Auburn Medical Center

Pharmacy Residency PGY1

Program Manual

Table of Contents

Introduction

General Description and Background

MultiCare Auburn Medical Center (MAMC) is a non-profit medical center with 195 beds located twenty-six miles south of Seattle. It is part of the MultiCare Health System (MHS). MAMC offers South King County residents a wide range of medical expertise including intensive/critical care, stroke and cardiac services, emergency department, medical surgical, psychiatric care, and ambulatory sites such as oncology, family practice and anticoagulation clinics. MAMC supports a physician family practice residency program. MAMC has been awarded the American Heart Association/American Stroke Association's 2025 "Get with the Guidelines" Stroke Gold Plus Quality Achievement Award.

MultiCare Auburn Medical Center PGY1 Pharmacy Residency

Leadership

Residency Program Director: Yazmin Chan, PharmD, BCPS
Director of Pharmacy: Amir Haddad, PharmD, MBA, BCPS

Program Purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education to develop clinical pharmacist practitioners responsible for medication-related care of patients with a wide range of conditions. This will be accomplished by promoting learners to develop clinical, analytical, evaluative, organizational and leadership skills necessary to develop and implement systems of care. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education. The primary practice site for the residency program is MultiCare Auburn Medical Center.

Program Goals

The residency program will develop competent clinical practitioners who will be prepared for opportunities to:

- Perform in a clinically oriented hospital or ambulatory clinic position.
- Seek board certification in pharmacotherapy (i.e. BCPS).
- Pursue advanced education and training opportunities including postgraduate year two (PGY2) residency.
- 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 with expectations 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.

Mission, Vision, Values, and Key Philosophy Statements

Mission: Partnering for healing and a healthy future

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

Pharmacy Services will:

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

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

Respect: We embrace the infinite worth of all people, treat everyone with care and compassion, and affirm the dignity of each person with every interaction.

Integrity: We speak and act honestly, do what is right and stand firmly by our principles, no matter the circumstances.

Stewardship: We carefully and thoughtfully manage all of MultiCare's resources — including our most valuable resource, our people — to continually improve our organization for the benefit of our customers and communities.

Excellence: We seek to excel in all facets of how we approach our work, how we improve ourselves and our organization, and how we care for our patients, our communities and each other.

Collaboration: We actively work with others to achieve goals, recognizing that the power of our combined efforts will exceed what we can accomplish individually.

Kindness: We will act always with generosity, consideration and concern for others, without the expectation of reward in return. We treat everyone as they would want to be treated.

Joy: We cultivate joy for our patients, families and colleagues through the active practice of gratitude. We find joy in being connected to the work we do and why we do it.

Key Philosophy Statements:

HIGH RELIABILITY: MAMC 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: MAMC 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 our Vision statement. 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.

Training Site Description

Acute Care

Acute Care learning takes place primarily at MAMC campus. Services provided include critical care, level III trauma, emergency room services, surgical, general medicine, geropsychiatric and adult 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. Decentralized pharmacists do not have primary dispensing responsibilities. Decentralized pharmacists are available 24 hours a day, 365 days a year.

Distributive services are centralized at MAMC and include IV admixture service and unit dose system. 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, dispense preparation, bedside barcode, and smart IV pumps with interoperability.

Ambulatory Care

Ambulatory care learning will occur at our MultiCare Clinic settings including our oncology and family practice clinics.

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 an extended 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 schedules shall vary depending on baseline skills and career interests.

Completion of the following required learning experiences:

Orientation/Central Pharmacy – 6 weeks

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

Acute care

- Medical-Surgical – 6 weeks
- Critical Care - 4 weeks
- Emergency Department - 4 weeks
- Behavioral Health – 4 weeks

Ambulatory care

- Oncology Clinic – 4 weeks

Longitudinal

- Drug Information - 12 months
- Practice Management - 9 months
- Major Project - 12 months
- Staffing - 9 months
- Infectious disease/antimicrobial stewardship – 12 weeks

Drug Information Longitudinal Rotation Requirements

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

Elective Learning Experiences Offered:

