (DH) 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, we have a Level III Trauma Center, a Certified Chest Pain Center, a Certified Total Joint Restoration Center, and we are the only hospital in our area to be nationally accredited in bariatric surgery. Deaconess also features Maternal Fetal Medicine program and Level III Neonatal intensive Care Unit. We offer inpatient oncology services, as well as ambulatory cancer care via our new 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.

The pharmacy residency program at Deaconess Hospital recruited its first residency class in June 2022 and is currently in candidate status pending accreditation by ASHP. The primary practice site for the residency program is Deaconess Hospital.



Leadership

Residency Program Director: Emily Alsbury, PharmD, BCPS, BCCCP

Residency Program Coordinators: Prof. Alex Stumphauer, PharmD, BCIDP, David Platt PharmD, BCIDP, and Dan Healey, PharmD

Director of Pharmacy: John Landkammer, RPh

Clinical Manager: Bryan Rowe, RPh

Program Goals

Within the framework outlined in the ASHP (American Society of Health System Pharmacists) 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 or ambulatory clinic position
- Be prepared to be successful in advanced training such as PGY2 residency
- Be eligible for board certification
- Perform in an introductory supervisory or management position
- Meet the high standards of eligibility for hire within the MHS (MultiCare Health System) pharmacy system after completion of the residency program

The DH post-graduate year one (PGY1) pharmacy residency program prepares its graduates for clinical patient care positions in a hospital or ambulatory care setting. Residents completing this program will have developed the necessary skills, including leadership, problem solving, and clinical judgment, to be competent clinical pharmacists. The residency program promotes the development of clinical, analytical, organizational, and leadership skills necessary to provide pharmaceutical care. The ASHP Residency Program Design and Conduct (RPDC) is used to aid in optimal resident learning.

Training Site Description

Acute Care

Acute Care learning takes place primarily 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 medical/surgical, critical care, cardiac/PCU, respiratory, and oncology during day shift at Deaconess. Additionally, decentralized pharmacists staff the emergency department during 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 consults. In addition, medication histories are taken by trained medication reconciliation technicians and verified by pharmacists.

Distributive services are centralized and include IV admixture service and unit dose system. Distributive services are supported using Pyxis automated dispensing cabinets that are deployed in the patient care areas.

Ambulatory Care

Ambulatory care learning may occur on the Deaconess campus, our associated, Rockwood Clinics or outside of our health system. Ambulatory services provided include adult ambulatory oncology clinics and infusion centers, neurology clinic, and cardiology clinic. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy in the Spokane area.

Drug Information

A computerized drug information retrieval system is available via the MHS information system network which can be accessed by users almost 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.

Information Technology

MHS is nationally recognized for its use and advancement of technology in healthcare practice. MHS received the 2009 HIMSS Davies award for Excellence in Health Information Technology. DH implemented the converted from Meditech to EPIC health information system and electronic medication record (EMR) for its acute care services in 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 robot delivery system, integrated smart pump technology, and bedside bar code technology throughout acute care services.

Learning Experiences

Each resident shall complete several types of learning experiences during the year. The experiences will be a combination of rotational learning, longitudinal learning, and concentrated learning. Rotational learning is the traditional learning experience that takes place each day over a specified weekly period. These “rotations” typically last four to eight weeks. Longitudinal learning is learning that occurs over a long period of time, which can be three to twelve months. Activities under this learning experience occur intermittently throughout the year. Examples of longitudinal learning include participation in monthly meetings, staffing (every other weekend), and participation in a yearlong project. Concentrated learning experiences tend to be short, usually no more than 2-3 weeks long and often even shorter. Examples of concentrated learning activities include participating in the residency interview process, participating in annual budget meetings, and attending conferences.

The RPD (Residency Program Director) will schedule training experiences. The resident rotation schedule will be mutually agreed upon by the Residency Director and resident. Opportunities for additional elective experiences will be considered on a case-by-case basis.

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

Program Focus

The residency program focuses on five areas for the development of resident's competence:

- Providing patient care
- Advancing practice and improving patient care
- Leadership and management
- Teaching, education, and dissemination of knowledge
- Major Project

Achievement of skills in the core areas by the resident is assessed using key goals and objectives and extensive evaluation by both preceptor and resident.

General Outline of Program Schedule

Each resident is required to complete the following experiences. The actual sequence of training and the duration of each training experience may vary from the sequence outlined below.

