

## LEGACY HEALTH

Policy: 916.3213  
Origination Date: FEB 2023  
Last Review Date: JAN 2024

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SECTION: PHARMACY  
TITLE: PHARMACY RESIDENCY PROGRAM: PROGRAM INFORMATION FOR PGY1 AND PGY2 APPLICANTS, RESIDENTS

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### FACILITY:

- Legacy Emanuel Hospital and Health Center (as applicable:  LEMC only  RCH only  Unity only)
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|--------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Legacy Good Samaritan Medical Center | <input checked="" type="checkbox"/> Legacy Medical Group             |
| <input checked="" type="checkbox"/> Legacy Meridian Park Medical Center  | <input type="checkbox"/> Legacy Urgent Care                          |
| <input checked="" type="checkbox"/> Legacy Mount Hood Medical Center     | <input type="checkbox"/> Legacy Visiting Nurse Association (Hospice) |
| <input checked="" type="checkbox"/> Legacy Salmon Creek Medical Center   | <input type="checkbox"/> Legacy Lab Services                         |
| <input type="checkbox"/> Legacy Silverton Medical Center                 | <input type="checkbox"/> Legacy Research Institute                   |
| <input type="checkbox"/> Administrative / System Support Services        | <input type="checkbox"/> Other:                                      |
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POPULATION:  Adult  Pediatric  Neonate

(Adult > 18 years of age; Pediatric 0-18 and adult patients under care of a pediatric specialty physician at RCH; Neonate 0-28 days and continued hospitalization in the NICU)

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### PURPOSE:

1. To define process for residency related travel.
2. To define policy for residency leave of absence.
  - a. Serve as an addendum to the [Legacy Human Resource Policy 500.401](#) for time away from residency training program for Legacy employees in the pharmacy residency training program.
  - b. Comply with applicable laws, including the federal Family and Medical Leave Act (FMLA), the Oregon Family Leave Act (OFLA), Washington Law Against Discrimination (WLAD), the federal Uniformed Services Employment and Reemployment Rights Act (USERRA), the Americans with Disabilities Act (ADA) and applicable state disability and leave laws, Workers' Compensation, Oregon and Washington's Military Family Leave Act, the Oregon Crime Victim's Leave Act, Oregon and Washington's Domestic Violence Leave and any other applicable leave law such as state paid leave while ensuring that a resident's leave of absence will allow the resident to successfully complete the requirements of the residency training program.
3. To define expectations for pharmacist licensure including deadlines for licensure and consequences for not meeting deadlines for licensure.
4. To define conditions and procedures for dismissal from Legacy Health residency programs when the resident fails to meet performance or academic standards for the training program in which they are engaged or is found to have acted in a manner that violates a policy or policies of Legacy Health.
5. To outline requirements for completion of residency.
6. To outline residency duty hours and moonlighting hours.

### RESPONSIBLE STAFF:

Pharmacy residents, Pharmacy residency program director(s), residency program coordinator(s), pharmacy clinical manager(s), pharmacy director(s), Chief Pharmacy Officer

### DEFINITIONS:

- Duty hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.
- Duty hours include inpatient and outpatient patient care, staffing/service commitment, work from home activities (taking calls from home and utilizing electronic health record) and scheduled and assigned activities such as conference, committee meetings or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

- Evaluation scale used for residency goals and objectives (see appendix for examples):
  - Achieved for residency: The resident meets the objective and can perform associated activities independently across the scope of pharmacy practice. Resident consistently completes objectives at an “Achieved” level for the residency.
  - Achieved: The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience.
  - Satisfactory Progress: The resident is performing and progressing as expected at this time in this learning experience.
  - Needs Improvement: Resident is not performing at an expected level at this time; improvement is needed. Deficient in knowledge/skills in this area. Often requires assistance to complete the objective. Unable to ask appropriate questions to supplement learning.
- Moonlighting: voluntary, compensated, pharmacy-related work performed outside the organization (external) or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

