

# **Legacy Health**

## **Department of Pharmacy Services**



### **Post Graduate Year One & Two (PGY1/PGY2)**

### **Pharmacy Residency Program**

### **Manual 2026-2027**

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## 2 *LEGACY HEALTH*

### *SYSTEM OVERVIEW*

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Good health for our people, our patients, our communities and our world — these are not just words. They are commitments that form the core of our mission, and we take them seriously. That mission matches a profound and serious footprint: Legacy Health is a locally owned nonprofit, six-hospital health system that also includes a full-service children’s hospital, a 24-hour mental and behavioral health services center, and more than 70 primary care, specialty and urgent care clinics, 14,000 employees and nearly 3,000 health care providers. We provide comprehensive health care services across the Portland and Vancouver metro area and mid-Willamette Valley and have the most five-star ratings for hospitals in the region. From rural areas to urban centers, we play a critical role in the lives of 2.5 million people.

As one of the largest employers in the area, people trust Legacy with their health and livelihoods. That is why Forbes named Legacy one of the best large employers in America in 2023. That vote of trust also demands that we leave a positive mark on our community beyond the hallways of our hospitals and clinics. As a reflective and open-minded organization, we value the ideals of diversity, equity and inclusion (DEI). We acknowledge our country’s history of systemic racism and that it exists deeply in our society, our industry and within our organization. But we have done more than merely acknowledge and value these ideals. We’ve demonstrated a real commitment to change through concrete actions. We have also ensured that diversity, equity and inclusion initiatives remain a single focus that will be integrated into every future system-wide strategy, as well as all of our operations and patient care across our system.

Legacy Salmon Creek is an ASHP Certified Center of Excellence in Medication-Use Safety and Pharmacy Practice.

[Legacy Leadership Organization Chart](#)

## Our History

Our roots in serving the community run deep. Good Samaritan Hospital was founded in 1875 by the Episcopal Church; Emanuel Hospital in 1912 by the Lutheran Church — each hospital began with a mission to care for the community. In 1989 they joined with Mount Hood Hospital (opened 1922) and Meridian Park Hospital (opened 1973) to form Legacy Health. Legacy added Legacy Salmon Creek Medical Center in 2005, opened the new home for Randall Children's Hospital at Legacy Emanuel in 2012 and joined with Legacy Silvertown Medical Center in 2016.

Our specialized services and partners boast a strong history while reflecting growth and change:

- Rehabilitation Institute of Oregon, founded 1948
- Devers Eye Institute, founded 1959
- Oregon Burn Center, opened 1973
- Legacy Research Institute, founded 1997
- Legacy Medical Group, created 1999
- Legacy–GoHealth Urgent Care, formed 2015
- Unity Center for Behavioral Health (a collaboration with other health systems), created 2015
- PacificSource Health Plans formed a partnership with Legacy in 2016

THE LEGACY WAY

Our legacy is good health, for:

OUR PEOPLE

OUR PATIENTS

OUR COMMUNITIES

OUR WORLD

Above all, we will do the right thing.




### We value

- + **RESPECT** We treat all people with respect and compassion.
- ✋ **SERVICE** We put the needs of our patients and their families first.
- ✓ **QUALITY** We deliver outstanding clinical services within healing environments.
- ★ **EXCELLENCE** We set high standards and achieve them.
- ∞ **RESPONSIBILITY** We are good stewards of our resources, ensuring access to care for all.
- 💡 **INNOVATION** We are progressive in our thinking and actions.
- ↑ **LEADERSHIP** We serve as a role model of good health and good citizenship.

## 3 PHARMACY OVERVIEW

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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, Critical Care, Internal Medicine, Neonatal ICU, Neurology/Stroke, Oncology, Orthopedic Surgery, Pediatrics, Transplant, and Trauma units.

Pharmacy protocols are established for pharmacists to manage renal dosing, IV to PO conversions, anticoagulation (examples: warfarin and heparin), antibiotics (including but not limited to vancomycin and aminoglycosides), total parenteral nutrition and therapeutic drug interchange.

Primary care clinics, transplant clinic, specialty pharmacy, outpatient oncology, and medication management service clinics also utilize pharmacists for collaborative patient care including population health management.

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

**Our why:** To strengthen, unify, and innovate the way we care for one another and our world.

**Our Vision:**

Be Engaged: Providing the safest medication therapy and empowering patients for better health.

Be Connected: Caring for one another. Be vital to our community and our world.

