



**Legacy Health Systems
Department of Pharmacy Services**



**Post Graduate Year One & Two (PGY1/PGY2)
Pharmacy Residency Program
Manual 2018-2019**



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Legacy Health System Overview

Legacy Health is an Oregon-based not-for-profit, tax-exempt corporation that includes seven full-service hospitals, including a children's hospital, a full-service research facility, and a 24-hour behavioral and mental health services center. With more than 10,000 full- and part-time employees, Legacy is one of the largest private sector employers in the metropolitan area of Portland, Oregon, and Vancouver, Washington. The Legacy system provides an integrated network of health care services, including acute and critical care, inpatient and outpatient treatment, behavioral and mental health care, community health education and a variety of specialty services.

Within the system, [Randall Children's Hospital](#) is a regional leader in the care of infants, children and teens; the [Legacy Oregon Burn Center](#) is the only advanced burn care facility between Seattle and Sacramento; the [Trauma Center](#) at Legacy Emanuel has a Level I Trauma Center verified by the American College of Surgeons, the highest designation available for emergency care. Legacy also has primary care and specialty clinics, as well as hospice and laboratory services.

History

Legacy's roots go back more than 100 years. Our two largest hospitals, Good Samaritan (est. 1875) and Emanuel (est. 1912) were founded by faith-based groups seeking to care for the growing city. As the decades went on, those two hospitals grew into larger health organizations. In 1989 they merged to create Legacy Health System. Most recently, Silverton Health joined the Legacy family. Silverton Health facilities and clinics now carry the Legacy name. Legacy Health is now one of the largest private-sector employers in the Portland metropolitan area, with a service area extending north to the Vancouver area and south to the mid-Willamette Valley.

Mission & Values of Legacy Health

Our legacy is good health for:

- Our people
- Our patients
- Our communities
- Our world



We will work as a team to demonstrate our values:

- **Respect** - Treat all people with respect and compassion
- **Service** - Put the needs of our patients and their families first
- **Quality** - Deliver outstanding clinical services within healing environments
- **Excellence** - Set high standards and achieve them
- **Responsibility** - Be good stewards of our resources, ensuring access to care for all
- **Innovation** - Be progressive in our thinking and actions
- **Leadership** - Serve as a role model of good health and good citizenship

Pharmacy Overview

Pharmacy has a strong presence in all clinical areas within Legacy, with pharmacists decentralized in multiple patient care areas and pharmacist participation in patient care rounds. Pharmacists consult on burn unit, critical care, internal medicine, neonatal ICU, neurology/stroke, oncology, orthopedic surgery, pediatrics, transplantation, and trauma rounds.

Pharmacy protocols are established for pharmacists to manage renal dosing, warfarin, heparin, low-molecular weight heparin, antibiotics (including but not limited to vancomycin and aminoglycosides), total parenteral nutrition, stress ulcer prophylaxis, phenytoin, and therapeutic drug interchange.

Primary care clinics, transplant clinic, and anticoagulation clinics also utilize pharmacists for collaborative patient care.

Pharmacy Services operates retail outpatient pharmacies at five hospitals providing clinic, employee and discharge prescriptions.

Mission:








Legacy Pharmacy Services is committed to medication management for the safety of our patients.

“Good drugs, good people, safe patients”

Vision:

- We will use tools to ensure patient safety and quality care.
- We will be fiscally responsible.
- We will collaborate with others.
- We will support, promote and value the importance of both personal and professional priorities