## POLICY:

### A. Residency Travel

1. Legacy usually pays for resident travel but reimbursement is not guaranteed. Residents will be notified no later than 60 days prior to the conference regarding Legacy reimbursement. When travel is covered, Legacy will reimburse for the registration and travel expenses (including time away from practice site) for the following meetings related to residency training:
  - a. American Society of Health System Pharmacists (ASHP) Midyear Clinical Meeting
  - b. Northwestern States Regional Residency Conference or similar conference for purposes of presenting residency project
2. If resident wishes to attend other educational conferences or meetings, educational paid leave time will be granted if preapproved by the residency program director, site pharmacy director or residency advisory committee.
3. There is required travel by car from the residents primary practice site to other Legacy sites for meetings (Practice Management – Thursday half-day, leadership seminar, etc) approximately once or twice a week. The distance to other sites is no more than 30 miles one way depending on the location. There is financial support available for mileage reimbursement. Practice Management is the only required learning experience that is not conducted at the Primary Practice Site.
4. The primary objective for Legacy paid educational conferences is attendance and participation in the conference.
5. Spouses or significant others are not to accompany resident during meetings/conferences that are residency related and are paid for by Legacy Health.
  - a. If resident wishes to take additional APL time at beginning or end of meeting/conference, the costs must be clearly separated from Legacy paid travel.
  - b. Airfare for travel/APL time in addition to approved travel must not exceed airfare of average residents’ fare by more than 10%
  - c. When planning travel, reference LH policies [400.27 Business Travel and Entertainment Expenses Policy](#) for information on covered expenses and reimbursement process.

**KEY POINT:** *Travel plans (including travel authorization) for approved education should be made at least 4 weeks prior to registration deadline.*

5. All travel costs (including registration) should be preapproved through Legacy standard process using TRAVEL AUTHORIZATION, REGISTRATION and ADVANCE REQUEST form which is available on Legacy intranet.
  - a. When completing this form, estimate costs including taxes for lodging, meals and costs for transportation to and from airport and baggage costs based on lowest available direct airfare booked at least three weeks in advance of travel date.

6. Lodging reimbursement will be limited to the single occupancy rate.
7. Travel costs should be optimized whenever possible by sharing lodging and transportation with co-residents, preceptors or residents outside of Legacy program.
8. Any extra expenses incurred for additional stops in other cities beyond conference destination or for stay outside of the conference dates are the financial responsibility of the resident.

#### **B. Residency Leave of Absence and Vacation:**

1. A resident wishing to take vacation during the residency must request time off 30 days prior to the date of the request and must submit request to RPD, residency site coordinator and preceptor for affected rotation.
  - a. For interviews, the vacation leave must be approved by the RPD and preceptor(s) prior to accepting the interview date.
  - b. Residents are expected to be present during the final week of the residency. Exceptions may be considered on a case-by-case basis, but approval of leave during this time is not guaranteed.
2. If a resident misses more than 10% of learning experience (e.g., 3 days in a 6-week or 2 days in a 4-week learning experience), the learning experience may be extended at the discretion of the preceptor(s) and residency program director.
  - a. A preceptor may require makeup hours or additional project(s) for time away from rotation.
  - b. A preceptor for a learning experience has the discretion to be more stricter in their time away from rotation requirements but this must be clearly stated in the learning experience.
3. If time away from the residency program extends beyond 30 working days, the residency program may be extended in length (beyond 12-month period) to make time up for any days beyond 30 missed days.
4. If time away from the residency program (including leave of absence) extends beyond 90 calendar days, the site pharmacy director or manager will work with Legacy Human Resources to determine if reasonable accommodations can be made to allow the resident to fulfill the requirements of the residency training program. This may include extension of the training period or requirement for resident to reapply to the program. The residency program is not to extend beyond August 31. Any program extension would be paid and include a continuation of benefits through the approved extension period
5. Leave of absence leading to inability to complete training during the residency calendar year is subject to dismissal from the program.