Be Innovative: Investing in activities that make Pharmacy services essential.

Be a Leader: Market leader practice excellence.

Our Mission: to provide safe, sustainable, and effective pharmacy services that promote health and healing.

## 4 RESIDENCY PROGRAM OVERVIEW

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### History

2001: PGY1 program started – one resident primarily at Good Sam and Emanuel

2002: Accreditation by the American Society of Health System Pharmacists

2004: PGY1 expanded to two residents.

2008: Expanded to three PGY1 residents

2014: PGY2 training in Transitions of Care started

2017: PGY2 training in TOC changed to Ambulatory Care, PGY1 program expanded to four residents

2018: PGY2 in Infectious Diseases started

2019: PGY1 program expanded to a multi-site program with six residents at 5 sites

2024: PGY1 and PGY2 Ambulatory Care programs were awarded 8 years of ASHP accreditation

2026: PGY1 program will split into 5 individual programs based out of 5 individual sites with six total PGY1 residents.

## 5 PGY1 RESIDENCY PROGRAM

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### PGY1 Program Purpose

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

### Overview

Legacy Health PGY1 Residency Programs have 6 residents based at 5 “home” acute care sites. Our structure incorporates the ASHP required competency areas as follows:

- R1: Patient Care – Direct patient care learning experiences (System General Medicine, System Critical Care, System Emergency Medicine, System Longitudinal Staffing, System Orientation to Staffing, System Precepting)
- R2: Practice Advancement – Practice Management, System Administration, System Project
- R3: Leadership– Practice Management, System Administration, System Longitudinal Staffing, System Orientation to Staffing and System Project
- R4: Teaching and Education – Direct patient care learning experiences (System Critical Care, System Emergency Medicine, System Precepting), System Administration and Practice Management

Our program is coordinated by 5 residency program directors, one at each of the facilities. Our system residency advisory committee (RAC) meets 10 times per year. Our individual site RAC meets at least quarterly and reports up through our system RAC.

### Program Quality Improvement and Assurance

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

### Program Structure and Timeline

Legacy Health offers ASHP-accredited one-year post-graduate pharmacy residency programs at several hospital campuses. For the 2026-2027 residency year:

- One PGY1 position is available at Legacy Salmon Creek Medical Center (in Vancouver WA)
- Two PGY1 positions are available at Legacy Emanuel Medical Center (in Portland OR)

Legacy Good Samaritan, Meridian Park, and Mount Hood are not recruiting for the 2026-2027 year but are expected to recruit in the 2027-2028 residency year.

The program is coordinated by the site's Residency Program Director. Residents will complete required rotations, including general medicine, critical care, administration, emergency medicine, precepting, a major project and longitudinal staffing, along with at least one elective rotation. Required longitudinal and non-clinical experiences include program orientation and practice management. The elective learning experiences vary in length from 3 to 6 weeks. If an elective is desired in another specialty area, consideration will be given to the development of such if preceptor availability, support of providers and other resources allow. If the elective is to be in the same area of a required learning experience, the learning experience will be conducted at a more advanced level under a different learning experience description and with different objectives than the required learning experience that the resident completed.

Residents have the option to complete the Oregon Pharmacy Teaching Certificate (OPTC) through Oregon State University and Pacific University. All requirements for the teaching certificate are required deliverables for the program.

Requirements for completion of the residency are reviewed by the RAC on an annual basis. PGY1 residents must achieve all residency 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.



<b><u>PGY1 Learning Experiences</u></b>		
<b>Required Experience</b>	<b>Length</b>	<b>Location</b>
System Orientation to Residency Program	3 weeks	Peterson Hall (Good Sam Campus) and Home Site
Orientation to Staffing	4 weeks	Home Site
System Longitudinal Staffing (Residents are required to complete a minimum of 280 hours independently. Ability to practice independently will depend on preceptor and clinical manager agreement based on feedback during orientation to staffing. Residents typically staff every third weekend however frequency depends on site specific scheduling needs)	Longitudinal: Year-long	Home Site
System Project: Resident research project. Legacy residents get the opportunity to complete a formal research project. Some sites may follow the “flipped research model” and has the residents completing a project in Jan/Feb of their residency year and then starting a new project that will be handed off to the incoming resident in June upon completion of the training program.	Longitudinal: Year-long	Home Site
Practice Management: longitudinal	Longitudinal: Year-long	Peterson Hall (Good Sam Campus), home site, virtual
System General Medicine	6 weeks	Home Site
System Critical Care – it is preferred that General Medicine will be completed prior to Critical Care	6 weeks	Home Site
System Emergency Medicine – length can vary depending on the resident interests	4 - 6 weeks*	Home Site
System Administration – mandated 1 “admin” day for application review	5 weeks	Home Site
System Precepting – length can vary depending on availability of preceptors and learners for the residents to precept. This typically occurs at the end of the residency year with a new APPE student, but not always. The practice area where this occurs depends on the resident interest, availability of preceptors and learners. Most residents choose to complete precepting within a general medicine practice area.	4 - 6 weeks*	Home Site