1. Orientation (8 weeks)
 - MultiCare mission and values
 - Residency program design and conduct
 - Intro to pharmacy operations
 - BLS (Basic Life Support) and/or ACLS (Advanced Cardiovascular Life Support) certification as required by MultiCare policy
 - High reliability behaviors
 - Completion of department competency programs
 - Review USP (United States Pharmacopoeia) chapter 797 and 800
 - Basic Pyxis functionality
 - Cleanroom procedures and testing
 - Hospital medication delivery process
 - Introduction to the Major Project
2. Completion of the following minimum learning experiences:
 - Required Clinical Rotations: 36 weeks. See required learning experiences.
 - Elective Clinical Rotations: 8 weeks
 - Independent staffing: 2 weeks. Scheduled at the end of the residency year.
 - Participation in Pharmacy Conferences, project time, and administrative duties: 6 weeks.
3. Major Resident Project (August-May)
 - Project will be identified by First Friday in August.
 - Work on the project continues until completion, usually around the end of April or early May.
 - Time to complete the project may be concentrated at the front-end for project organization and at the back end for project summary/completion.
 - The resident will present the project at the Western States Residency Conference or Northwestern States Residency Conference in May.

4. Staffing (August – June)
 - Weekend staffing every other weekend. See Service Commitments section.

Required Rotational Learning Experiences (40 weeks)

1. Orientation and Centralized Pharmacy (8 weeks)
 - Orientation (2 weeks)
 - Sterile and Hazardous Compounding and Nutritional Support Pharmacy (2 weeks)
 - Core Pharmacy and Evenings (4 weeks)
2. Medical and Surgical Unit Pharmacy (4 weeks)
3. Inpatient Oncology Pharmacy (4 weeks)
4. Pharmacy in the Progressive Care Units (Cardiology) (4 weeks)
5. Introduction to Emergency Pharmacy (4 weeks)
6. Introduction to ICU Pharmacy (4 weeks)
7. Antimicrobial Stewardship and Infectious Disease Pharmacy (4 weeks)
8. Transitions of Care Pharmacy (4 weeks)
9. Admin (4 weeks, longitudinal)

Elective Rotational Learning Experiences (8 weeks)

1. Advanced Practices in ICU Pharmacy (4 weeks)
2. Advanced Practices in Emergency Pharmacy (4 weeks)
3. Infectious Disease Pharmacy Elective (4 weeks)
4. Ambulatory Care Electives:
 - a. Outpatient Infusion (4 weeks)
 - b. Diabetes Management (4 weeks, licensure in ID required)

Required Longitudinal Rotations

1. Staffing (10 months)
2. Practice Management and Leadership (11 months)
3. Major Project (10 months)
4. Teaching with optional teaching certificate through Washington State University (11 months)
5. Admin (4 weeks, longitudinal, one week in the fall, two weeks in the winter, one week in spring)

Other Required Learning Experiences

1. Independent Staffing (2 weeks, part of staffing longitudinal rotation)

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

Staffing

The resident will staff as part of a longitudinal experience evaluated throughout the residency year. Additionally, residents may be assigned to cover for sick leave or other emergencies on day or evening shift, or assigned to cover holidays, not to exceed three per year.

Each resident is required to complete the following staffing commitments over the one-year period as part of the staffing rotation:

- Staff every other weekend, day
- Work independently in an assigned patient care area where the resident has previously trained for 2 weeks in the last 3 months of residency

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. The resident shall present the project in the spring at the Western States Residency Conference or the Northwestern States Residency Conference and complete a manuscript.

Resident Work Hours

Deaconess pharmacy residents are NOT permitted to engage in external moonlighting. Residents may work additional internal (department) hours outside the context of the residency program with approval of RPD, if the resident is progressing appropriately towards meeting residency requirements. The resident is required to attest to the compliance of the duty hour and moonlighting requirement monthly. These attestations will be scheduled and tracked in PharmAcademic. These attestations must be completed within 7 days of the due date.

At the most, the resident may moonlight for a maximum of 64 hours per month and must also always remain in compliance with the ASHP Duty Hour Policy. Failure to comply with the duty hour policy or the maximum moonlighting hours defined herein shall result in the RPD initiating the corrective action process as defined in this manual. If there are further violations, the resident will be dismissed from the program.

Program Specific PTO Limitations

In accordance with ASHP standards, while the resident accumulates PTO as defined in MHS policy, the resident will be limited to 80 hours of PTO over the course of their 52-week residency to ensure a thorough training experience which lasts the full year. Leave requests beyond these 80 hours will be automatically denied. If leave exceeds 80 hours due to an extenuating circumstance, e.g., resident illness, family emergency, the residency experience may be extended as defined previously in the residency manual. See "Residency Time Off and Leave of Absence" and "Dismissal" sections and related MSH policies.

Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies and elective area E5, the management of medical emergencies.

Requirements for Successful Completion of the Residency

1. Successful completion of all ASHP PGY1 Pharmacy Residency Requirements
2. Successful completion of all required and elected learning experiences
3. Residents will be evaluated using PharmAcademic. By the end of the residency, the final rating of goals must be:
 - 3.1. Score of "Achieved" on 80 % of goals
 - 3.2. No goals rated final scores worse than "Satisfactory Progress"

MultiCare Good Samaritan Hospital PGY1 Pharmacy Residency

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

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



Leadership

Residency program director: Steven Larson, PharmD, BCPS

Program Goals

Within the framework outlined in the ASHP Residency Program Standard, the residency program experience will be individualized to assure adequate training in three core areas: develop the resident's competence in providing patient care; develop the resident's competence in practice management; and require the resident to complete an appropriate project. The primary practice site for the residency program is Good Samaritan Hospital.

