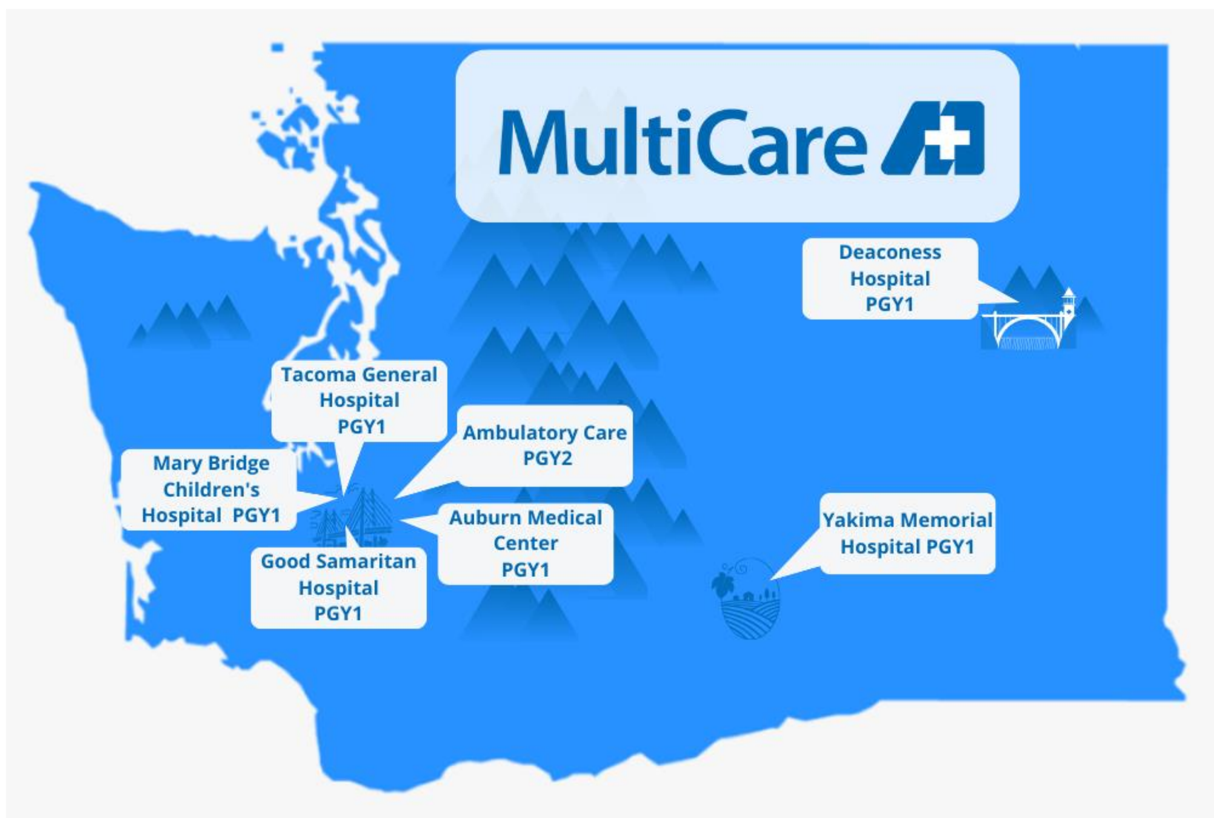
MULTICARE TACOMA GENERAL

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

The PGY1 pharmacy residency program at MultiCare Tacoma General 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.

To accomplish this, the residency program shall promote the development of clinical, analytical, organizational, and leadership skills necessary to provide pharmaceutical care and 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, 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: 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 an opportunity to collaborate between 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). Each program retains sole control over their respective program.

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 to 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 Tacoma General 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 nearly 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. Each resident is expected to integrate themselves into the staff and management structure of Pharmacy Services and contribute to achieving 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 attempts 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:

Assessment Category	**ASHP definition**	**Tacoma General Explanation**	**Examples**
Needs improvement (NI)	Resident is not performing at an expected level at that time; significant improvement is needed in order to meet objectives	**Entrustable Professional Activity Scale (EPA) Level 1:** Resident is trusted to only observe this skill even with direct supervision.	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	**EPA Level 2:** Resident is trusted to perform this skill with direct, proactive supervision. **EPA Level 3:** Resident is trusted to perform this skill with reactive supervision (i.e. preceptor is available quickly on request).	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's performance is ideal and meets what is expected as a PGY1	**EPA Level 4**: Resident is trusted to perform this skill with supervision at a	The resident has fully accomplished the ability to perform the objective. For example, the resident: • Requires no prompting to perform daily activities

	graduate of the residency program	distance or after completion of the activity. **EPA Level 5:** Resident is trusted to teach this skill to more junior colleagues.	• 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		

* On a quarterly basis, the RPD will review all summative and quarterly evaluations completed for learning experiences that the resident has completed and assess the ratings given by preceptors for each objective assigned to be taught and evaluated.