<b>Elective Rotations*</b>		
Oncology	6 weeks	Good Samaritan
Oncology Ambulatory Care (requires WA RPH licensure)	4 - 6 weeks	Salmon Creek
Kidney Transplant	5 - 6 weeks	Good Samaritan
Infectious Diseases	4 - 6 weeks	Emanuel
Ambulatory Care	4 - 6 weeks	Legacy Medical Group (located based on preceptor availability and resident preference)
Transitions of Care	3 - 5 weeks	Emanuel, Meridian Park, Mt. Hood
Cardiovascular Critical Care (Must complete required critical care learning experience prior to this elective)	5 - 6 weeks	Emanuel
Operating Room	4 weeks	Good Samaritan
Neonatal Critical Care	3 - 5 weeks	Emanuel
Neuro Trauma Critical Care (Must complete required critical care learning experience prior to this elective)	5 - 6 weeks	Emanuel
Pediatric Oncology	4 - 6 weeks	Emanuel (Randall Children's)
Pediatric Critical Care (Must complete required critical care learning experience prior to this elective and must have strong interest in pediatrics)	5 - 6 weeks	Emanuel (Randall Children's)

### 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, for the residency.
  - At a minimum, the resident has been marked as achieved at least twice for the Patient Care competency area R1.
  - 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)
- *Achieved for this learning experience:* The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience.
  - 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
- *Satisfactory Progress:* 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).
  - 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
- *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

## Key Contacts

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## 6 PGY2 AMBULATORY CARE RESIDENCY PROGRAM

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### PGY2 Program Purpose

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, 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.

### 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, and continue) Opportunities will be prioritized according to resources and significance of need as advised by the PGY2 Ambulatory Care Residency Advisory Committee and the System-wide Residency Advisory Committee.

### Requirements for Completion

Requirements for completion of the residency program are reviewed by the Residency Advisory Committee on an annual basis. PGY2 Ambulatory Care residents must achieve all residency goals and objectives by the end of the residency year, with Competency Area R1 (Patient Care) objectives marked as achieved at least twice for the residency year. Progress will be monitored by the residency director through at least quarterly evaluations and the resident's customized training plan.

For detailed completion requirements, see Policy 916.3213: Pharmacy Residency Program: Program Information for PGY1 and PGY2 Applicants, Residents

**Rotations 2024-2025 (Descriptions available in PharmAcademic)**

<b>Required Longitudinal Rotations</b>	<b>Length</b>
Staffing (Internal Medicine Clinic)	Longitudinal: Year-long
Longitudinal Residency Project	Longitudinal: Year-long
Practice Management	Longitudinal: Year-long
<b>Required Block Rotations</b>	
Orientation	4 weeks
Primary Care I	8 weeks
Primary Care II	8 weeks
Primary Care III	10 weeks (due to ASHP Midyear/holidays)
Population Health	4 weeks
Administration	4 weeks
<b>Elective Rotations</b>	
Advanced Primary Care	4 – 6 weeks*
Informatics	4 – 6 weeks*
Medication Management Services	4 – 6 weeks*
Renal Transplant	4 – 6 weeks*
Rural Internal Medicine	4 – 6 weeks*
Transitions of Care	4 – 6 weeks*

\*Elective rotations may be 4 or 6 weeks in length based on resident interest and preceptor availability

## Program Structure

### Legacy Health PGY2 Ambulatory Care Program Structure 2026-2027

Orientation	Primary Care I	Primary Care II	Primary Care III	Administration	Population Health	Elective I	Elective II	Elective III
4 weeks	8 weeks	8 weeks	10 weeks (due to Midyear and holidays)	4 weeks	4 weeks	4 weeks	6 weeks	4 weeks
Rotations: Four- to ten-week block rotations in addition to longitudinal learning experiences								
Project:	IRB proposal submission	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								
Staffing: One day per week in an internal medicine clinic								
Practice Management: One day per week, virtually								
Residency Evaluations and Documents: Evaluations completed and submitted no later than 1 week following rotation, documents uploaded to PharmAcademic throughout year								
Optional: Teaching certificate, if not obtained during PGY1 residency								

