Legacy Health Systems
Department of Pharmacy Services

Post Graduate Year One & Two (PGY1/PGY2)
Pharmacy Residency Program
Manual 2019-2020
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2 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.

2.1.1 Mission & Values of Legacy Health

2.1.2 Our legacy is good health for:
- Our people
- Our patients
- Our communities
- Our world
2.1.3 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
3 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.

3.1.1 Mission:

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

3.1.3 Vision:

Our legacy is delivering an extraordinary patient care experience through exceptional pharmacy services.
LH Pharmacy Services Strategic Plan FY19 -

**Mission**
Our legacy is good health for: our people, our patients, our communities, our world.

**Values**
- Respect
- Service
- Quality
- Excellence
- Responsibility
- Innovation
- Leadership

**Vision**
Our legacy is delivering an extraordinary patient care experience through exceptional pharmacy services.

**Strategic Goals**
- **Patient Experience**: Relentless pursuit of patient safety, service quality, organizational value, and team engagement through innovative thinking and application.
- **Financial Sustainability**: Challenging our people to think, create, innovate and collaborate daily to create thriving work and patient experience.

**Strategic Initiatives**
- **New Services**
- **Financial Sustainability**
- **Restructure Pharmacy Services**
  -
Pharmacy Services

SVP & CNO

VP Supply Chain and Pharmacy Services

Corporate Pharmacy

Ambulatory Services

Retail Pharmacies *

Hospitals

EMC
RCH
UCBH
GS
g
MPMC
MHMC
SCMC
SMC

Data & Systems
Clinical
Anticoag Coordination
Medication Safety
PGY 1 Resident Program
PGY 2 Resident Program(s)**

340B Program
Analytics
Drug Use Policy
PGY 1 Resident Program
PGY 2 Resident Program(s)**

Central Distribution Center
Antimicrobial Stewardship

Legacy Health Systems Pharmacy Residency Manual

* 7 retail stores - EMC and RCH are combined
** Ambulatory Care, Antimicrobial Stewardship
Pharmacy Services – Hospital Perspective

VP Supply Chain and Pharmacy Services

EMC Director

GSMC, MPMC, MHMC & SCMC* Directors

SMC Director

Inpatient *(3710)
Retail > & (3718)
Anticoag @ (3719)

Inpatient *(3710)
Retail > (3718)
Anticoag @ (3719)

Inpatient *
Retail #

Pharmacists:

- EMC Clinical Coordinator
- RCH Clinical Coordinator
- UCBH Manager
- EMC Manager

SMC Director of Pharmacy and Clinical and Support Services

Pharmacists:

- GSMC
- MPMC
- MHMC
- SCMC

Pharmacists:

- 4.5
- 1.8
- 2.8

Technicians:

- 5.1
- 5.1
- 2.8

Other:

- 25
- 3
- 25

Hours of Service:

- Inpatient 24/7
- Inpatient 7AM to 11PM
- Retail M-F 9AM to 6PM & Retail Saturday 10AM to 4PM
- SCMC Director of Pharmacy and Clinical and Support Services

Note: Anticoag RN managed at SMC
4 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 started an Infectious Disease PGY2. In 2019, we expanded our PGY1 program to a multi-site program with six residents, each based at their own individual Legacy site.

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.
5 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.

Program Quality Improvement and Assurance

The specialty residency will conduct annual needs and growth opportunities assessment through evaluation of all learning experience evaluations and end-of-program-year survey to preceptors and resident identifying markers for change management. (What to start, stop, continue and change.) Opportunities will be prioritized according to resources and significance of need as advised by the Residency Advisory Committee.

Rotations (Descriptions available in PharmAcademic)

Ambulatory Care
Anticoagulation
Cardiovascular Critical Care
Emergency Medicine
General Medicine
Infectious Disease
Informatics
Medication Safety
Longitudinal Staffing
Critical Care
Oncology
Orientation
Pediatrics
Pharmacy Administration
Precepting
Transitions of Care
Trauma
Transplant