- Critical Care II – 4 weeks
- Med Surg II – 4 weeks
- Emergency Room II – 4 weeks
- Behavioral Health II – 4 weeks
- Oncology Clinic II – 4 weeks
- Family Practice Clinic – 4 weeks
- Diabetes Clinic – 4 weeks
- Administration – 4 weeks
- Other learning experiences offered at MHS, to be discussed with RPD – 4 weeks

Structure and Responsibilities

Residency Program Director

The residency program director (RPD) is responsible to ensure the program adheres to current ASHP accreditation standards, the overall goals of the program are met, appropriate preceptorship for each rotation is provided, training schedules are maintained, and that resident evaluation is a continuous process. The RPD must maintain 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

MAMC 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 precept. The RPD is responsible for ensuring preceptors meet criteria and documenting the appointment.

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

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

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

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

Preceptor Expectations

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

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

- Aiding RPD with developing specific goals and objectives for their learning experience.

- Preparing/updating learning experience descriptions as instructed by the RPD.
- Orienting residents to their learning experience prior to or on the first day of the learning experience
- Completing formative evaluations as scheduled in the electronic evaluation system.
- Completing all summative evaluations within the electronic evaluation system no later than 7 days from the completion of the learning experience
- Meeting with the resident to discuss summative, self, and preceptor/learning experience evaluations.
- Submitting documentation of preceptor development activities to the RPD or designee

Preceptor Development

A yearly preceptor development plan will be created by members of the RAC. Residency program preceptors will attend or watch a recording of at least 3 preceptor development activities per year. To aid preceptors in reaching this requirement, MHS pharmacy services offers a preceptor development program, which is comprised of monthly education webinars. Participation by preceptors is optional.

- The degree of resident participation in each monthly session is to be determined by the RPD.
- The RPD or designee for each program is responsible for evaluating resident and preceptor attendance.

The RAC will evaluate the success of the preceptor development program annually and adjust the curriculum based on program needs and feedback.

Additional opportunities for Preceptor Development:

- APhA and Pharmacist Letter have educational programs available to orient new preceptors and provide refreshers for current preceptors
- University of Washington School of Pharmacy has web-based programs available to preceptors
- ASHP has web-based programs available to preceptors
- Preceptors may attend programs locally, regionally, or nationally to enhance their precepting skills

System Resources

Drug Information

A computerized drug information retrieval system is available via the MHS information system network which can be accessed by users nearly anywhere in the health system. The information system network also allows 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 on-line MHS drug formulary.

Information Technology

MAMC uses the EPIC health information system and electronic health record (EHR) 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. MAMC 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

MAMC takes a multidisciplinary approach to Medication Safety, including a hospital specific multidisciplinary medication safety committee. 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. 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.

Role of the Pharmacy Resident

Resident learning is accomplished by combining preceptor teaching and work experience during a 52-week period. Our residency program allows 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 RPD and program preceptors to shape the character of their individual program. Residents are expected to manage their own program, which includes maintaining relevant documentation, scheduling meetings, arranging their scheduling jointly with their fellow residents, and other similar activities.

Role of the Preceptor

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

Program Management and Evaluation

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

Summative Evaluations of Learning Experiences

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

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

- For GOALS:
    - Achieved for the Residency (ACHR) is earned for a goal if the resident can perform associated activities independently across the scope of pharmacy practice, and if the resident has achieved each objective associated with that goal.
    - The RPD will assess 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 to meet objectives	The resident exhibits deficiencies in knowledge/skills for this area. For example, the resident: • Requires repeated prompting or assistance to perform daily activities or cannot complete daily activities in a timely fashion. • Is unable to perform appropriate self-evaluation or does not incorporate preceptor feedback into their practice. • Does not prepare as discussed with the preceptor, does not follow preceptor instructions. • Does not improve/grow/learn throughout the rotation or ask appropriate questions to supplement learning. • Is unable to integrate themselves into the team or cannot independently staff the rotation area. Preceptors should not hesitate to mark NI when appropriate. This is normal and a chance to provide constructive feedback to help the resident's performance.
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to proficiency in the objectives	The resident exhibits adequate knowledge/skills for this area. For example, the resident: • Requires minimal prompting or assistance to perform daily activities. • Is willing and able to provide appropriate self-evaluation and learns and applies changes from self-evaluation and preceptor feedback. • Learns and improves throughout the rotation and asks appropriate questions to supplement learning. • Makes appropriate interventions or recommendations and integrates into the team. • Follows through on assigned tasks; meets deadlines or communicates need for extension.