LH Pharmacy Services Strategic Plan FY15-19

Mission	<p>“Good Drugs, Good People, Safe Patients” Legacy Pharmacy Services is committed to medication management for the safety of our patients.</p>		
Values	 Respect	 Service	 Quality
	 Excellence	 Responsibility	 Innovation
	 Leadership		
Vision	<p>We will use tools to ensure patient safety and quality care, be fiscally responsible, collaborate with others, and support, promote and value the importance of both personal and professional priorities.</p>		
Strategic Goals	<p>Optimize Health</p> <p>Redefine staff roles and responsibilities to help patients reach their healthcare goals across the continuum.</p>	<p>Embrace Accountability</p> <p>Lead the medication use process.</p>	<p>Deliver Value</p> <p>Use resources and processes cost effectively and efficiently. We will be essential to the health of the patients we care for.</p>
Strategic Initiatives	<p>Performance Excellence</p>		<p>Care Transformation</p>
Tactics	<ol style="list-style-type: none"> 1. Develop Medication Reconciliation standard work across all facilities 2. Implement metrics for staffing core service lines and patient acuity 3. Share medication-related best practice across the continuum 		<ol style="list-style-type: none"> 1. Identify and address patient medication-related care needs in-house and post hospital stay 2. Develop standard hand-off processes across the continuum 3. Standardize Ambulatory Pharmacy Services 4. Engage in legislative, legal and regulatory advocacy



Pharmacy Services Leadership



Kathleen Stoner, Pharm.D.
Vice President, Pharmacy
Services



**Carl Heisel, RPh,
BCPS**
Director
Legacy Emanuel
Medical Center



**Janet Perry,
Pharm.D.**
Director
Legacy Good
Samaritan Medical
Center



**Doug Meyer, RPh,
MBA, BCNSP**
Director
Legacy Meridian
Park Medical Center



**Eric Schnebly, RPh,
MS**
Director
Legacy Mount Hood
Medical Center



**Ryan Erlwine,
Pharm.D., BCPS**
Director
Legacy Salmon
Creek Medical
Center



**Michelle Murray,
RPh, BCPS**
Director
Clinical Services
Residency Program
Director



**Zach McCall,
Pharm.D., MBA,
BCPS, BCACP**
Director
Ambulatory
Pharmacy Services
Residency Program
Director



**John Zahler, RPh,
MBA**
Director
Legacy Silverton
Health Medical
Center



Kim Stout, RPh
Manager
Legacy Emanuel
Medical Center



Chris Vorath, RPh
Manager
Unity Behavioral
Health



Vacant
Manager
Randall Childrens
Hospital



Jennifer Agee, CPA
Manager
Pharmacy Systems



**Elena Valcarlos,
Pharm.D.**
Clinical Coordinator
Legacy Emanuel
Medical Center



**Marianne Krupicka,
Pharm.D., BCPS**
Clinical Coordinator
Randall Childrens
Hospital



Lisa Kojiro, RPh
Clinical Coordinator
Legacy Good
Samaritan Medical
Center



Larry Cirotski, RPh
Clinical Coordinator
Legacy Meridian Park
Medical Center



**Andrew Gibler,
Pharm.D.**
Clinical Coordinator
Legacy Mount Hood
Medical Center



**Kate Farthing, Pharm.D.,
BCPS, FASHP**
Clinical Coordinator
Legacy Salmon Creek
Medical Center



**Victoria Wallace,
Pharm.D., BCPS**
Clinical Coordinator
Medication Safety Officer



Pam White, RPh
Clinical Coordinator
Anticoagulation
Clinics

Residency Program Overview

History

Legacy Health began their pharmacy residency program in 2001 with one resident, an OSU graduate, and the program was accredited by the American Society of Health System Pharmacists in 2002. The next two residency years 2002-03 and 2003-04 also had a single resident. In 2004-05, we expanded our program to two residents and had two residents for four years. In 2008, we expanded to three residents. In 2014, we initiated our PGY2 training program with a focus on Transitions in Care. In 2017, we changed our PGY2 training program to Ambulatory Care as well as expanded our PGY1 to four residents. In 2018, we began offering an Infectious Disease PGY2.