#### **C. Resident Licensure, Corrective Action and Dismissal:**

1. Pharmacy residents are employees of Legacy Health. Employees are expected to comply with Legacy Health policies for conduct and performance. Any non-compliance with these standards will be addressed per Legacy Health Human Resources policies. See LH 500.108 Termination of Employment and LH 500.204 Employee Conduct.
  - a. Department level leadership and RPD, along with Human Resources, have the responsibility for determining when corrective action is necessary, and which corrective action options are appropriate. See LH 500.506 Actions to Address Employee Performance or Conduct.
2. Pharmacist licensure in Oregon and/or Washington is expected within the first 90 days from the hire date of the residency training year.
  - a. An active pharmacist intern license (Oregon and/or Washington) is required while the resident is pursuing pharmacist licensure.
  - b. If the resident is not licensed within 90 days of the beginning of the residency program, the following describes the outcome for the resident.
    - i. If the resident has taken, but not successfully passed either the NAPLEX or MPJE exam, or both, the RAC may consider allowing a 30 day extension, which will allow the resident to complete two-thirds of the residency as a licensed pharmacist. If approved, this extension will be noted in the RAC minutes. If this extension is not approved, the resident will be dismissed
    - ii. If the resident has not taken both the NAPLEX and MPJE exams within 90 days of the beginning of the program, the resident will be dismissed from the program.
    - iii. If a 30 day extension has been provided and the resident is still not licensed as a pharmacist at the end of the 30 day extension, the resident will be dismissed from the program.

3. PGY2 residents must have successfully completed an ASHP-accredited or candidate-status PGY1 program residency prior to the start of the PGY2 residency year. Incoming PGY2 residents must upload a copy of their PGY1 certificate of completion into their PGY2 PharmAcademic™ files tab within 14 days of the start of the residency. Failure to upload a PGY1 certificate of completion within 14 days of the start of the PGY2 residency will result in dismissal from the residency program and termination of employment.
4. Residents are expected to make continual progress toward achievement of required program competencies, goals and objectives throughout the residency year.
5. Postgraduate year 1 (PGY1) residents must demonstrate progress towards achieving residency goals and objectives by the end of the General Medicine rotation or at the end of 90 days from the hire date, as applicable and whichever occurs first.
6. Evaluations and documented notification will be submitted as indication for failure to demonstrate progress
7. Upon receiving evaluations indicating “needs improvement” or documented notification of the resident’s failure to meet program expectations, the RPD and RSC or their representative will:
  - a. Meet with the resident to discuss the area(s) of concern, and
  - b. Identify appropriate measures for improvement or remediation through a corrective action plan with established timelines.
  - c. Failure to progress and meet milestones of the correction action plan within the established timeline is subject to dismissal from the program.
8. Dismissal will occur when corrective action has not resulted in sufficient documented improvement or the resident violates standards of conduct and performance, per Legacy Health Human Resources policies and procedures.
9. The program shall present the resident with the documented evaluations, notices and corrective action plans indicating failure to demonstrate progress and/or documentation of violation of Legacy Health policies of conduct and performance.
10. The program shall provide an oral statement of dismissal within 3 days and a written letter of dismissal within 10 days of decision.
11. Involuntary termination may be initiated for reasons including, but not limited: poor performance; violation of Legacy rules, expectations or policy; excessive absenteeism; actions or conduct detrimental to Legacy Health, patients, or other employees; lack of availability; or reduction in force.

#### **D. Requirements for Completion of Residency:**

##### **PGY1 Residency:**

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

1. Pharmacist or intern license at the beginning of the training year.
2. Training year is 12 months from start of program. Section B above.
3. Signed terms of hiring and intern licensure in state(s) of Oregon and/or Washington prior to start of the residency year. Acknowledgement of residency policy review within two weeks of start of the program.
4. Pharmacist licensure is required within 90 days of start of residency. If the resident is not licensed within 90 days of the beginning of the residency program, the resident may be dismissed from the program. See resident licensure and dismissal above.
5. Completion of Legacy Health Orientation Checklist and of all required pharmacist E+ learning modules.
6. Attendance of ACLS training and achievement of ACLS certification within first 3 months of start of the program.
7. Independent staffing (licensed pharmacist) for a minimum of 240 hours. Staffing requirements may be satisfied by weekend staffing or at the discretion of the site. Resident must make up any staffing time missed for illness or vacation/requested time off.
8. Successful completion of all required rotations which include:
  - i. System orientation to the program
  - ii. System orientation to staffing