The GSH post-graduate year one (PGY1) pharmacy residency program prepares its graduates for clinical patient care positions in a hospital or clinic setting. Residents completing this program will have developed the necessary skills, including leadership, problem solving, and clinical judgment, to be competent clinical pharmacists. The residency program promotes the development of clinical, analytical, organizational, and leadership skills necessary to provide pharmaceutical care. The ASHP Residency Program Design and Conduct (RPDC) is used to assist in optimal resident learning.

Training Site Description

Acute Care

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

The Department of Pharmacy provides pharmaceutical care 24 hours a day, 365 days a year. This care includes all hospital patient care areas, including the emergency department. Patient-focused

pharmaceutical care includes prescribing/ordering, preparing, dispensing, administration and monitoring the effects of medications on patients.

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

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

Ambulatory Care

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

Learning Experiences

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

Required and Elective Learning Experience

REQUIRED ORIENTATION (3 weeks)

REQUIRED ROTATIONS (40 weeks)

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

ELECTIVE ROTATIONS (5-7 weeks)

- East Pierce Family Medicine Ambulatory Care Clinic (4 weeks)
- Informatics (6 weeks)
- Medication Safety (2 weeks)
- NICU (2+ weeks)

- Pediatrics (2+ weeks)
- Psychiatric, inpatient (4 weeks)
- Extend a required rotation (2+ weeks)
- Other (see below)

REQUIRED PRACTICE MANAGEMENT EXPERIENCES (longitudinal)

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

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

Staffing

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

- Every other to every third weekend, typically on day shift

Conferences and Resident Meetings

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

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

Projects

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

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

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

Duty Hours and Moonlighting

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

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

- Coverage for sick leave or other emergencies on day or evening shifts, up to four shifts during the residency year.
- Attempts must be made to arrange for other staff coverage prior to using a resident.

- The covering resident must be progressing appropriately towards completing residency requirements.
- Residents must not exceed the ASHP duty hours standards if covering these shifts.
- The RPD or RPC and resident must agree to the plan for the resident to cover the shift.

Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies. In addition, the program will evaluate the following elective:

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

Requirements for Successful Completion of the Residency

To receive a certificate of completion, the resident shall:

Requirement	Components
Obtain WA State RPh License	Required within 120 days of start of residency
Complete orientation	<ul style="list-style-type: none"> • Hospital and pharmacy mission and values • Department orientation (checklists) • High Reliability Behaviors Training • Residency Program Design and Conduct • MHS required annual trainings • Pharmacy operations • BLS & ACLS certification • Information systems (Epic, Pyxis, Carousel, CII Safe, Medkeeper) • Drug information • Prescriptive protocol review and competencies • Department competencies & annual trainings (as listed in orientation documents)
Complete Required Rotations	<ul style="list-style-type: none"> • Administration • Cardiac • Core/Distribution • Critical Care • Emergency • Evening shift • Infectious Disease • Internal Medicine/Progressive Care • Oncology • Surgical

<p>Complete Required Practice Management Experiences</p>	<ul style="list-style-type: none"> • Weekend staffing as scheduled • Conference participation <ul style="list-style-type: none"> ○ ASHP Midyear Clinical Meeting ○ Regional residency conference • Major residency project <ul style="list-style-type: none"> ○ ASHP Midyear Clinical Meeting abstract & poster ○ Residency Conference presentation ○ Manuscript suitable for publication • P&T assignments <ul style="list-style-type: none"> ○ Drug Information/Monographs ○ SBAR ○ MUE • Med Safety Committee Meetings & Assignments
<p>Complete Five to Seven Weeks of Elective Rotations</p>	<ul style="list-style-type: none"> • List and duration of rotations completed
<p>Participate in Required Conferences & Resident/RPD Meetings</p>	<ul style="list-style-type: none"> • RPD/Resident Meetings • ASHP Midyear Clinical Meeting • Regional Residency Conference
<p>Achieve 80% of Goals and Objectives</p>	<ul style="list-style-type: none"> • 8 of 10 goals • 28 of 34 objectives
<p>Rating of Achieved on the following Leadership Specific Objectives</p>	<ul style="list-style-type: none"> • R3.1.1 - Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership • R3.1.2 - Apply a process of on-going self-evaluation and personal performance improvement • R3.2.4 - Manages one’s own practice effectively
<p>No “Needs Improvement” on Final Ratings for Objectives</p>	
<p>Complete All Duty Hour Attestations</p>	