Obligations of the Resident:

1. Fulfills satisfactorily, and to the best of his/her ability, the academic requirements of the training program in which Resident is enrolled.
 - General and Program Requirements are defined by the American Society of Health System Pharmacist's PGY1/PGY2 program standards.
 - Specific educational goals and objectives for each year of residency training as defined in the resident's individualized training plan.
 - Additional program requirements as established by the Program Director.
2. Incorporates information provided through the residency program's performance evaluation process to expand his/her knowledge base and develop the skills, values and attitudes applicable to his/her level of training.
3. Demonstrates knowledge of clinical pharmacy and applies this knowledge in the provision of inpatient and outpatient care, as appropriate for Resident's level of training.
4. In consideration of the patient's needs and age, demonstrates skill in patient assessment, treatment planning, monitoring and discharge planning.
5. Demonstrates competency in medical records documentation.
6. Balances rotational expectations with other residency duties and clearly negotiates and communicates with rotational preceptor.

7. Demonstrates good judgment in prioritizing and organizing workload to ensure timeliness of patient care.
8. Fulfills any duty hours that are scheduled by Hospital and to which Resident is assigned.
9. Maintains and increases medical knowledge through self-directed learning, attendance at resident conferences and meetings, and participation in professional organizations.
10. Participates in committees and work groups, as assigned, and actively contributes to group problem solving.
11. Provides appropriate education to patients related to medical condition, self-care needs, health care habits, mobility, etc.
12. Incorporates age-specific learning principles into patient education strategies.
13. Familiarizes himself/herself with and abides by the policies, rules, procedures, and regulations which govern the work and conduct of residents and have been established by the residency program, the Hospital and its Medical Staff.

PGY1 Residency Program

PGY1 Program Purpose

PGY1 pharmacy residency programs build on pharmacy 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.

Rotations (Descriptions available in PharmAcademic)

Ambulatory Care

Anticoagulation

Emergency Medicine

General Medicine

Infectious Disease

Informatics

Longitudinal Leadership and Medication Safety

Medical Surgical Critical Care

Oncology

Orientation

Pediatrics

Pharmacy Administration

Trauma

Transplant

Program Structure and Timeline

Legacy Health PGY1 Residency Learning Experiences	
Required Learning Experiences	Elective Learning Experiences
<i>Experience length: Required experiences are generally 4-6 weeks in length. Many of the clinical experiences may be repeated as electives, if the resident's schedule allows.</i>	<i>Experience length: Elective experiences are generally 4 weeks in length, but may be shorter or longer depending on the resident's schedule and preceptor availability.</i>
Orientation: general and site specific training to prepare for every third weekend staffing rotation.	Kidney Transplant
General Medicine: 6 week at beginning of the year	Oncology – adult and pediatric
Longitudinal Staffing: Every 3 rd weekend	Infectious Disease
Trauma or Med-Surg Intensive Care	Anticoagulation (ambulatory)
Pediatrics	Trauma or Critical Care: opportunity to complete a 2 nd critical care rotation
Pharmacy Administration: rotation during residency recruitment and longitudinal expectations throughout the year.	Informatics
Ambulatory Care: working with a pharmacist in an internal medicine clinic on disease state management utilizing CDTM.	Cardiovascular Intensive Care Unit
Precepting: 6 week rotation precepting a general medicine student at the end of residency year	Emergency Medicine – adult and pediatric
Longitudinal: Medication Safety and Leadership	NICU
Citywide Residency Meetings: monthly meetings with didactic and social opportunities.	Oregon Pharmacy Teaching Certificate (OPTC): offered through the Citywide Residency Program, Pacific University and Oregon State University

<p><u>Major Project:</u> Each resident completes a major project during the residency year. Projects are selected by the resident, approved by the program director and peer reviewed by preceptors and co-residents. Residents develop a time line, receive IRB approval and submit an abstract (in early February) for presentation of the project at the Northwest Regional Residency Conference in May.</p>	
<p><u>Assessment and Evaluation:</u> Residents complete an initial assessment prior to beginning the program with a quarterly review of this assessment as part of the customized training program and schedule review. Residents self-evaluate, evaluate the learning experience and preceptor with each learning experience, along with receiving an evaluation from the preceptor. These evaluations are reviewed at least quarterly with the program director and used to document achievement of the ASHP goals and objectives for the PGY1 residency program.</p>	