- ii. Practice management
  - iii. System general medicine
  - iv. System critical care
  - v. System emergency medicine
  - vi. System administration
  - vii. System precepting
  - viii. System longitudinal staffing
  - ix. System Project
9. Completion of a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan.
10. Prior to each quarterly development plan update, the resident will document an updated self-assessment that includes:
  - i. An assessment of their progress on previously identified opportunities for improvement related to the competency areas.
  - ii. Identification of the new strengths and opportunities for improvement related to the competency areas.
  - iii. Changes in their practice interests.
  - iv. Changes in their careers goals immediately post residency.
  - v. Current assessment of their well-being and resilience.
11. Achievement of competency areas, goals and objectives (CAGO): PGY1 Resident must achieve all residency objectives (ACH-R) 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.
  - i. Resident to complete self-assessment of CAGO at entrance to the program and quarterly as part of the development plan.
  - ii. At a minimum, the resident has been marked as achieved by preceptor at least **twice** for the **Patient Care** competency area R1.
  - iii. At a minimum, the resident has been marked as achieved at least **once** for the following required competency areas:
    - R2 (Advancing Practice and Improving Patient Care)
    - R3 (Leadership and Management)
    - R4 (Teaching, Education and Dissemination of Knowledge)
    - E5 (Management of Medical Emergencies) **required for Legacy program**
12. Attendance of Legacy Pharmacy and Therapeutic Committee meetings is encouraged and required when presenting formulary monograph/class review or drug utilization evaluation.
13. Longitudinal requirements of the program include:
  - i. Preparation and presentation of formulary monograph or class review.
  - ii. Preparation, data collection, summary and presentation of drug utilization evaluation
  - iii. Completion of 2 newsletter articles
  - iv. Completion of 1 blog post
  - v. Completion of 2 journal clubs
  - vi. Completion of 3 in-services 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 (does not include NWSRC presentation)
  - 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 (when Legacy funding is available) and regional residency conference
  - xiv. Completion of longitudinal project and presentation of project at regional residency conference

- xv. Completion of written manuscript which has been approved by project preceptor. Written manuscript should be of quality for submission for publication.

Residency Advisory Committee: Requirements for completion of the residency are reviewed by the RAC on an annual basis.

### **PGY2 Ambulatory Care Residency:**

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

1. Documented successful completion of ASHP-accredited or candidate-status PGY1 program residency within 14 days of the start of the PGY2 residency year per Section C above.
2. Signed terms of hiring prior to start of the residency year. Documented acceptance of program policies within two weeks of the start of the residency year.
3. Residency training year is 12 months from start of program. Pharmacist licensure in Oregon is expected prior to start of residency. If licensure not in place by start of residency, then Oregon internship license is required. If the resident is not licensed within 90 days of the beginning of the residency program, the resident may be dismissed from the program per Section C above.
4. Completion of PGY2 Ambulatory Care Residency Orientation Checklist and of all required pharmacist E+ learning modules.
5. Staffing requirements (1 day a week throughout residency year). Resident may be required to make up any time missed for illness or vacation/requested time off if resident is not making satisfactory progress on the staffing rotation.
6. Precepting of one pharmacy student or PGY1 resident.
7. Successful completion of all required rotations, which include:
  - i. Orientation
  - ii. Primary Care I
  - iii. Primary Care II
  - iv. Primary Care III
  - v. Administration
  - vi. Population Health
  - vii. Staffing (Internal Medicine Clinic)
  - viii. Longitudinal Residency Project
  - ix. Practice Management
  - x. ASHP Duty Hour Compliance

**KEY POINT:** *At a minimum, the PGY2 Ambulatory Care Resident must be marked as achieved at least **twice** for Competency Area R1 (Patient Care). At a minimum, the resident must be marked as achieved at least **once** for the following required competency areas:*

- *R2 (Advancing Practice and Improving Patient Care)*
- *R3 (Leadership and Management)*
- *R4 (Teaching, Education, and Dissemination of Knowledge)*

*Progress will be monitored by the RPD through at least quarterly evaluations and the resident's customized training plan.*

8. Completion of a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan.
9. Prior to each quarterly development plan update, the resident will document an updated self-assessment that includes:
  - ii. An assessment of their progress on previously identified opportunities for improvement related to the competency areas.
  - iii. Identification of the new strengths and opportunities for improvement related to the competency areas.
  - iv. Changes in their practice interests.
  - v. Changes in their careers goals immediately post residency.

vi. Current assessment of their well-being and resilience.