		• Able to independently staff the rotation area with minimal support. In general, SP indicates that the resident is on track to achieve the objective/goal, however additional instruction and evaluation is necessary.
Achieved (ACH)	Resident can perform associated activities independently and meets what is expected as a PGY1 graduate of the residency program	The resident has fully accomplished the ability to perform the objective. For example, the resident: • Requires no prompting to perform daily activities. • Is able to self-adjust their practice before the preceptor gives feedback. • Is a team leader. • Could independently staff the area with no additional training. • The resident can function independently with regards to the achieved objective in this area of practice; no further development work is needed. ACH assumes the resident does not require any additional instruction or evaluation for the objective or goal.
Achieved for Residency (ACHR)	Resident consistently performs objective independently at the Achieved level, as defined above, across multiple settings/patient populations/acuity levels for the residency program	

At least quarterly, the RPD will review all documented summative evaluations for learning experiences that the resident has completed and assess the ratings given by preceptors for each objective that has been taught and evaluated. For any objectives with ACH ratings the RPD will grant the ACHR rating as follows:

- For objectives assigned to be taught and evaluated in only one learning experience or objectives where the associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives tied to the delivery of one or more specific work products, such as participation in and completion of a medication usage evaluation), the RPD will automatically apply the rating of ACHR once the rating of ACH is granted.
- For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels (e.g., internal medicine and critical care, etc.), and when the rating of ACH is granted, the RPD will review summative evaluations for the given objective. If evidence of the resident's ability to maintain ACH behaviors is seen then the RPD will grant the rating of ACHR for the objective.

Conferral of ACHR ratings for applicable objectives will be documented in PharmAcademic and on the quarterly development plan. Notification will be provided to the resident during quarterly development plan meetings.

If objectives marked as ACHR are assigned on subsequent learning experiences, the preceptor is not required to rate or comment on these objectives. However, the preceptor may elect to evaluate these objectives, as they deem appropriate.

At any time during the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RPD or RAC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. An action plan developed in collaboration with the resident will be entered into PharmAcademic and communicated with applicable preceptors.

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.

A vital 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

MAMC 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.

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.
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 standardized assessment tool.
- The Residency Interview Team will consist of the RPD, current residents and preceptors. The RPD will complete training to reduce implicit bias prior to the application and interview process.
- The Residency Interview Team will meet prior to the match deadline to discuss candidates and develop a final rank list based on review or scoring system and discussion.
- The 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.

Licensure

PGY1 Residents must be licensed in the State of Washington to practice pharmacy at MAMC. Residents are strongly encouraged to be licensed as pharmacists by the residency start date when possible.

- If a pharmacist license is not obtained by the onboarding/hire date, then an intern license or a graduate pharmacist license must be obtained by the start date. Failure to obtain an appropriate Washington state pharmacy 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 influenza vaccines.
        - Proof of immunity may be required for some situations (varicella, MMR)
    - The resident is not required to obtain professional liability insurance

Benefits

Residents are considered 1.0 FTE employees and are paid an hourly wage and are eligible for overtime pay for hours worked above a 40-hour work week. All overtime hours will be pre-approved by the RPD and the Director of Pharmacy. 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 discount

The estimated start date and stipend are posted on the program's ASHP's residency listing. Residents are part of the local pharmacist union, receive benefits provided by union membership, and are required to pay union dues.

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 residency year starts near the end of June on the last New Employee Orientation for the month. An estimated start date is posted on the program's ASHP's residency listing. 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 once licensed as a pharmacist, including staffing every other weekend. The resident may be assigned to cover for sick leave or other emergencies on day or evening shift. The resident 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 program and residents will comply with the ASHP duty-hour standards: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx

The program does NOT allow External Moonlighting, In-House Call Programs, At-Home or other Call Programs. Internal (departmental) moonlighting to be addressed by RPD.

