

LEGACY HEALTH

Policy #: 916.3213
Origination Date: FEB 2023
Last Review Date: DEC 2024

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

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: |

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)

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.
2. Legacy will only reimburse for the member cost of attendance.
3. 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
4. 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.
5. 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.
6. The primary objective for Legacy paid educational conferences is attendance and participation in the conference.
7. 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. Residents accrue approximately 25 days of APL (Annual Paid Leave) during the residency year. APL is applied to vacation days, sick days, personal days, and holidays not worked by the resident.
2. PGY1 residents have 10 paid project days and paid time away for attendance at required conferences.
3. 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.
4. If a resident misses more than 10% of a required learning experience (e.g., 3 days in a 6-week or 2 days in a 4-week learning experience), the learning experience will need to be extended respectively.
5. If time away from the residency program extends beyond 30 total working days, the residency program will be extended in length (beyond 52 week period) to make time up for any days beyond 30 missed days.
6. The residency program is not to extend beyond August 31. Any program extension must be equal to both days and content missed. Pay and benefits during any program extension are not guaranteed.
7. 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, RAC will allow a 30 day extension, which will ensure the resident completes two-thirds of the residency as a licensed pharmacist. This extension will be noted in the RAC minutes.
 - 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. After the 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.
 - iv. If the resident has successfully passed both the NAPLEX and MPJE exams at the 120 day mark of the residency year, the resident's training year will be extended accordingly based

on the number of business days until the local board of pharmacy has issued their pharmacist license.

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 complete all requirements of the Residency Program based on the ASHP Residency Standards and Competency Areas, Goals and Objectives for their specific program. Only those residents who complete the residency requirements set forth will receive their residency certificate. Evaluation of the resident's progress in completing the residency completion requirements is documented as part of the quarterly review process.
5. The residency program director (RPD), in conjunction with residency advisory committee (RAC), site coordinator and clinical manager, will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements (e.g., NI for the same objective on more than one summative evaluation, multiple NI's for a single summative evaluation, not meeting progression expectations during a learning experience, not meeting deadlines), or if there is a concern with other behaviors related to performance (e.g., unprofessional behavior, plagiarism) the following steps shall be taken.
 - a. The RPD and the resident's direct supervisor will provide the resident verbal coaching for any initial issues identified. If the identified issues continue, the resident will be placed in a resident corrective action plan (Appendix 6). The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the criteria for successful remediation and will have a timeline for remediation of no longer than 4 weeks.
 - b. If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency in order to receive a certificate of completion.
 - c. If the resident is not successful in completing the action steps, yet makes progress, a second resident corrective action plan can be executed. The second resident corrective action plan will be no longer than 4 weeks.
 - d. If the resident does not meet the criteria for successful remediation in the second plan, the resident will be dismissed from the program and will not receive a certificate.
6. Residency-related conduct or actions that may be grounds for immediate dismissal include, but are not limited to, plagiarism.
7. If a resident completes 52 weeks of the residency but does not fulfill all residency completion requirements, a certificate will not be issued. No extensions will be granted for residents who have failed to meet residency completion requirements.

D. Requirements for Completion of Residency:

PGY1 Residency:

Residency training year is 52 weeks from start of program. In order to complete the residency year and receive a certificate of program completion, the resident must accomplish or achieve the following:

1. 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.
2. Completion of all required experiences which include:
 - i. System orientation to the residency
 - 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
3. A minimum of 31 objectives must be marked as achieved for the residency (ACHR)
 - ii. The resident must be marked as achieved by their preceptors at least **twice** for R1.1 and R1.2 objectives prior to consideration for ACHR.
 4. Attend at minimum 4 P&T meetings and 1 Med Safety meeting
 5. Completion of minutes for 1 P&T meeting
 6. Membership and active participation in at least 1 professional organization
 7. Completion of 6 drug information responses, minimum of 1 per required patient care experience.
 8. Completion of personal leadership plan
 9. 1 newsletter article
 10. 1 blog post
 11. 1 preceptor highlight for residency newsletter
 12. 1 drug monograph or formulary review written report
 13. 1 medication use evaluation (MUE) written report
 14. Project plan, including IRB submission for major project
 15. Final manuscript for major project
 16. Presentations:
 - i. 2 journal clubs
 - ii. Poster or clinical pearl at a national or local professional meeting
 - iii. Formulary review or monograph presentation at a system meeting
 - iv. MUE presentation at system meeting
 - v. 3 interprofessional or system-wide pharmacy in-service presentations (including pharmacy grand rounds presentation)
 - vi. Presentation of year-long project at regional residency conference