10. Attendance and participation in meetings:

- i. Legacy Pharmacy and Therapeutic (P&T) Committee, attendance and minutes (1)
- ii. Medication Safety, attendance (1)
- iii. Ethics Committee, attendance (1)
- iv. Ambulatory Pharmacist Meeting (all meetings required unless absence is pre-approved with RPD). Resident must lead two Ambulatory Pharmacist Meetings.

11. Longitudinal requirements of the program include:

- i. Medication Safety Project or Quality Improvement Project to be done in coordination with Ambulatory Pharmacy Manager
- ii. Service Development Project
- iii. Membership in professional organization(s) including council or committee membership
- iv. Prepare and present two journal clubs
- v. Upload documentation to PharmAcademic for at least six drug information responses
- vi. Completion of PGY2 Ambulatory Care Appendix
- vii. Preparation/submission of at least three newsletter articles (Preceptor Spotlight, Coolest Thing I Learned, Blog Post on Legacy Website, Therapeutically Speaking, etc.)
- viii. Prepare and provide at least four interprofessional in-service presentations, one of which must be for the Legacy Medical Group CME series
- ix. Completion of IRB-approved longitudinal project, including completion of CITI training for Human Subjects Research-Principal Investigators & Sub-Investigators
- x. Presentation of longitudinal project at regional residency conference
- xi. Completion of written manuscript which has been approved by project preceptor. Written manuscript should be of quality for submission for publication.
- xii. Participation in review of resident applications and in decision on whom to interview
- xiii. Participation in resident interview sessions including serving as host/tour guide, participating in interview and in ranking process.
- xiv. Participation in at least one public health service event (health fair, immunization event, etc.)

Residency Advisory Committee: Requirements for completion of the residency are reviewed by the RAC on an annual basis.

### **PGY2 Infectious Diseases Residency:**

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

1. Documented successful completion of ASHP-accredited or candidate-status PGY1 program residency within two weeks of the start of the PGY2 residency year. Section C above.
2. Signed terms of hiring prior to start of the residency year. Documented acceptance of program policies within two weeks of the start of the residency year.
3. Residency training year is 12 months from start of program.
4. Pharmacist licensure in Oregon is expected prior to start of residency. If licensure not in place by start of residency, then Oregon internship license is required. If the resident is not licensed within 90 days of the beginning of the residency program, the resident may be dismissed from the program.
5. Completion of Legacy Health Orientation Checklist and of all required pharmacist E+ learning modules.
6. Staffing requirements: Resident staffs every third weekend and must make up any significant time missed for illness or vacation/requested time off at the discretion of RAC.
7. Successful completion of all required rotations, which include:
  - i. Orientation – Including general/site-specific, microbiology and informatics
  - ii. General Infectious Diseases
  - iii. Advanced Infectious Diseases 1
  - iv. Advanced Infectious Diseases 2
  - v. Pharmacy Operations
  - vi. Practice Management
  - vii. Longitudinal Antimicrobial Stewardship
  - viii. Longitudinal Research Project

## ix. Ambulatory Clinic- Infectious Diseases

**KEY POINT:** *PGY2 Infectious Diseases Residency 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.*

6. Attendance of assigned Legacy Pharmacy and Therapeutic Committee meetings unless absence is pre-arranged with RPD.
7. Attendance of all Antimicrobial Stewardship System Steering committees unless absence is pre-arranged with RPD.
8. Completion of minutes for Antimicrobial Stewardship committees (as assigned).
9. Longitudinal requirements of the program include:
  - a. Preparation and presentation of formulary monograph or class review.
  - b. Preparation, write-up and presentation of drug utilization evaluation.
  - c. Preparation or review of 2 infectious disease guidelines.
  - d. Review and assessment of business opportunity for 1 medical center within the health system.
  - e. Completion of 1 newsletter article.
  - f. Completion of 1 presentation to the department of microbiology.
  - g. Participation in review of resident applications and in decision on whom to interview
  - h. Participation in resident interview sessions including serving as host/tour guide, participating in interview and in ranking process.
  - i. Membership in the Society of Infectious Diseases Pharmacists (SIDP).
  - j. Attendance at ASHP Midyear (when Legacy funding is available) and regional residency conference
  - k. 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.