#### Required Longitudinal Rotations

- Practice Management (52 weeks)
- Staffing (Internal Medicine Clinic) (50 weeks)
- Longitudinal Residency Project (50 weeks)

#### Required Block Rotations

- Orientation (4 weeks)
- Primary Care I (8 weeks)
- Primary Care II (8 weeks)
- Primary Care III (10 weeks)
- Population Health (4 weeks)
- Administration (4 weeks)

#### Elective Rotations

- Advanced Primary Care (4-6 weeks)
- Cardiology (4-6 weeks)
- Community Pharmacy (4-6 weeks)
- Endocrinology (4-6 weeks)
- Infectious Disease (4-6 weeks)
- Medication Management Services (4-6 weeks)
- Renal Transplant (4-6 weeks)
- Rural Internal Medicine (4-6 weeks)
- Transitions of Care (4-6 weeks)
- Other elective learning experiences may be developed based on resident interest and preceptor availability

### 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, for the residency.
  - At a minimum, the resident has been marked as achieved at least twice for the Patient Care competency area R1.
  - 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)
- *Achieved for this learning experience:* 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):
  - 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
- *Satisfactory Progress:* 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/activity. In the last 1/3 of the rotation (e.g., last 2 weeks of a 6-week rotation):
  - 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
- *Needs Improvement:* 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):
  - 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



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## *7 PGY2 INFECTIOUS DISEASES RESIDENCY PROGRAM*

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### 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.) 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	Length
Orientation & Training	8 weeks (except residents who early commit, see PharmAcademic for details)
Operations (Longitudinal)	Longitudinal: every 3 <sup>rd</sup> weekend for 6 months
Research Project	Longitudinal: Year-long
Practice Management	Longitudinal: Year-long
<b>Required Core Rotations</b>	
General Infectious Diseases Service	10 weeks
Advanced Infectious Diseases 1	2 weeks
Advanced Infectious Diseases 2	2-4 weeks*
Legacy Health Infectious Diseases Clinic (Longitudinal)	Longitudinal: ½ day once weekly for 6 months,
Antimicrobial Stewardship (Longitudinal)	Longitudinal: Year-long
Antimicrobial Stewardship Staffing (Longitudinal)	Longitudinal: every 3 <sup>rd</sup> weekend for 6 months
<b>Elective Rotations</b>	
Advanced Antimicrobial Stewardship	3 – 4 weeks*
Cardiovascular ICU/Progressive Cardiac Care Unit	3 – 6 weeks*
Critical Care - Neurotrauma ICU	3 – 6 weeks*
Emergency Medicine	3 – 6 weeks*
Epidemiology and Outcomes at OSU / OHSU	4 weeks
Immunocompromised Host Infectious Diseases & Stewardship	4 weeks
Informatics	3 – 4 weeks*
Outpatient Parenteral Antimicrobial Therapy (OPAT)	4 weeks
Pediatric Infectious Diseases	3 – 6 weeks*
Transplant Infectious Diseases	4 weeks

\*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

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<b>Week 1</b>	Orientation	Operations Orientation	Gen ID	ID Week	Gen ID	Midyear	Informatics	Peds ID	Immuno ASP	OPAT	Epi & Outcomes	Transplant ID	Adv ID 2
<b>Week 2</b>	Orientation	Operations Orientation	Gen ID	Gen ID	Gen ID	Informatics	Peds ID	Immuno ASP	OPAT	Adv ASP	Epi & Outcomes	Transplant ID	Adv ID 2
<b>Week 3</b>	Informatics Orientation	ASP Orientation	Gen ID	Gen ID	Adv ID 1	Informatics	Peds ID	Immuno ASP	OPAT	Adv ASP	Epi & Outcomes	Transplant ID	
<b>Week 4</b>	Micro Lab Orientation	Gen ID	Gen ID	Gen ID	Adv ID 1	Break	Peds ID	Immuno ASP	OPAT	Adv ASP	Epi & Outcomes	Transplant ID	
<b>Clinical &amp; Operational Longitudinal Experiences</b>													
	<b>Antimicrobial Stewardship</b>												
	<b>Practice Management</b>												
	<b>Research Project</b>												
							<b>Ambulatory Clinic – Infectious Diseases, ½ day once weekly</b>						
	<b>Operations (every third weekend)</b>						<b>Antimicrobial Stewardship Staffing (every third weekend)</b>						