Program Structure and Timeline

<table>
<thead>
<tr>
<th>Legacy Health PGY1 Residency Learning Experiences</th>
</tr>
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<tbody>
<tr>
<td><strong>Core Learning Experiences</strong></td>
</tr>
<tr>
<td>Experience length: Core experiences are 6 weeks in length. Many of the clinical experiences may be repeated as electives if the resident’s schedule allows.</td>
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<tr>
<td>Orientation: general and site-specific training to prepare for approximately every third weekend staffing rotation</td>
</tr>
<tr>
<td>General Medicine</td>
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<tr>
<td>Longitudinal Staffing</td>
</tr>
<tr>
<td>Critical Care</td>
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<tr>
<td>Emergency Medicine* <em>(This is a required learning experience that may vary between 4-6 weeks in length)</em></td>
</tr>
<tr>
<td>Pharmacy Administration</td>
</tr>
<tr>
<td>Precepting: layered learning model that occurs concurrently with another learning experience</td>
</tr>
<tr>
<td>Medication Safety</td>
</tr>
<tr>
<td>Citywide Residency Meetings: monthly meetings with didactic and social opportunities.</td>
</tr>
<tr>
<td>Longitudinal Practice Management: includes formulary review and drug utilization evaluation</td>
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<tr>
<td>OSU Leadership Class</td>
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<tr>
<td><strong>Major Project:</strong> 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.</td>
</tr>
<tr>
<td><strong>Assessment and Evaluation:</strong> 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.</td>
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**Evaluation scale (for preceptor and resident self-assessment):**

- **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, as defined below, for the residency.
  - R1 competency area: marked as achieved at least twice by a preceptor(s)
  - R2, R3, R4, E5 competency areas: marked as achieved (for learning experience) at least once by a preceptor
• **Achieved for learning experience:** The resident has met the expectations for independent practice of the learning activities associated with the objective, within the scope of the learning experience.
  - Can successfully perform learning experience activities independently
  - Has accomplished the ability to perform the objective within this learning experience
  - No further developmental work needed for this objective in this learning experience

• **Satisfactory Progress:** The resident is performing and progressing as expected at this time in the learning experience. Document identified growth opportunities within the learning experience that move towards independent practice of the objective or activity.
  - 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 independence with the activity or objective

• **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 compete 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.

Policy Link: [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. See link for requirements for completion checklist and policy [916.3905 Pharmacy Residency Completion Requirements](#)

**Contacts**

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Good Samaritan Site Coordinator: Eva Levbarg elevbarg@lhs.org

Emanuel Site Coordinator: Michelle Pfeifer mpfeife@lhs.org

Meridian Park Site Coordinator: Sean Ottum sottum@lhs.org

Randall Children’s Site Coordinator: Marianne Krupicka mkrupick@lhs.org
6 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

Orientation to Staffing

Ambulatory Clinic: Heart Failure/Hypertension

Ambulatory Clinic: COPD/Asthma/Smoking Cessation

Ambulatory Clinic: Diabetes/Hyperlipidemia

Ambulatory Clinic: Psychiatry/Pain
Inpatient Transitions of Care
Leadership and Medication Safety
Population Health
Staffing: Internal Medicine Clinic
Transplant
Sample Year-long Schedule

PGY2 Pharmacy Practice Residency
SAMPLE Program Structure 2018-19

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</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Orientation to staffing</td>
<td>Population Health</td>
<td>Diabetes, Hyperlipidemia</td>
<td>Transplant</td>
<td>Residency Project</td>
<td>Psychiatry, Pain</td>
<td>Heart Failure, Hypertension</td>
<td>Residency Project</td>
<td>COPD, Asthma, Smoking Cessation</td>
<td>Transitions of Care</td>
</tr>
</tbody>
</table>

**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.

**Project**
- Project selection, IRB proposal submitted
- Complete Project: data collection, analysis, written summary and presentation
- Formal presentation and manuscript

**Presentations:** Poster presentation at OSHP Annual Seminar (optional), Project presentation at Northwestern States Regional Conference

**Service Commitment:** One day per week in internal medicine clinic

**Meetings:** Monthly practice management discussions, Citywide Residency Meetings, ASHP Midyear Clinical Meeting

**Citywide Meetings** Optional

**Residency Evaluations and Documents:** Evaluations completed and submitted no later than 1 week following rotation, documents uploaded to PharmAcademic throughout year

**Optional:** Teaching certificate

**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

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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 (and possibly Washington) is expected prior to start of residency. If licensure not in place by start of residency, then Oregon 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 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 - Psychiatry, Pain
   x. Population Health

h. Attendance of all Legacy Pharmacy and Therapeutic Committee meetings unless absence is prearranged with RPD.
i. Completion of minutes for P&T and Medication Safety committees (as assigned).
j. 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Chlasta</td>
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<tr>
<td>Henry Tran</td>
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<td>503-525-7453 (office)</td>
</tr>
</tbody>
</table>
7 PGY2 Infectious Diseases 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 delivering pharmaceutical care to patients with a variety of infectious diseases, through direct patient care and broader programmatic antimicrobial stewardship initiatives. The resident will have teaching opportunities with multidisciplinary audiences. Residency expectations include a research project with abstract submission to a national conference. A successful resident will possess the competencies that qualify them for clinical pharmacist, antimicrobial stewardship program director and/or faculty positions and position them to be eligible for attainment of board certification in infectious diseases.