Residency Advisory Committee: Requirements for completion of the residency are reviewed by the RAC on an annual basis.

**E. Duty Hours:**

1. Legacy residency programs follow ASHP duty hours policy: [Duty-Hour Policy \(ashp.org\)](http://www.ashp.org)
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duties. An exception of an 8-hour period of rest is permissible infrequently to permit residents to participate in patient care activities of high educational value.
4. The residents may work additional hours above the requirements of the residency, either internally or externally, in accordance with the following guidelines:
  - i. The learning experiences of the program rotation(s) and patient care are not compromised by taking additional shifts.
  - ii. Moonlighting shifts must occur outside of rotation hours.
  - iii. The resident's performance on Legacy rotation is deemed by the preceptor to be satisfactory both in terms of achieving educational goals and objectives of the rotation and patient safety.
  - iv. The total aggregate work/duty hours do not exceed 80 hours per week when averaged over 4 weeks, and moonlighting does not exceed a maximum of 10 hours per week when averaged over 4 weeks.



**KEY POINT:** *Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.*

5. The resident shall not receive any comp days/time for extra shifts worked over the basic residency requirements.
6. The resident will report hours worked outside of the residency requirements to the RPD monthly.
7. Prior to engaging in moonlighting activities, residents must submit a Conflict Disclosure Statement Form to Corporate Compliance. See Appendix 4.
8. Moonlighting permissions may be withdrawn if moonlighting activities appear to have an adverse effect on resident performance.
9. Any infraction of the guidelines and terms for moonlighting activities will be reviewed by RAC. RAC will determine if any probation/remediation is required for the resident and an appropriate action plan will be implemented. Residents who do not meet the terms of the probation are subject to dismissal from the program.
10. Residents will sign and acknowledge the duty hour/moonlighting policy at the beginning of residency year. See Appendix 3 Pharmacy Residency Moonlighting Agreement.
11. Prior to the start of any moonlighting activities, the resident will provide an action plan to be implemented if their performance is adversely affected by moonlighting activities.
12. This action plan is to be reviewed and approved by RAC.
13. At the beginning of each rotation, the resident will provide their preceptor with a calendar of non-rotational commitments including moonlighting hours and will work with their preceptors on any potential conflicts with this duty hours policy.
14. On these rotations (i.e., rotation or staffing with swing shift hours), the resident is responsible for scheduling their shifts so that they are not in violation of the above duty hours.
15. This policy will be distributed to the residents and the preceptors.
16. Moonlighting/duty hours will be monitored by resident attestation in PharmAcademic.

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**Key Words:** Resident, Pharmacy resident, travel, duty hours, successful completion, requirements for completion, licensure, dismissal

**References:** 400.27 Business Travel and Entertainment Expenses, 500.401 Leave of Absence

**Replaces:** 916.3905 Pharmacy Resident Successful Completion, 916.3210 Licensure and Grounds for Pharmacy Resident Dismissal, 916.3903 Pharmacy Leave of Absence, 916.3902 Residency Travel, 916.3206 Residency Duty Hours and Duty Hours Exceptions