Sample Year-long Schedule

PGY1 Pharmacy Practice Residency
SAMPLE Program Structure

6/27-7/7	7/10-8/18	8/21-9/15	9/18-10/27	10/30-12/15	12/18-1/26	1/29-2/23	2/26-3/23	3/26-5/4	5/7-6/15	
Orientation to residency	General Medicine	Orientation to staffing (4 weeks)	Pediatrics	Critical Care	Amb care	Admin	Elective rotation	Elective rotation	Precepting	
<p>Rotations in general medicine, critical care, ambulatory care and pediatric are 6 weeks in length, rotations in administration and orientation to staffing are 4 weeks in length. Longitudinal learning experiences include Leadership/Medication Safety and Staffing/Practice Management.</p>										
Project		Project selection and IRB proposal submitted	Complete project: data collection, analysis, written summary					Formal presentation and manuscript		
Required attendance at Citywide Residency Meetings										
Service Commitment: Every third weekend, required to staff a minimum of 13 weekends solo										
Citywide Meetings	7/20	8/24	9/21	11/16	3/15	4/19	5/12	6/21		
Residency Evaluations and Documents: Evals completed and submitted no later than 2 weeks following rotation, documents uploaded to PharmAcademic throughout year										
Precepting experience: (experience w/ instruction, modeling, coaching and facilitating)										
Optional: Teaching certificate										

Required Experiences

- Orientation
- Staffing: longitudinal
- Project: longitudinal
- Leadership/Med Safety: longitudinal rotation

Core Rotations (required)

- General Medicine
- Critical Care
- Pediatrics
- Administration
- Ambulatory Care
- Precepting

Elective Rotations

- Transplant
- Oncology
- Informatics
- 2nd Critical Care
- ED
- CVICU
- Anticoagulation
- Infectious Disease
- NICU

Requirements for Completion

Requirements for completion of the residency are reviewed by the RAC on an annual basis. PGY1 Resident must achieve all residency goals and objectives by the end of the residency year. Progress will be monitored by the RPD through at least quarterly evaluations and the resident's customized training plan.

In order to complete the residency year and receive a certificate of program completion, the resident must accomplish or achieve the following:

- a) Pharmacist or intern license at the beginning of the training year.
- b) Training year is 12 months from start of program.
- c) Signed residency agreement and intern licensure in state(s) of Oregon (and potentially Washington) prior to start of the residency year.
- d) Pharmacist licensure is expected within 90 days of start of residency. If not licensed as a pharmacist within subsequent 30 days (120 days from start of residency), resident will be dismissed from the program.
- e) Attendance of Legacy Health New Employee Orientation
- f) Completion of Legacy Health Orientation Checklist and of all required pharmacist E+ learning modules.
- g) Attendance of ACLS training and achievement of ACLS certification within first 3 months of start of the program
- h) Staffing requirements (every third weekend); Resident must make up any time missed for illness or vacation/requested time off
- i) Successful completion of all required rotations which include:
 - i. Orientation to staffing
 - ii. General medicine
 - iii. Critical care
 - iv. Pediatrics
 - v. Administration
 - vi. Longitudinal Leadership and Medication Safety
 - vii. Precepting of pharmacy student on internal medicine or critical care: to include orientation and evaluation of student as well as day to day precepting.
- j) Attendance of all Citywide Residency meetings unless absence is pre-arranged with RPD
- k) Attendance of all Legacy Pharmacy and Therapeutic Committee meetings unless absence is prearranged with RPD
- l) Longitudinal requirements of the program include:
 - i. Preparation and presentation of formulary monograph or class review
 - ii. Preparation, write-up and presentation of drug utilization evaluation
 - iii. Completion of 1 newsletter article
 - iv. Completion of 2 journal clubs
 - v. Completion of medication safety project
 - vi. Completion of 4 inservices for pharmacy, nursing or medical staff
 - vii. Completion of 6 formal drug information questions
 - viii. Completion of minutes for P&T and Medication Safety committees (as assigned).