Files Uploaded in PharmAcademic	<p>Uploaded by RPD</p> <ul style="list-style-type: none"> • Signed match confirmation letter • Pharmacy Intern license • Entering self-assessment form (under “Self-Assessment & Development Plans” tab) • Development Plans (initial, q2, q3, final) • Onboarding checklists • Signed Residency Certificate <p>Uploaded by Resident</p> <ul style="list-style-type: none"> • Pharmacist license • CITI Training Certificates • Project documents <ul style="list-style-type: none"> ○ Project planning tool ○ Project abstract (midyear) ○ Project poster (midyear) ○ Project abstract (residency conference) ○ Project presentation (residency conference) ○ Education materials provided to staff ○ Final manuscript • P&T documents (final versions submitted to P&T) • Medication Safety assignments • Patient case handouts (PHI removed) • Rotation specific handouts/projects
Return Hospital Property at End of Residency	<ul style="list-style-type: none"> • Laptop • Office keys (if not staying on at GSH) • Name badge (if not staying on with MHS)

MultiCare Mary Bridge Children's Hospital PGY1 Pharmacy Residency

Mary Bridge Children's Hospital (MBCH) is a 152-bed pediatric hospital located in Tacoma, WA, and is the only level II pediatric trauma hospital in Western Washington. MBCH is recognized as a top children's hospital in the nation by The Leapfrog Group, an independent hospital rating organization.

The pharmacy residency program at Mary Bridge Children's Hospital recruited its first residency class in June 2022 and is in candidate status by ASHP.



Leadership

Residency program director: Jeff Butler, PharmD, BCPPS

Director of Pharmacy: Neal Cho, PharmD, MHA

Clinical Manager: Becky Carpenter, PharmD, BCPPS

Program Goals

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

- Perform in a clinically oriented pediatric hospital,
- Be prepared to be highly successful in advance training such as PGY2 residency,
- Be eligible for board certification,
- 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.

Specific skills are:

- Provide evidenced-based, patient-centered medication therapy management to a diverse pediatric patient population in an integrated healthcare system
- 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.

To accomplish this goal, this residency program 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.

Training Site Description

Acute Care

Acute Care learning takes place primarily at Mary Bridge Children's Hospital. Services provided include pediatric critical care, level II trauma, emergency room services, post-surgical, general medicine, cardiac, oncology, infectious diseases and antimicrobial stewardship, and level IV neonatal intensive care.

Clinical services are supported by decentralized pharmacists assigned to all major service areas to proactively work closely with medical staff, nursing staff, and patients to ensure optimization of medication use and provide patient centered care. This activity is supported by prescriptive protocols, electronic medical record, and participation on multidisciplinary rounds. Decentralized pharmacists do not have primary dispensing responsibilities. Decentralized pharmacists are available during the day and evenings, including weekends and holidays.

Distributive services are centralized at MBCH and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported using electronic automated dispensing cabinets, pharmacy carousel medication storage units, USP 797/800 compliant IV admixture room, and bedside barcode.

Ambulatory Care

Ambulatory services provided include hematology and oncology clinic, pediatric ambulatory infusion services, cystic fibrosis clinic and transitions of care.

Learning Experiences

Each resident shall complete approximately twelve learning experiences during the year. The learning experiences will be a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over a two- to eight-week period. Longitudinal learning is learning that occurs intermittently over a long period of time, which can be three to twelve months. An example of longitudinal learning is the drug information and policy development learning experience. Activities under this learning experience occur intermittently throughout the year including participation at the monthly P&T meetings. The duration of each training experience shall depend on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The resident rotation schedule will be mutually agreed upon by the Residency Director and resident.

The residency program focuses on three core areas.

- Development of the resident's competence in providing patient care
- Development of the resident's competence in practice management
- The completion of an appropriate major project.

Achievement of skills in the core areas by the resident is assessed using key goals and objectives and extensive evaluation by both preceptor and resident.

Required and Elective Learning Experiences

ORIENTATION – 5 weeks

- Residency learning system review
- PALS certification
- Completion of department competency programs

ACUTE CARE

- Pediatric Intensive Care – 6 weeks
- Emergency Medicine/Trauma – 6 weeks
- Medical-Surgical – 6 weeks
- Neonatal intensive care – 4 weeks
- Infectious Diseases/Antimicrobial Stewardship – 4 weeks
- Hematology & Oncology – 4 weeks

AMBULATORY

- Cystic Fibrosis – 9 months
- Transitions of Care – 9 months

ELECTIVES

- Medication Safety – 2 weeks
- Toxicology – 4 weeks
- Behavioral Health – 6 weeks
- Hospice – 4 weeks
- *Additional electives at MultiCare may be set up based on resident interest and preceptor availability*

LONGITUDINAL

- Drug Information & Administration – 12 months
- Major Project – 12 months
- Staffing – 9 months

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. Also, the program has the flexibility to allow for alternative site learning experiences mutually agreed upon by the resident and program director.

Staffing

Each resident is required to complete the following staffing commitments over the one-year period as part of the staffing rotation. The Residency Advisory Committee (RAC) will determine when residents are ready to staff independently.