**Approval:** Pharmacy Director

**Originator:** Pharmacy

**Owner:** Pharmacy Residency Advisory Committee

**APPENDIX 1: Evaluation Scale Used for PGY1 Residency Goals and Objectives:**

<p><b>Needs Improvement (NI)</b></p>	<p>Resident is not performing at an expected level at this time; improvement is needed.</p> <ul style="list-style-type: none"> <li>- Deficient in knowledge/skills in this area</li> <li>- Often requires assistance to complete the objective</li> <li>- Unable to ask appropriate questions to supplement learning</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Resident recommendations are incomplete and/or poorly researched or lack appropriate data to justify making changes in patient's medication regimen.</li> <li>- Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team or to follow up on issues related to patient care.</li> <li>- No apparent effort made by the learner to improve knowledge or lack of knowledge poses patient safety risk.</li> <li>- Provides inaccurate drug information responses with inappropriate recommendations for patient care.</li> <li>- Consistently writes error filled consult notes with inappropriate therapy management recommendations.</li> <li>- Consistently requires multiple revisions based on preceptor feedback.</li> </ul>
<p><b>Satisfactory Progress (SP)</b></p>	<p>The resident is performing and progressing as expected at this time in this learning experience. Document identified growth opportunities within the learning experience that move toward mastery of the objective (or activity).</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Sometimes requires assistance to complete the objective</li> <li>- Able to ask appropriate questions to supplement learning</li> <li>- Evidence of significant improvement during the learning experience, even if it is not complete mastery of the activity or objective.</li> <li>- Can perform expected activities with some guidance and can complete the requirements without significant input from the preceptor</li> </ul>
<p><b>Achieved (ACH) for this learning experience</b></p>	<p>The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Can successfully perform learning experience activities independently</li> <li>- Has accomplished the ability to perform the objective within this learning experience</li> <li>- Rarely (1x/week) requires assistance to complete activities related to the objective</li> <li>- No further developmental work needed for this objective in this learning experience</li> </ul>
<p><b>Achieved for Residency (ACH-R)</b></p>	<p>The resident meets the objective and can perform associated activities independently across the scope of pharmacy practice. Resident consistently completes objectives at an "Achieved" level, as defined above, for the residency.</p> <p>At a minimum, the resident has been marked as achieved at least <b>twice</b> for the <b>Patient Care</b> competency area R1.</p> <p>At a minimum, the resident has been marked as achieved at least <b>once</b> for the following required competency areas:</p> <ul style="list-style-type: none"> <li>• R2 (Advancing Practice and Improving Patient Care)</li> <li>• R3 (Leadership and Management)</li> <li>• R4 (Teaching, Education and Dissemination of Knowledge)</li> <li>• E5 (Management of Medical Emergencies)</li> </ul>

**APPENDIX 2: Evaluation Scale Used for PGY2 Ambulatory Care Residency Goals and Objectives:**

<p><b>Needs Improvement (NI)</b></p>	<p>Resident is not performing at an expected level at this time; improvement is needed.</p> <ul style="list-style-type: none"> <li>- Deficient in knowledge/skills in this area</li> <li>- Often requires assistance to complete the objective</li> <li>- Unable to ask appropriate questions to supplement learning</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Resident recommendations are incomplete and/or poorly researched or lack appropriate data to justify making changes in patient's medication regimen.</li> <li>- Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team or to follow up on issues related to patient care.</li> <li>- No apparent effort made by the learner to improve knowledge or lack of knowledge poses patient safety risk.</li> <li>- Provides inaccurate drug information responses with inappropriate recommendations for patient care.</li> <li>- Consistently writes error filled consult notes with inappropriate therapy management recommendations.</li> <li>- Consistently requires multiple revisions based on preceptor feedback.</li> </ul>
<p><b>Satisfactory Progress (SP)</b></p>	<p>The resident is performing and progressing as expected at this time in this learning experience. Document identified growth opportunities within the learning experience that move toward mastery of the objective (or activity).</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Sometimes requires assistance to complete the objective</li> <li>- Able to ask appropriate questions to supplement learning</li> <li>- Evidence of significant improvement during the learning experience, even if it is not complete mastery of the activity or objective.</li> <li>- Can perform expected activities with some guidance and can complete the requirements without significant input from the preceptor</li> </ul>
<p><b>Achieved (ACH) for this learning experience</b></p>	<p>The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Can successfully perform learning experience activities independently</li> <li>- Has accomplished the ability to perform the objective within this learning experience</li> <li>- Rarely (1x/week) requires assistance to complete activities related to the objective</li> <li>- No further developmental work needed for this objective in this learning experience</li> </ul>
<p><b>Achieved for Residency (ACH-R)</b></p>	<p>The resident meets the objective and can perform associated activities independently across the scope of pharmacy practice. Resident consistently completes objectives at an "Achieved" level, as defined above, for the residency.</p> <p>At a minimum, the resident has been marked as achieved at least <b>twice</b> for the <b>Patient Care</b> competency area R1.</p> <p>At a minimum, the resident has been marked as achieved at least <b>once</b> for the following required competency areas:</p> <ul style="list-style-type: none"> <li>• R2 (Advancing Practice and Improving Patient Care)</li> <li>• R3 (Leadership and Management)</li> <li>• R4 (Teaching, Education and Dissemination of Knowledge)</li> </ul>