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 31 working days in a 52-week period without requiring extension of the program. Any missed time exceeding this amount must be made up through an extension of the program. The extension will be equivalent in time, competencies, salary and benefits. Residents unable to make up excessive missed time within the limits of the extension will be dismissed from the program (see dismissal section below).

Educational leave includes time spent at conferences (other than ASHP Midyear and the regional residency conference), time spent offsite facilitating didactic lectures or small group discussion and time off for job/fellowship/specialty residency interviews. The RPD will track time away from residency. The resident is responsible for being proactive to avoid exceeding the maximum time away.

Vacation Time (Paid Time off (PTO))

Residents accrue and may use PTO in accordance with union contracts based upon hours paid (up to 2080 per year) in accordance with the following schedule.

Annual PTO (hours)	PTO Accrual (per hour worked)	Annual PTO-WS (hours)	PTO-WS Accrual (per hour worked)	Annual EIT (hours)	EIT Accrual (per hour worked)
148	0.0712	52	0.025	48	0.0231

PTO-WS = PTO required by Washington State law; EIT = Extended Illness Time

PTO accruals are to be accessed for all absences except for those that meet EIT criteria as set forth in the union contract. Residents may use their PTO and PTO-WS Sick banks interchangeably. 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 available leave accruals, the total time away from residency and progress toward completion of the program. Extended time off (more than 3 days) for any reason during a rotation should be made up by the resident. The resident should create a written plan detailing how lost time will be made up and submit the plan preceptor and RPD for approval. If the resident is sick for a required staffing weekend, an effort should be made to have co-resident(s) cover the shift and organize a trade.

Residents may not access accruals that would result in a negative balance (i.e. residents will be denied leave requests if their projected accrual balance would not contain sufficient accruals to cover the requested time off). A resident may request an unpaid leave of absence as described in the "Extended Leave of Absence" section below. Residents out of compliance with attendance policies will be subject to disciplinary action as outlined in the "Dismissal" section below.

Extended Leave of Absence

Extended leaves of absence will be granted at the discretion of the RPD and pharmacy administration and in accordance with MHS policy and procedures. All leaves must abide by the maximum time away and program extension information listed above.

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.

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.

Discipline of misconduct may include progressive guidance to correct inappropriate behavior or immediate dismissal from the program. Any resident failing to improve misconduct through progressive guidance will be dismissed from the program. Any resident dismissed from the program will not receive a residency certificate.

MHS policy includes a list of behaviors that immediately result in dismissal. These include but are not limited to, falsification of any information during the application, interview or hiring process, intentional release of patient protected health information (PHI), being under the influence of or consuming alcohol, marijuana, or unauthorized substances at work, theft or fraud, non-compliance with employee health requirements, abuse or misuse of MHS property, tools or equipment, and sexual harassment.

Example categories of behaviors in MHS policy that would result in progressive guidance include, misconduct related to attendance and time on the job, misconduct related to attitude, neglect, and performance on the job, misconduct related to patient care or professional integrity, misconduct related to personal habits and actions, misconduct related to interference with work practices, particularly actions affecting other employees, misconduct related to illegal, fraudulent or dangerous acts, and misconduct related to safety violations. In addition, progressive guidance will be used for any resident failing to progress in program specific goals and objectives as evaluated during quarterly development plans or are not on track with completing the 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 specific 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 (timeline will depend upon the type of misconduct and frequency of exposure to situations where the conduct takes place, with weekly check-ins).
    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 to be consistent with MHS HR Policies. Additionally, this resident will be qualified to receive the certification of completion for the residency. 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.

Requirements for a Successful Completion of Residency

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

To receive a certificate of completion, the resident shall:

1. Rating of "Achieved for Residency" on at least 80% of Goals and Objectives, with a rating of Achieved specifically on the following objectives: R3.2.1, R3.2.2, R3.2.3.
2. Complete rotations in required competency areas, including longitudinal rotations 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 and pass all employee or departmental protocol competencies.
5. Upload required deliverables in PharmAcademic.