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), if the objective has been marked with the ACH rating, this will then be reviewed by the RPD prior to the resident quarterly evaluation and can be marked as ACHR rating based on the consensus of RPD with the other RAC members involved in evaluating the objective in question.

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.), these will be brought to the quarterly RAC meeting to discuss for conferring of the ACHR rating by consensus of the RAC members. This will be documented in the RAC meeting minutes.

Once ACHR rating consensus is conferred to applicable objectives, this will be communicated to the resident, documented in the resident's development plan as well as the RPD will document the applicable objectives as ACHR in PharmAcademic. Once all objectives related to a goal are documented as ACHR in PharmAcademic, the goal automatically is assessed as ACHR.

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

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

Resident Self-Evaluation and Quarterly Development Plan

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

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

Evaluations by Resident

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

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

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

Personnel Policies

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

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

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

Candidate meets criteria for application including:

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

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

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

Candidate Screening Process

1. The RPD and application review team are responsible for screening applicants to invite for interviews.
2. Each application component is scored using a program-specific standardized assessment tool. Application components evaluated include:
    a. Letter of intent
    b. Letters of recommendation
    c. Curriculum Vitae (CV)
        i. Work Experience
        ii. Clinical Rotations
        iii. Leadership & Extracurricular Involvement
        iv. Projects, Presentations, Research & Publications
        v. Other – unique experiences or background that may enhance the residency learning experience
    d. Transcripts – if GPA is used as part of the selection criteria, the program-specific procedure will include information on how the academic performance of applicants from pass/fail institutions are evaluated.
3. RPD or designee is responsible for offering and scheduling resident applicant interviews. Applicants invited to interview will be provided with a link to the residency manual, program policies within the manual, requirements for successful completion of the program, program start date and term of appointment, and benefit/stipend information.

Resident Interview and Ranking Process

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

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. Failure to obtain licensure within 120 days of the program's start date will result in a temporary suspension of the resident from the program. The suspension period will be without pay or benefits. The resident will be reinstated, with pay and benefits resuming when pharmacist licensure is obtained. The end date of the residency program will be extended by the number of days of suspension from the program. Extension of the program will include benefits and salary. If the resident is not licensed within 30 days of suspension from the program, the resident will be dismissed from the program and employment will be terminated.

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. If a resident requires an absence that exceeds the total allotted time of 37 days within a 52-week period, an extension of the program equal to the time and competencies missed will be required for the resident to fulfill to successfully complete the residency 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 extension of the program must and will be equal to both the days and content missed while absent. 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. If the resident is dismissed from the program, a certificate would not be given as a result of being terminated. Falsification of any information during the application, interview or hiring process will be grounds for immediate discharge.

Considerations for CAP may include but not limited to a resident who is failing to progress in the educations goals and objectives as evaluated during quarterly development plans, or not on track for graduation requirements set forth by each program. Efforts will be made to identify failure to progress as early as possible. Examples of failure to progress include but are not limited to:

- Not making progress on major project or missed deadline
- Consistently incomplete or late work
- “NI” marked on more than 25% of objectives
- Feedback or concerns brought forward from preceptors

- Failure to comply with duty hours or moonlighting policies

Corrective Action Process (CAP)

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

Suggested process for CAP is as follows:

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

Credentialing

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

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

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

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

Benefits

Residents are considered 1.0 FTE staff and receive a stipend for the year. The aim of the PGY1 residency year is to start at the end of June on the last New Employee Orientation for the month; the aim of the PGY2 residency year is to start at the beginning of July or as soon as possible after completion of PGY1. Program durations are 52 weeks. Benefits include:

- Medical/Dental/Life/Vision Insurance
- Paid Time Off (PTO)
- Extended sick time
- Education Leave/Funding: funding for a regional residency conference and some or all funding for the ASHP Midyear Clinical Meeting; amount to be 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 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

Residency program coordinator: Skyler Boll, PharmD

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 Elective Track

Up to two of the five PGY1 resident positions can elect to join the ambulatory care elective track. 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. A resident will designate their interest in this ambulatory-focused track to the residency program director prior to the masterplan schedule being developed.