- ix. Preparation and presentation of a poster or clinical pearl at a national or local professional meeting
- x. Participation in review of resident applications and in decision on whom to interview
- xi. Participation in resident interview sessions including serving as host/tour guide, participating in interview and in ranking process.
- xii. Membership in local professional organization of choice and participation in committee or workgroup of this organization
- xiii. Attendance at ASHP Midyear and regional residency conference
- xiv. Completion of longitudinal project and presentation of project at regional residency conference and completion of written manuscript which has been approved by project preceptor. Written manuscript should be of quality for submission for publication.

Key Contacts

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PGY2 Ambulatory Care Residency Program

PGY2 Program Purpose

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

Overview

The specialty residency will focus on providing comprehensive pharmaceutical care in a variety of multidisciplinary ambulatory settings. The resident will have teaching opportunities with multidisciplinary audiences. Residency expectations include a research project focusing on the establishment, expansion or evaluation of an ambulatory patient care service. A successful resident will possess the competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in ambulatory care practice.

Rotations (Descriptions available in PharmAcademic)

Orientation

Heart Failure/Hypertension

COPD/Asthma/Smoking Cessation

Diabetes/Hyperlipidemia

Psychiatry/Pain



Inpatient Transitions of Care

Leadership and Medication Safety

Population Health

Anticoagulation

Transplant



Sample Year-long Schedule

PGY2 Pharmacy Practice Residency
SAMPLE Program Structure 2018-19

7/9-7/20	7/23-8/17	8/20-9/28	10/1-11/9	11/12-12/21	12/23-1/4	1/7-2/15	2/18-3/29	4/1-4/5	4/8-5/17	5/20-6/28
Orientation	Orientation to staffing	Population Health	Diabetes, Hyperlipidemia	Transplant	Residency Project	Psychiatry, Pain	Heart Failure, Hypertension	Residency Project	COPD, Asthma, Smoking Cessation	Transitions of Care
<p>Rotations: Six week rotations include Population Health, Diabetes/Hyperlipidemia, Transplant, Psychiatry/Pain, Heart Failure/Hypertension, Transitions of Care, and COPD/Asthma/Smoking Cessation. Longitudinal learning experiences include Leadership/Medication Safety and Staffing/Practice Management.</p>										
Project	Project selection, IRB proposal submitted	Complete Project: data collection, analysis, written summary and presentation							Formal presentation and manuscript	
<p>Presentations: Poster presentation at OSHP Annual Seminar (optional), Project presentation at Northwestern States Regional Conference</p>										
<p>Service Commitment: One half day per week in anticoagulation clinic</p>										
<p>Meetings: Monthly practice management discussions, Citywide Residency Meetings, ASHP Midyear Clinical Meeting</p>										
Citywide Meetings	TBD									
<p>Residency Evaluations and Documents: Evaluations completed and submitted no later than 1 week following rotation, documents uploaded to PharmAcademic throughout year</p>										
<p>Optional: Teaching certificate</p>										

Required Experiences

- Orientation
- Staffing: longitudinal
- Project: longitudinal
- Leadership/Med Safety: longitudinal

Core Rotations (required)

- Population Health
- Diabetes/Hyperlipidemia
- Transplant
- Residency Project
- Psychiatry/Pain
- Heart Failure/Hypertension
- Transitions of Care
- COPD/Asthma/Smoking Cessation

Requirements for Completion

Requirements for completion of the residency are reviewed by the RAC on an annual basis. PGY2 Resident must achieve 90% of goals and objectives by the end of the residency year and must have satisfactory progress on the remaining goals and objectives. Progress will be monitored by the RPD through at least quarterly evaluations and the resident's customized training plan.