Program Quality Improvement and Assurance

The specialty residency will conduct annual needs and growth opportunities assessment through evaluation of all learning experience evaluations, market analysis and end-of-program-year survey to preceptors and resident identifying markers for change management. (What to start, stop, continue and change.) Opportunities will be prioritized according to resources and significance of need as advised by the Residency Advisory Committee.

Rotations (Descriptions available in PharmAcademic)
### Required Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation (Operations, Microbiology, Informatics, ASP)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Operations (Every 3rd weekend)</td>
<td>Longitudinal: Year-long</td>
</tr>
<tr>
<td>Research Project</td>
<td>Longitudinal: Year-long</td>
</tr>
<tr>
<td>Practice Management</td>
<td>Longitudinal: Year-long</td>
</tr>
</tbody>
</table>

### Required Core Rotations

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Infectious Diseases</td>
<td>10 weeks</td>
</tr>
<tr>
<td>Advanced Infectious Diseases 1</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Advanced Infectious Diseases 2</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Ambulatory Clinic – Infectious Diseases</td>
<td>6 months, once weekly</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Longitudinal: Year-long</td>
</tr>
<tr>
<td>Transplant Infectious Diseases at OHSU</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

### Elective Rotations

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academia</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Critical Care, Medical-Surgery</td>
<td>3 – 6 weeks*</td>
</tr>
<tr>
<td>Critical Care, Neuro-Trauma</td>
<td>3 – 6 weeks*</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>3 – 4 weeks*</td>
</tr>
<tr>
<td>Epidemiology and Outcomes at OSU College of Pharmacy</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Informatics</td>
<td>3 – 4 weeks*</td>
</tr>
<tr>
<td>Pediatric Infectious Diseases</td>
<td>3 – 4 weeks*</td>
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</table>

*Please see learning experience descriptions in PharmAcademic™ for criteria in determining length of the elective rotation*
### PGY2 Infectious Diseases Pharmacy Practice Residency

#### SAMPLE Program Structure 2019-20

<table>
<thead>
<tr>
<th>PGY2 ID Block</th>
<th>Orientation</th>
<th>Orientation</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block Month</td>
<td>July</td>
<td>August</td>
<td>September</td>
</tr>
<tr>
<td>Block Experiences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 1</td>
<td>Orientation</td>
<td>Microbiology Orientation</td>
<td>Gen ID</td>
</tr>
<tr>
<td>Week 2</td>
<td>Operations training</td>
<td>Informatics Orientation</td>
<td>Gen ID</td>
</tr>
<tr>
<td>Week 3</td>
<td>Operations training</td>
<td>ASP Training</td>
<td>Gen ID</td>
</tr>
<tr>
<td>Week 4</td>
<td>Operations training</td>
<td>ASP Training</td>
<td>Gen ID</td>
</tr>
</tbody>
</table>

#### Clinical & Operational Longitudinal Experiences
- Antimicrobial Stewardship
- Ambulatory Clinic – Infectious Diseases, once weekly
- Practice Management
- Operations every third weekend

#### Operations Experiences

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<table>
<thead>
<tr>
<th>Month</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
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<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<tr>
<td><strong>Research Experiences</strong></td>
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<tr>
<td><strong>Milestones</strong></td>
<td>Project concept</td>
<td>Initial study protocol</td>
<td>Finalized Protocol &amp; IRB Submission</td>
<td>Data Collection</td>
<td>Data Analysis</td>
<td>Project Writeup &amp; Presentation</td>
<td></td>
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<tr>
<td><strong>Deliverables</strong></td>
<td>ASHP Midyear Abstract submission</td>
<td>Department Presentation of Results</td>
<td>ID Week Abstract Submission Deadline</td>
<td>NorthWestern States Residency Conference (presentation)</td>
<td>Final manuscript</td>
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Legacy Health Systems Pharmacy Residency Manual
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 quarterly development plan.