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

PGY2 Ambulatory Care Residency:

Residency training year is 52 weeks from start of program. 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. Documented acceptance of program policies within 14 days of the start of the PGY2 residency via PharmAcademic evaluation.
3. 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.
4. Achievement of competency areas, goals and objectives (CAGO): PGY2 Ambulatory Care Residents 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)
5. 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.
 6. 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).
 - a. Resident must facilitate two Ambulatory Pharmacist Meetings
 7. 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, submitted to RPD. Written manuscript should be of quality for submission for publication.
 - xii. Precepting of one pharmacy student or PGY1 resident.
 - xi. 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 14 days of the start of the PGY2 residency via PharmAcademic evaluation.
3. Residency training year is 52 weeks from start of program.
4. 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.
5. Achievement of competency areas, goals and objectives (CAGO): PGY2 Infectious Diseases Residents must achieve 90% of residency goals and 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

- a. Resident to complete self-assessment of CAGO at entrance to the program and quarterly as part of the development plan.
 - b. At a minimum, the resident has been marked as achieved by preceptor at least twice for the Patient Care competency area R1, except R1.1.2 and R1.1.3, which must be marked as achieved by preceptor at least once.
 - c. At a minimum, the resident has been marked as achieved at least once for required competency areas R2 (Advancing Practice and Improving Patient Care), R3 (Leadership and Management), and R4 (Teaching, Education and Dissemination of Knowledge).
6. PGY2 Infectious Diseases Residents must document direct patient care and non-patient care experiences for infectious disease states listed in the ASHP PGY2 Infectious Diseases Pharmacy Residency Appendix using PharmAcademic. Progress will be monitored by the RPD through at least quarterly evaluations and the resident's customized training plan
7. Successful completion of all required rotations, which include:
- a. Advanced Infectious Diseases 1
 - b. Advanced Infectious Diseases 2
 - c. Antimicrobial Stewardship (Longitudinal): Resident staffs antimicrobial stewardship every third weekend for the 2nd half of the year and must make up any time missed for illness or vacation/requested time off
 - d. Antimicrobial Stewardship Staffing (Longitudinal)
 - e. General Infectious Diseases Service
 - f. Legacy Health Infectious Diseases Clinic (Longitudinal)
 - g. Operations (Longitudinal): Resident staffs operations every third weekend for the 1st half of the year and must make up any time missed for illness or vacation/requested time off
 - h. Orientation & Training
 - i. Practice Management
 - j. Research Project
8. Attendance of assigned Legacy Pharmacy and Therapeutic Committee meetings unless absence is pre-arranged with RPD.
9. Attendance of all Antimicrobial Stewardship System Steering committees unless absence is pre-arranged with RPD.
10. Completion of assigned minutes for Antimicrobial Stewardship committee.
11. Longitudinal requirements of the program include:
- a. Preparation and presentation of formulary monograph or class review.
 - b. Preparation or review of 2 infectious disease guidelines or protocols.
 - c. Completed medication error reporting (I-CARE).
 - d. Preparation, write-up and presentation of drug utilization evaluation.
 - e. Review and assessment of business opportunity for 1 medical center within the health system.
 - f. 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.
 - g. Completion of 3 journal club presentations.
 - h. Grand Rounds CE Presentation to pharmacy department OR Infectious Diseases Lunch and Learn.
 - i. Completion of 2 newsletter articles.
 - j. Membership in the Society of Infectious Diseases Pharmacists (SIDP).
 - k. Attendance at ASHP Midyear (when Legacy funding is available) and regional residency conference (when Legacy funding is available).
 - l. Review of anti-infective budget.
 - m. Completion of 1 presentation to the department of microbiology.
 - n. Completion of ID CityWide presentation.
 - o. Completion of LMG CE presentation.