In order to complete the residency year and receive a certificate of program completion, the resident must accomplish or achieve the following:

- a. Signed residency agreement prior to start of the residency year.
- b. Residency training year is 12 months from start of program.
- c. Pharmacist licensure in Oregon or Washington is expected prior to start of residency. If licensure not in place by start of residency, then Oregon or Washington internship license is required. If not licensed within 120 days from start of residency, resident will be dismissed from the program.
- d. Attendance of Legacy Health New Employee Orientation
- e. Completion of Legacy Health Orientation Checklist and of all required pharmacist E+ learning modules.
- f. Staffing requirements (1/2 day a week throughout residency year). Resident must make up any time missed for illness or vacation/requested time off
- g. Successful completion of all required rotations, which include:
 - i. Orientation
 - ii. Transplant
 - iii. Inpatient Transitional Service (Transitions of Care)
 - iv. Staffing
 - v. Longitudinal Leadership and Medication Safety
 - vi. Ambulatory Clinic- Heart Failure, Hypertension
 - vii. Ambulatory Clinic- COPD, Asthma, Smoking Cessation
 - viii. Ambulatory Clinic- Diabetes, Hyperlipidemia
 - ix. Ambulatory Clinic- Psych, Pain
 - x. Population Health
- h. Attendance of all Citywide Residency meetings unless absence is pre-arranged with RPD.
- i. Attendance of all Legacy Pharmacy and Therapeutic Committee meetings unless absence is prearranged with RPD.
- j. Completion of minutes for P&T and Medication Safety committees (as assigned).
- k. Longitudinal requirements of the program include:
 - i. Preparation and presentation of formulary monograph or class review.
 - ii. Preparation, write-up and presentation of drug utilization evaluation
 - iii. Completion of 1 newsletter article
 - iv. Completion of 4 inservices for pharmacy, nursing or medical staff
 - v. Completion of 6 formal drug information questions
 - vi. Completion of medication safety project
 - vii. Leadership of two clinic pharmacist meetings
 - viii. Participation in review of resident applications and in decision on whom to interview
 - ix. Participation in resident interview sessions including serving as host/tour guide, participating in interview and in ranking process.



- x. Membership in local professional organization of choice and participation in committee or workgroup of this organization
- xi. Attendance at ASHP Midyear and Northwestern States Residency Conference
- xii. Completion of longitudinal project and presentation of project at Northwestern States Residency Conference and completion of written manuscript which has been approved by project preceptor. Written manuscript should be of quality for submission for publication.

Key Contacts

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Residency Orientation

[Onboarding Checklist](#)

Position Description

[PGY1](#)

[PGY2](#)

Salary and Benefits

Yearly salary is in the residency agreement and is annualized out per 2 week pay-period. Annual paid leave (vacation, sick time and holidays) are accrued per Legacy benefit standards.

[LHS Benefits](#)

Vacations and Holidays

Legacy residency training program recognizes the following as holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas. Residents are not required to work on recognized holidays. If a resident does work on these days, they do not qualify for holiday pay. All vacations must be cleared in advance with RPD and rotation preceptors.

Leave of Absence

[LHS Benefits- Leave and Disability](#)

[LHS Leave of Absence Policy](#)

Professional Travel:

[LHS Professional Development & Business Travel Approval](#)

[Residency Travel: Planning and Reimbursement](#)

[LHS Travel Authorization Form](#)

[LHS Expense Reimbursement Form](#)

Duty Hour Tracking

[LHS Duty Hour Policy](#)

[ASHP Duty Hour Policy](#)

Disciplinary Action

[Disciplinary Action](#)

Inclement Weather

[Inclement Weather](#)

Resident Professional Development

Portfolio

[Four roles of teaching](#)

[LEAN Resources](#)