A. 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 is expected prior to start of residency. If licensure not in place by start of residency, then Oregon internship license is required. If not licensed within 120 days from start of residency, resident will be dismissed from the program.
   d. Selection of Legacy Salmon Creek as the operations staffing site will require Washington licensure by the end of the 2-month orientation block. If licensure is not in place by the end of the orientation block, then Washington internship license is required. If not licensed within 90 days, the operations staffing site will be relocated to an Oregon site.
   e. Attendance of Legacy Health New Employee Orientation
   f. Completion of Legacy Health Orientation Checklist and of all required pharmacist E+ learning modules.
   g. Staffing requirements (every third weekend). Resident must make up any time missed for illness or vacation/requested time off.
   h. Successful completion of all required rotations, which include:
      i. Orientation – Including general/site-specific, microbiology and informatics
      ii. General Infectious Diseases 1
      iii. General Infectious Diseases 2
      iv. Advanced Infectious Diseases 1
      v. Advanced Infectious Diseases 2
      vi. Practice Management
      vii. Pharmacy Operations
      viii. Longitudinal Antimicrobial Stewardship
      ix. Longitudinal Research Project
      x. Ambulatory Clinic- Infectious Diseases
   i. Attendance of assigned Legacy Pharmacy and Therapeutic Committee meetings unless absence is pre-arranged with RPD.
   j. Attendance of all Antimicrobial Stewardship System Steering committees unless absence is pre-arranged with RPD.
   k. Completion of minutes for Antimicrobial Stewardship committees (as assigned).
   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. Preparation or review of 2 infectious disease guidelines.
      iv. Review and assessment of 1 fiscal year anti-infective budget for 1 medical center within the health system.
      v. Completion of 1 newsletter article.
vi. Completion of 1 presentation to the department of microbiology.

vii. Participation in review of resident applications and in decision on whom to interview.

viii. Participation in resident interview sessions including serving as host/tour guide, participating in interview and in ranking process.

ix. Membership in the Society of Infectious Diseases Pharmacists (SIDP).

x. Attendance at ASHP Midyear and Northwestern States Residency Conference.

xi. 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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dchan@lhs.org      503-413-1757 (office)  626-757-3617 (cell)

Tom Vo  
tnvo@lhs.org      503-692-2452 (office)
8 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
APL
My-time
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
Travel Agent Link

Duty Hour Tracking
LHS Duty Hour Policy
ASHP Duty Hour Policy

Disciplinary Action
Disciplinary Action

Inclement Weather
Inclement Weather

Drug Evaluations and Formulary Reviews
Drug Evaluation Template
Drug Class Review Template
Abbreviated Drug Class Review Template
Abbreviated Drug Review Template
Evidence Summary Methods
Drug Information Form
AMA Referencing and Style Guide
9 Resident Professional Development

Portfolio

Four roles of teaching

LEAN Resources

PGY1 Checklist for Residency completion

Project Overview

Teaching Certificate

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.

Blooms taxonomy

Evaluations

Legacy Self-Assessment/Self-Evaluation Philosophy and Strategy

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
Customized Training Plan

10
APPENDIX

LHS Campus Maps

Information management:

1) Intranet (pharmacy and Legacy wide)
2) Sharepoint
3) K drive
4) One drive – Request One Drive SYNC access
5) Remote Email Access (Get Mail): http://outlook.com/owa/lhs.org
6) Microsoft 365 Tips
7) Outlook Mobile User Guide
8) Using your Legacy laptop guide – Request VPN access for laptop

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 Luttropp (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) 
2018-19  Brayden Benfit (OSU) 
Natalie Tucker (WSU) 
YoungYoon Ham (OSU) 
Bo Weber (OSU) 
2019-20  Stephanie Hernandez (University of Texas) MH 
Katie Cashman (WSU) EH 
Odaisa Igwe (OSU) RCH 
Peter Atkins (OSU) GS 
Karen Seo (Pacific) SC 
Jenny Guov (Pacific) MP 

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) 
2018-19  Victor Tran (OSU, Legacy Health) 
Austin Pliska (OSU, Sky Lakes Medical Center) 
2019-20  Charles Bodreau (Pacific University, Providence Portland) 
Eva Kisakye (Belmont University, Cookeville Regional Medical Center) 

Past PGY2 Infectious Disease Residents
2018-19  Anna Zhou (University of Colorado, Santa Clara Valley Medical Center)
2019-20  Jena Stallsmith (Drake University, Park Nicollet Methodist Hospital)