- Every third weekend, day or evening
- Work independently in an assigned patient care for approximately 3 weeks toward the latter part of the residency year
- Staff for up to 4 hours in the evening one weekday each week

Resident Work Hours

Mary Bridge pharmacy residents are NOT permitted to engage in external moonlighting. Residents may work additional internal (department) hours outside the context of the residency program with approval of RPD, and if the resident is progressing appropriately towards meeting residency requirements. The resident is required to attest to the compliance of the duty hour and moonlighting requirement at least quarterly or more frequently as instructed by the RPD. These attestations will be tracked in PharmAcademic. These attestations must be completed within 7 days of the due date.

At the most, the resident may moonlight for a maximum of 64 hours per month and must also always remain in compliance with the ASHP Duty Hour Policy. Failure to comply with the duty hour policy or the maximum moonlighting hours defined herein shall result in the RPD initiating the corrective action process as defined on page 17-18 of this manual. If there are further violations, the resident will be dismissed from the program.

Resident Meetings

These meetings are intended to serve the needs of residents and shall be one forum where the program can be discussed. Residents are required to attend these meetings weekly. In addition to discussion of the program, other subjects of these meetings shall be management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs.

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 Mary Bridge Children's Hospital's goals and strategic plan. The resident shall present the project in the spring at the Pediatric Pharmacy Association annual meeting and complete a manuscript of publishable quality.

Goals and Objectives

- The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies.

Requirements for Successful Completion of Residency

To receive a certificate of completion, the resident shall:

1. Achieve 80% of the Goals and Objectives for the program
2. Complete rotations in required competency areas and any elective competency area that have been optionally selected by the resident

3. Complete a major project including formal presentation and manuscript
4. Complete the staffing commitment as defined by each program
5. Complete a minimum of one of each of the following:
 - a. Medication Use Evaluation
 - b. Monograph review
 - c. Journal Club Presentation
 - d. Formulary Request
 - e. Staff Development Presentation
 - f. Continuing Education Presentation

MultiCare Tacoma General Hospital PGY1 Pharmacy Residency

Tacoma General Hospital (437 beds) and Mary Bridge Children's Hospital (82 beds) are located in Tacoma, Washington. Other services established at this location include the Mary Bridge Ambulatory Clinic, Tacoma Family Medicine Clinic, MultiCare Regional Cancer Center, and Pediatric Home Infusion.

The pharmacy residency program at MultiCare Tacoma General Hospital (TG) began July 1, 2000, and is fully accredited by ASHP.



Leadership

Residency program director: Ryan Leman, PharmD, BCPS

Program Goals

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

- Perform in a clinically oriented hospital or ambulatory clinic position,
- Be prepared to be highly successful in advance training such as PGY2 residency,
- Be eligible for board certification,
- 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.

Specific skills are:

- Provide evidenced-based, patient-centered medication therapy management to a diverse patient population in an integrated healthcare system
- 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
- Meet the high standards of eligibility for hire within the MHS pharmacy system after completion of the residency program

To accomplish this goal, this residency program 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.

Training Site Description

Acute Care

Acute Care learning takes place primarily at MultiCare Tacoma General Hospital. Services provided include critical care, comprehensive cardiac and cardiac surgery program, level II trauma, emergency room services, surgical, general medicine, oncology, neurosciences, and a family birth center including high risk OBGYN. Pediatric learning experiences are also available, as Mary Bridge Children's Hospital shares the campus with TG. Pediatric services include intensive care, trauma, level IV neonatal intensive care, emergency services, cardiac, oncology, neurosciences, general inpatient, and many specialty care services.

Clinical services are supported by decentralized pharmacists assigned to all major service areas in order to proactively work closely with medical staff, nursing staff, and patients to ensure optimization of medication use and provide patient centered care. This activity is supported by prescriptive protocols, electronic medical record, and participation on multidisciplinary rounds. Decentralized pharmacists do not have primary dispensing responsibilities. Decentralized pharmacists are available during the day, evenings and nights, including weekends and holidays.

Distributive services are centralized at TG and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported by the use of electronic automated dispensing cabinets, pharmacy carousel medication storage units, USP 797/800 compliant IV admixture room, and bedside barcode. Surgery is serviced by a pharmacy satellite at TG.

Ambulatory Care

Ambulatory care learning will occur primarily on the Tacoma campus. Ambulatory services provided include adult ambulatory oncology clinics, family practice residency clinics, anticoagulation clinics, diabetes clinic, neurology clinic, and rheumatology clinic. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy.

Learning Experiences

Each resident shall complete approximately twelve learning experiences during the year. The learning experiences will be a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over a four to eight-week period. Longitudinal learning is learning that occurs intermittently over a long period of time, which can be three to twelve months. An example of longitudinal learning is the drug information and

policy development learning experience. Activities under this learning experience occur intermittently throughout the year including participation at the monthly P&T meetings. The duration of each training experience shall depend on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The resident rotation schedule will be mutually agreed upon by the Residency Director and resident.