[Documentation of Key Learning Objectives for Residency: PGY1](#)

[Project Overview](#)

Evaluations

[Legacy Self-Assessment/Self-Evaluation Philosophy and Strategy](#)

[Customized Training Plan](#)

Summative Evaluations: Final judgment and determination regarding quality of learning

Formative Evaluations: On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

Quarterly Evaluations (Available in PharmAcademic)

Exit Evaluations (Available in PharmAcademic)

Initial Resident Self-Reported Interest and Preferences (Available in PharmAcademic)

Pre-residency Needs Assessment (Available in PharmAcademic)

PharmAcademic



[PharmAcademic for residents](#): Includes instructions for logging in to PharmAcademic, updating your password and user information, viewing announcements, viewing your schedule, viewing formative feedback, viewing residency program information, viewing your resident information, and completing and cosigning evaluations.

[Uploading Resident Files in PharmAcademic](#)

Appendix

[LHS Campus Maps](#)

Information management:

- 1) [Intranet \(pharmacy and Legacy wide\)](#)
- 2) [Sharepoint](#)
- 3) K drive
- 4) Y drive
- 5) [Citrix for Mac: How to access from home](#)
- 6) [Citrix for Windows: How to access from home](#)
- 7) [Remote Email Access \(Get Mail\)](#)

Past PGY1 Residents

2001-02	Thien Nguyen (Oregon State University)
2002-03	Josi Snyder (University of Colorado)
2003-04	Sarah Bemis (University of Colorado)
2004-05	Sean Ottum (OSU) Kim Ellis (University of North Carolina)
2005-06	Jonathan Ward (University of Washington) Jennifer Showalter (University of Florida)
2006-07	Spencer Martin (OSU) Julie Hoover (Butler)
2007-08	Amy Breitfelder (University of Washington) Ryan Mickelson (University of Wisconsin)
2008-09	Ina Lee (Washington State University) Sarah Deines (OSU) Elizabeth Sarles (University of California San Diego)
2009-10	Andrew Gibler (OSU) Ahmed Zikri (University of Minnesota) Lindsie Froehlich (Washington State University)
2010-11	Karen Bronson (OSU) Kate Hammer (University of Washington) Jocelyn Frey (Creighton)
2011-12	John Darnell (University of Wyoming) Katie Yabut (OSU) Rebecca Watson (Duquesne)
2012-13	Breanne Chipman (University of Utah) Mary Luttrupp (OSU) Elise Fields (University of Washington)

2013-14 Sarah Fondse (Pacific University)
Molly Juhlin (OSU)
Tiffany Truit (University of New Mexico)

2014-15 Amy Higginson (OSU)
Carrie Bartel (Pacific University)
Dennis Choi (OSU)

2015-16 Alyssa Wenzel (Rosalind Franklin University School of Medicine and Science)
Laura Pahlmeyer (OSU)
Bryan Sears (University of Arizona)

2016-17 Vie Hoefling (Creighton)
Franklin Phan (OSU)
Jessie Bai (The Ohio State University)

2017-18 Ethan Blashford (University of Toledo)
Paul Philavong (South Carolina College of Pharmacy)
Jimmy Nguyen (Midwestern University – Glendale)
Victor Tran (OSU)

Past PGY2 Transitions of Care Residents

2014-15 Katie Norton (Creighton; Via Christi)
Rachel (Bettis) Chlasta (Belmont University; Virginia Mason Medical Center)

2015-16 Anthony Neises (University of Kansas; Via Christi)
Josephine Cheng (Wayne State; UNC-Eshelman School of Pharmacy)

2016-17 Christa Johnson (University of Mississippi; St. Dominic Hospital)
Paola Acevedo (Rutgers; Atlantic Health System)

Past PGY2 Ambulatory Care Residents

2017-18 Henry Tran (University of Michigan; Providence Health & Services)
Jayme Johnston (The University of Texas- Austin; Indiana University Health)