### APPENDIX 3 Pharmacy Residency Moonlighting Agreement

Attestation of duty/residency hour policy by resident and residency program director:

1. I have read and understand the terms and stipulations for duty/moonlighting activities
2. I will be accountable for tracking my total activity hours to ensure that I do not exceed the total aggregate work hours of 80 hours per week, when averaged over four weeks. This will include both activities as part of an accredited residency program and outside activities.
3. I will report hours worked by completing required duty hour tracking in PharmAcademic.
4. I will notify my RPD and RPC of plan to moonlight and provide an action plan prior to start of moonlighting activities, as agreed upon with RAC, to be implemented in instances where my performance during residency is affected by moonlighting activities.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Residency Program Director

\_\_\_\_\_  
Date

**APPENDIX 4 Conflict Disclosure Statement Form****Legacy Health****Conflict Disclosure Statement Form**

**Statement of Purpose:** To uphold our responsibility as ethical stewards we must identify and manage situations that may compromise our judgment or in which our interest may be inconsistent with those of Legacy Health.

**Summary:** A conflict of interest is any situation where an individual's financial or personal interest could potentially or actually interfere, or even appear to interfere, with their business judgment. The Conflict Disclosure Statement Form is intended to help ensure that Legacy is aware of any potential, personal, financial, and/or family interests that could impact your role at Legacy Health System.

If you need additional information, please review the Conflict-of-Interest section (IV.6.b.), disclosure of activities and personal interests explicitly covered in the policy, especially as outlined in the Conflict-of-Interest Disclosure and Review section (V.3.), and other transactions and relationships that could be a conflict of interest.

**Instructions:** As appropriate, please check the area of potential conflict and provide a detailed explanation below or check "No conflict to disclose". After completing the signatures on the second page, please send this statement to the Corporate Compliance department if potential conflicts are disclosed or if completion of this form is mandated by the Standards of Conduct policy (e.g., Board members, Legacy's senior management team, contracted medical directors).

**What happens after I submit this form?**

Once Corporate Compliance receives responses to this form, our team will take steps to ensure any conflicts of interest are managed to an acceptable level. Management of a conflict may be as simple as making sure that a person engaging in certain activities or relationships no longer involves themselves in decision making related to those activities. It's important to remember that most conflicts can be managed.

**Potential Conflicts of Interest (please check one):**

*If you are uncertain as to whether to disclose, you should err on the side of disclosing.*

- Business Interests (*i.e., if an employee has loyalties that are at odds with the operation or mission of the Legacy Health System, such as working for a competitor on a part-time or freelance basis, receiving any payment from a device company, vendor, or other organization*).
- Financial Interests (*i.e., anything of monetary value, including services rendered, commercial dealings, stock ownership greater than 5% of company value, or shared ownership*).
- Outside Employment (*i.e., if you are employed by another company outside Legacy Health System*). Please list the company name and position below.
- All other transactions and relationships that are potential conflicts (*i.e., if an employee works in the same department as a family member or reports to a family member, a friend or family member works for a Legacy vendor*). Please include the name, position, and location for family member employment.
- No Conflicts to disclose

If you have a potential conflict of interest to disclose, please provide a detailed explanation below:

Name (print): \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ Employee#: \_\_\_\_\_

Contact#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a potential conflict of interest is disclosed, please obtain a signature from your supervisor*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

**Additional resources:**

[Code of Conduct](#)

[Standards of Business Conduct](#) (Conflict of Interest Policy)

**Submit to Compliance:**

Fax: 503-415-5655

Email: [Complianceofficer@lhs.org](mailto:Complianceofficer@lhs.org)

Mail: Corporate Compliance at System Office - 1919 NW Lovejoy Portland, OR 97209

*Thank you for supporting a strong culture of compliance and ethics at Legacy Health System!*