The residency program focuses on three core areas.

- Development of the resident's competence in providing patient care
- Development of the resident's competence in practice management
- The completion of an appropriate major project

Achievement of skills in the core areas by the resident is assessed using key goals and objectives and extensive evaluation by both preceptor and resident.

Required and Elective Learning Experiences

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate. Individual programs shall 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 sequence below.

Ambulatory Focus Position

One of the five PGY1 resident positions is an ambulatory-focused position. The position has the same core rotations as the general PGY1 positions, but the major project and other assignments will have an ambulatory focus. The electives for this position will also have an ambulatory care focus and will receive higher priority in scheduling these rotations. The resident candidates match to this position separately from the other four PGY1 positions.

Orientation (5 weeks)

- Residency learning system review
- ACLS/BLS certification
- High reliability behaviors
- Completion of department competency programs

General PGY1: Completion of the following minimum learning experiences:

- Acute care (20 weeks)
 - Medical-Surgical (4 weeks)
 - Medical ICU (4 weeks)
 - Cardiovascular ICU (4 weeks)
 - Emergency Medicine (4 weeks)
 - Administration (4 weeks)
- Ambulatory care (8 weeks)
 - Family Medicine (4 weeks)
 - Oncology (4 weeks)
- Electives (17 weeks) – residents may choose rotations listed in the electives section below

Ambulatory care focus PGY1: Completion of the following minimum learning experiences:

- Acute care (20 weeks)

- Medical-Surgical (4 weeks)
- Medical ICU (4 weeks)
- Cardiovascular ICU (4 weeks)
- Emergency Medicine (4 weeks)
- Administration (4 weeks)
- Ambulatory care (8 weeks)
 - Family Medicine (4 weeks)
 - Oncology (4 weeks)
- Electives (17 weeks) – resident will get priority in the following ambulatory care electives listed below and may also select rotations listed in the electives section below
 - Family Medicine II (4 weeks)
 - Hospice (4 weeks)
 - Diabetes (4 weeks)
 - Pharmaceutical Resource Clinic (3 weeks)

All residents are to complete the following longitudinal experiences:

- Longitudinal
 - Drug information (12 months)
 - Practice Management (9 months)
 - Major Project (12 months)
 - Staffing (9 months)
 - Transitions of Care (9 months)

Electives offered (duration may be adjusted to tailor to resident's learning and interest):

- Electives
 - Pediatric Intensive Care – 2 weeks
 - Medical ICU (medical/neuro/trauma) – 2–4-week extension
 - Cardiovascular ICU/Coronary Care – 2–4-week extension
 - Neonatal Intensive Care – 4 weeks
 - Infectious Disease – 3-4 weeks
 - Informatics – 2-3 weeks
 - Family Medicine II (East Pierce Family Medicine) – 4 weeks
 - Pharmaceutical Resource Clinic – 3 weeks
 - Diabetes Management – 4 weeks
 - Neuroscience – 4 weeks
 - Medication Safety – 2 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. Also, the program has the flexibility to allow for one alternative site learning experience mutually agreed upon by the resident and program director.

Staffing

Each resident is required to complete the following staffing commitments over the one-year period as part of the staffing rotation. A project day will be offered for each staffing weekend worked. Variances in excess or below these minimums must be approved by the program director. Variances exceeding the minimums must also be acceptable to the resident.

- Staff every other weekend, day or evening shift, alternating between operational and clinical weekend shifts
- Work independently in an assigned patient care for approximately 2 weeks toward the latter part of the residency year

Resident Work Hours

The program and resident will comply with the ASHP duty-hour standards. The resident is required to attest to the compliance of this requirement monthly via PharmAcademic and during quarterly evaluations.

- Working hours outside the residency program either internal or external is not allowed
- No on-call duties are required

Resident Meetings

These meetings are intended to serve the needs of residents and shall be one forum where the program can be discussed. Residents are required to attend these meetings weekly. In addition to discussion of the program, other subjects of these meetings shall be management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs. Readings may be required for some meetings.

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 Tacoma General Hospital goals and strategic plan. The resident shall present the project in the spring at either the Northwestern or Western States Residency Conference and complete a manuscript and consider publication of their work.

Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies. In addition, the program may also evaluate the following electives:

- E2.1.2 Contribute to the development of a new pharmacy service or to the enhancement of an existing service.
- E2.1.4 Contribute to the financial management of the department.
- E2.2.1 Contribute to recruitment for specified positions.