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 \(ashp.org\)](https://www.ashp.org/education/residency/program-information/duty-hour-policy)
2. A resident may work additional hours above the requirements of the residency, either internally or externally, in accordance with the following guidelines:
 - i. Moonlighting shifts must occur outside of rotation hours.
 - ii. The learning experiences of the program rotation(s) and patient care are not compromised by taking additional shifts.
 - 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 resident maintains compliance with the ASHP duty hours policy.
 - v. The resident is responsible for scheduling their shifts so that they are not in violation of the the duty hours policy.
 - vi. The resident shall not receive any comp days/time for extra shifts worked over the basic residency requirements.
3. Prior to engaging in moonlighting activities, residents must do the following:
 - i. Submit a Pharmacy Residency Moonlighting Agreement. See Appendix 4.
 - ii. Submit a Conflict Disclosure Statement Form to Corporate Compliance. See Appendix 5.
 - iii. Submit a moonlighting action plan to be implemented if their performance is adversely affected by moonlighting activities. The action plan must be reviewed and approved by RAC.
4. While engaging in moonlighting activities, residents are responsible for the following:
 - i. The resident will report hours worked outside of the residency requirements to the RPD monthly via resident attestation in PharmAcademic.
 - ii. 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.
5. If moonlighting activities have an adverse effect on resident performance, residents must follow the previously approved moonlighting action plan.
6. Any instances of non-compliance with this policy identified will be assessed by RAC, who will determine if probation/remediation is required for the resident and will ensure that the resident's moonlighting action plan is implemented. Residents with repeated violations of the moonlighting policy will be dismissed from the program.

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:

Needs Improvement (NI)	<p>Resident is not performing at an expected level at this time; improvement is needed. In the last 1/3 of the rotation (e.g. last 2 weeks of a 6 week rotation, last 1 week of a 3 or 4 week rotation):</p> <ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning • Resident recommendations are incomplete and/or poorly researched or lack appropriate data to justify making changes in patient's medication regimen • Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team or to follow up on issues related to patient care • No apparent effort made by the learner to improve knowledge or lack of knowledge poses patient safety risk • Provides inaccurate drug information responses with inappropriate recommendations for patient care. • Consistently writes error filled consult notes with inappropriate therapy management recommendations. • Consistently requires multiple revisions based on preceptor feedback
Satisfactory Progress (SP)	<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). In the last 1/3 of the rotation (e.g. last 2 weeks of a 6 week rotation, last 1 week of a 3 or 4 week rotation):</p> <ul style="list-style-type: none"> • Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in this area • Sometimes (> 1x per week, < every other day) requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH) for this learning experience	<p>The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience. In the last 1/3 of the rotation (e.g. last 2 weeks of a 6 week rotation, last 1 week of a 3 or 4 week rotation)</p> <ul style="list-style-type: none"> • Can successfully perform learning experience activities independently • Has accomplished the ability to perform the objective within this learning experience • Rarely (1x/week) requires assistance to complete activities related to the objective; minimum supervision required • No further developmental work needed for this objective in this learning experience
Achieved for Residency (ACH-R)	<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, for the residency.</p> <ul style="list-style-type: none"> • At a minimum, the resident has been marked as achieved by a preceptor at least twice for R1.1 and R1.2. • At a minimum, the resident has been marked as achieved by a preceptor at least once for all other objectives required in the program.

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

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

APPENDIX 3: Evaluation Scale Used for PGY2 Infectious Diseases Residency Goals and Objectives:

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

APPENDIX 4 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 5 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

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!