Orientation (5 weeks)

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

General PGY1: Completion of the following minimum learning experiences:

- Acute care (31 weeks)
    - Medical-Surgical (6 weeks)
    - Infectious Disease (4 weeks)
    - Critical Care (6 weeks)
    - Critical Care-Cardiovascular (6 weeks)
    - Emergency Medicine (6 weeks)
    - Administration (4 weeks)
    - Oncology (2 weeks in outpatient oncology clinic, 2 weeks inpatient oncology)
- Electives (15 weeks) – residents may choose rotations listed in the electives section below

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

- Required Rotations (31 weeks)
    - Medical-Surgical (6 weeks)
    - Critical Care (6 weeks)

    - Infectious Disease (4 weeks)
    - Critical Care- Cardiovascular (6 weeks)
    - Emergency Medicine (6 weeks)
    - Administration (4 weeks)
    - Oncology (2 weeks in outpatient oncology clinic, 2 weeks inpatient oncology)
- Electives (15 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; approximately 2 days per month)
    - Tacoma Family Medicine (10 months; approximately 1 half day every other week)
    - Practice Management (9 months; approximately 1 day per week)
    - Major Project (12 months; approximately 2 days per month)
    - Staffing (9 months; see staffing section below)
    - Transitions of Care (9 months; approximately 1 day every 3 weeks)

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

- Electives
    - Pediatric Intensive Care (2-4 weeks)
    - Critical Care (medical/neuro/trauma) (2–4-week extension)
    - Critical Care-Cardiovascular (2–4-week extension)
    - Emergency Medicine (2-4 week extension)
    - Neonatal Intensive Care (4 weeks)
    - Pediatric Emergency Medicine (2-4 weeks)
    - Pediatric Heme/Onc Clinic (2-4 weeks)
    - Pediatric Critical Care (2-4 weeks)
    - Pediatric General Medicine (2-4 weeks)
    - Informatics (2-4 weeks)
    - Family Medicine II (East Pierce Family Medicine) (4 weeks)
    - Pharmaceutical Resource Clinic (3 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

Any deviations from these standards will be subject to review and disciplinary actions as discussed in the manual.

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 residency.

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: R3.2.1, R3.2.2, R3.2.3
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 Staffing section above

Requirement	Components

Obtain WA State Pharmacist License	Required within 120 days from start of residency
Complete Orientation (5 weeks)	• Residency learning system review • ACLS/BLS certification • High reliability behaviors • Completion of department competency programs • Residency boot camp

Complete Required Learning Experiences	• Medical-Surgical
	• Infectious Disease
	• Medical ICU
	• Cardiovascular ICU
	• Emergency Medicine
	• Administration
	• Oncology
	• **Longitudinal**
	  ○ Drug Information (12 months)
	  ○ Practice Management (9 months)
	  ○ Major Project (12 months)
	  ○ Staffing (9 months)
	  ○ Transitions of care (9 months)
	  ○ Tacoma Family Medicine (10 months)

Complete Required Practice Management Experiences	• **RPD & Resident meetings**
	  ○ **Participation in medication safety discussions**
	• **Conference attendance and participation**
	  ○ **ASHP Midyear Clinical Meeting**
	  ○ **Regional residency conference**
	• **Major residency project**
	  ○ **ASHP Midyear Clinical Meeting abstract & poster**
	  ○ **Regional residency conference abstract & presentation**
	  ○ **Manuscript suitable for publication**
	• **P&T assignments**
	  ○ **MUE**
	  ○ **One other project as assigned**

Complete 15 weeks of Elective Rotations	• **Electives (15 weeks)**
	  • Acute Care
	    ▪ Pediatric Intensive Care (2 weeks)
	    ▪ Medical ICU (2-4 week extension)
	    ▪ Cardiovascular ICU (2-4 week extension)
	    ▪ Emergency Medicine (2-4 week extension)
	    ▪ Neonatal ICU (4 weeks)
	    ▪ Informatics (2-3 weeks)
	    ▪ Family Medicine II (4 weeks, East Pierce Family Medicine)
	    ▪ Pharmaceutical Resource Clinic (3 weeks)

	▪ Diabetes Management (4 weeks) ▪ Neuroscience (4 weeks) ▪ Medication Safety (2 weeks) • Ambulatory Care ▪ Family Medicine II (4 weeks) ▪ Hospice (4 weeks) ▪ Diabetes (4 weeks) ▪ Pharmaceutical Resource Clinic (3 weeks)
Complete Two weeks of Independent Staffing	• Independent staffing to occur towards the second half of the year based on resident interest and training
Upload relevant deliverables into PharmAcademic	**Uploaded by RPD** • Signed match confirmation letter • Pharmacy Intern and Pharmacist License • Development Plans (masterplan, Quarters 2, 3, and 4) • Signed Residency Gradation Certificate **Uploaded by Resident** • Entering self-assessment form (under "Self-Assessment & Development Plans" tab) • Project documents ○ Project planning tool ○ IRB or QI approval ○ Midyear abstract ○ Midyear poster ○ Residency Conference Abstract ○ Residency Conference Presentation (PowerPoint) ○ Education materials provided to staff ○ Final Manuscript • Two P&T projects (final versions submitted to P&T) ○ MUE ○ One other project as assigned • Patient case handouts (with any PHI removed) • Rotation specific handouts/projects/emails
Complete All Duty Hour Attestations	