Requirements for Successful Completion of Residency

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

1. Achieve 80% of the Goals and Objectives for the respective program, with a rating of Achieved on the following leadership objectives: R3.1.1, R3.1.2, R3.2.4
2. Complete rotations in required competency areas and any elective competency area that have been optionally selected by the resident
3. Complete a major project including formal presentation and manuscript
4. Complete the staffing commitment as defined by each program

MultiCare Yakima Memorial Hospital PGY1 Pharmacy Residency

MultiCare Yakima Memorial (MYM) is a 226-bed acute-care, not-for-profit community hospital that has served Central Washington's Yakima Valley since 1950. MYM also includes a multispecialty team of more than 300 practitioners and 20-plus primary care and specialty care locations. Specialty care services include cardiac care, a continuum of cancer care, hospice care and advanced services for children with special healthcare needs.

The ASHP accredited pharmacy residency program at MYM was established in 1999.



Leadership

Residency program director: Beth Han, PharmD, BCPS

Program Goals

The MYM residency builds 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.

The pharmacy residency prepares pharmacists to provide patient care, teaching, and leadership as an integral member of an interdisciplinary care team. Residents successfully completing this program will be ideal candidates for advanced training in a PGY2 specialty residency or fellowship, for a clinical pharmacist position in an acute or ambulatory health care institution, or for an adjunct or clinical faculty position within a college of pharmacy.

Training site description

Acute care

Acute care learning experiences take place at MYM in Yakima, WA. Services provided by MYM include critical care, cardiology, emergency department, labor and delivery, medical, oncology, pediatrics/NICU, surgery and psychiatric services.

MYM has innovative, decentralized clinical pharmacy services including: pharmacokinetic consultation, drug information consultation to patients and providers, glycemic control, emergency response teams (code blue, rapid response, trauma), inpatient anticoagulation management services, medication reconciliation, meds-to-beds with discharge medication counseling and terminal symptom management through hospice prescriptive authority. Decentralized pharmacists are available during the day and evenings, including weekends and holidays.

Distributive services are centralized at MYM and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported by the use of electronic automated dispensing cabinets, USP 797/800 compliant IV admixture room, and bedside barcode.

Ambulatory care

Ambulatory care learning experiences take place at primary care and specialty clinics in Yakima, WA. MYM has ambulatory care pharmacists poised in most primary care clinics and both oncology and cardiology specialty clinics. Pharmacists play an integral role and are responsible for disease state management.

Learning Experiences

The resident will achieve their personal and ASHP required goals and outcomes through the development of his/her individualized residency calendar. The calendar will be comprised of required, longitudinal and elective experiences that vary in range from 2-6 weeks depending on the experience. Upon completion of the program, pharmacy residents are prepared to be eligible for board certification and for post year two (PGY2) pharmacy residency training.

Residents also have the opportunity to pursue a teaching certificate. Residents are directly involved in precepting IPPE and APPE students on acute care rotations by facilitating small group discussions, journal clubs and patient case presentations.

Required and Elective experiences

Required rotations (**41 weeks + longitudinal**)

- Orientation (*5 weeks*)
- Acute care:
 - Critical Care (*4 weeks*)
 - Emergency Medicine (*2 weeks*)
 - Family Practice Service with Medical Residents (*6 weeks*)
 - Oncology – inpatient and/or ambulatory care (*6 weeks*)
 - Drug Distribution/Staffing* (*see below*)
 - Internal Medicine* (*2–3-week blocks throughout the year, total of 12 weeks*)

- Ambulatory Care - including specialized clinics with a focus on oncology, cardiology, and geriatrics (6 weeks)
- Drug Distribution and control (staffing)* (Total 52 weeks, one 3-hour weekday shift and two 10-hour weekend shifts about every 3rd weekend)
- Leadership and Management* (Total 44 weeks, ten 1-hour monthly topic discussions and dedicated time participating in performance improvement committees)
- Residency Project Management* (Total 44 weeks, 1-2 days/month dedicated project days, 1 week at the end of the year for “wrap up”)
- Teaching and Precepting* (Total 41 weeks, 1-2 days/month dedicated time for small group facilitation, lectures, etc.)

**longitudinal rotations*

Elective rotation (10 weeks)

- Administration – inpatient and/or ambulatory care (2 weeks)
- Antimicrobial Stewardship (2-4 weeks)
- Cardiology – inpatient and/or ambulatory care (2-4 weeks)
- Hospice (2 weeks)
- Infusion care (2-4 weeks)
- Medication Safety (2 weeks)
- Pediatrics/NICU (2-4 weeks)

Staffing

Residents at MYM generally staff every third weekend (two 8 or 10 hour shifts) and one 3 hour evening weekday shift each week in addition to their 40 hour/week learning experience requirements. Each resident will work 1 non major holiday each year (Presidents Day or Memorial Day) and 1 major holiday (Thanksgiving - split between 2 residents or Christmas). This is considered a component of the residency program and is evaluated as part of a learning experience in the Drug Distribution and Clinical Staffing longitudinal rotation. Scheduling of these shifts will take into consideration resident licensure status, training, and ability to perform pharmacist functions.

Resident Work Hours

The program and resident will comply with the ASHP duty hour standards (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>). Residents will attest in PharmAcademic each month that they have followed these standards.

Internal moonlighting may be available periodically throughout the year. Moonlighting will be only be permitted in areas where the resident has been deemed to be proficient by the RPD and preceptors. Residents will only be permitted to moonlight up to 12 hours a month for the first 6 months of residency. Residents may be permitted to moonlight up to 20 hours a month during the 2nd half of the residency year.

Residents will only be staffed where they are working in close proximity to other pharmacists; they will not staff alone for any period of time (e.g. night shift).

Resident meetings

The RPD and each individual resident will meet regularly throughout the residency year. These meetings are intended to serve the needs of the resident and shall be one forum where resident wellbeing, progress and the program can be discussed. Each quarter, the residents will complete a self-evaluation and development plan as required by ASHP and discuss individually with the RPD.

Residents also will have the opportunity to participate in the Pharmacy and Therapeutic committee (P&T) and various performance improvement committees throughout the year as related to project work and the Leadership & Management longitudinal rotation.

Major Project

Residents are required to complete an investigation of some aspect of pharmacy practice. This may be in the form of original research, or development or enhancement of pharmacy practice and patient care services. A final report in manuscript format is required and results will be presented at a regional residency conference or national pharmacy meeting. Residents will also submit their results for publication in a peer reviewed medical or pharmacy journal.

Goals and Objectives

The resident will be evaluated on all required competency areas, goals, and objectives for PGY1 pharmacy residencies. In addition, the program may also evaluate the following electives:

- E2.1.1 Demonstrate personal leadership qualities essential to operate effectively within the organization and advance the profession and practice of pharmacy.
- E2.2.1 Contribute to recruitment for specified positions.
- E5.1.1 Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.
- E6.1.1 Explain strategies and interventions for teaching, learning, and assessment in healthcare education.
- E6.2.2 Prepare a practice-based teaching activity.
- E6.2.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

Requirements for Successful Completion of Residency

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

- Achieve > 90% of educational goals and objectives (required and elective) by the end of the residency year, classified in the following four groups:
 - Patient care
 - Advancing practice and improving patient care
 - Leadership and management
 - Teaching, education, and dissemination of knowledge
 - Leadership and practice management skills
 - Management of medical emergencies
 - Teaching and learning

- Complete all required residency documentation (PharmAcademic, IRB, duty hours, performance evaluations)
- Complete all required teaching and precepting requirements
- Complete a residency project and submit a draft manuscript describing the project results to the program director
- Present a residency project with preliminary results at ASHP Midyear Clinical Meeting and final results at a regional residency conference or state association meeting
- Complete and present at least 3 Pharmacy and Therapeutics related projects as assigned by the Pharmacy Leadership Team

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. The position is funded by a grant for rural medical education and includes a rotation in Omak, Wash., as part of a new family medicine residency training program.



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, specialty clinics, and hospital-based pharmacist clinics. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy and specialty pharmacy services.

The PGY2 position is funded by a grant for rural medical education and includes a rotation to provide education in Omak, Washington as part of a new Family Medicine Residency training program.

Core services we provide are anticoagulation, diabetes, hypertension, medication therapy management, immunizations, smoking cessation, 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. Our anticoagulation care is recognized as a Center of Excellence by the Anticoagulation Forum and Anticoagulation Centers of Excellence.

Learning Experiences

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate. Individual programs shall 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 / Clinic Orientation (3 weeks)
- Family Medicine at TFM (4 weeks)
- Family Medicine at EPFM (4 weeks)
- Diabetes Management (4 weeks)
- Medication Management Clinics (4 weeks)
- Primary Care Medical Home (4 weeks)
- Rural Medicine in Omak (4 weeks)

Elective Rotations

- Hospice/ Palliative care (4 weeks)
- Psychiatry (4 weeks)
- Neurology (4 weeks)
- Antimicrobial Stewardship (2 weeks)
- Oncology (4 weeks)
- Medication Safety (3 weeks)
- Managed Care (3 weeks)

Longitudinal Rotations

- Practice Management / Administration (2 hours per month for 11 months)
- Continuity / Chronic Disease Management Clinic (8 hours per week for 11 months)
- Academic / Teaching and Precepting (4 hours per week for 11 months)
- Major Project (8 hours per month for 11 months)
- Staffing (20 hours per month for 10 months)

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

Each resident is required to complete the following staffing commitments over the one-year period as part of the staffing rotation:

- Coverage of twenty-five days of staffing; after orientation in the specific clinic
 - Included in the above days of staffing is the teaching of group diabetes education classes in the evenings twice per month.
 - Other staffing days will be during clinic hours. There are no weekend staffing requirements.
- Coverage for sick leave or other emergencies. Attempts shall be made to arrange for other staff coverage prior to using these days.

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 25 days
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 related to ambulatory care
9. Complete one or more presentation(s) related to ambulatory care to an audience of healthcare professionals
10. Complete one or more assignment(s) for submission/presentation to the P&T Committee