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Research Experiences													
Milestones	Project concept	Initial study protocol	Finalized Protocol		Data Collection			Data Analysis		Project Writeup & Presentation			
Deliverables			Protocol & IRB Submission	ASHP Midyear Abstract submission				Department Presentation of Results	ID Week Abstract Submission Deadline	Northwestern States Residency Conference (presentation)		Final manuscript	
			Validated data-collection form										
Teaching Experiences													
Large Group Instruction				Micro Plate Rounds Presentation						LMG CE			
Clinical Precepting		Clinical Precepting of IPPE, APPE students & PGY-1s											
Administrative Experiences													
		Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	System ASP	Site ASP	Site ASP	
						Formulary Monograph		Antibiogram Drug Utilization Review					
Meetings & Professional Development													
			ID Week/SIDP	ASHP Midyear							NW States		
	Portland ID Citywide Meeting - Weekly												
Evaluations													
	Learning Experience Evaluations												
	Entering Interests Self-Evaluation		Quarterly Eval 1			Quarterly Eval 2			Quarterly Eval 3			Final Eval	

### 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, for the residency.
  - At a minimum, the resident has been marked as achieved at least twice for the Patient Care competency area R1, except R1.1.2 and R1.1.3, which must be marked as achieved at least once.
  - 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)
- **Achieved for this learning experience:** 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):
  - 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
- **Satisfactory Progress:** 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):
  - 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
- **Needs Improvement:** 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):
  - 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
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503-415-5179 (office)  
503-415-5179 (office)  
503-692-2452 (office)  
503-944-6227 (office)

626-757-3617 (cell)

## 8 RESIDENCY ORIENTATION

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[Onboarding Checklist](#)

[Position Description](#)

[PGY1](#)

[PGY2](#)

[Residency policy](#)

[916.3213 Pharmacy Residency Information for Applicants and Residents](#)

916.3300 Pharmacy Residency Program Quality Framework (only available onsite)

[Salary and Benefits](#)

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

[LH Benefits](#)

[APL](#)

[My-time](#)

[Resources for new employees](#)

[Vacations and Holidays](#)

Legacy residency training program recognizes the Legacy Human Resources-identified holidays. 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 approved in advance with RPD and rotation preceptors per policy 916.3213.

[Leave of Absence](#)

[LH Benefits- Leave and Disability](#)

[LH Leave of Absence Policy](#)



**Professional Travel:**

[Policies and Procedures - Business Travel & Reimbursement Policy](#)

[LH Travel Authorization Form](#)

[LH Expense Reimbursement Form](#)

[Legacy Travel Resources](#)

**Duty Hour Tracking**

[ASHP Duty Hour Policy](#)

## 9 RESIDENT PROFESSIONAL DEVELOPMENT

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### Precepting

[Four roles of teaching](#)

[Blooms taxonomy](#)

### Evaluations

Summative, formative, quarterly and initial self-reflection should be completed in PharmAcademic. Evaluations should be completed in PharmAcademic on or before the assigned due date and discussed with the resident at the end of the rotation. If more than one preceptor is assigned for a Learning Experience, the primary preceptor will solicit feedback from all supporting preceptors and facilitate documentation in PharmAcademic.

**Summative Evaluations:** Final evaluation and determination regarding quality of learning. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.

**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)

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

## 10 APPENDIX

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### LH Campus Maps

Information management:

- 1) Remote Email Access (Get Mail): <http://outlook.com/owa/lhs.org>
- 2) [Remote Access/Telecommuting Resources](#)
- 3) [Outlook Mobile User Guide](#) Outlook Mobile User Guide
- 4) 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 (Oregon State University)
	Kim Ellis (University of North Carolina)
2005-06	Jonathan Ward (University of Washington)
	Jennifer Showalter (University of Florida)
2006-07	Spencer Martin (Oregon State University)
	Julie Hoover (Purdue University)
2007-08	Amy Breitfelder (University of Washington)
	Ryan Mickelson (University of Wisconsin)
2008-09	Ina Lee (Washington State University)
	Sarah Deines (Oregon State University)
	Elizabeth Sarles (University of California San Diego)
2009-10	Andrew Gibler (Oregon State University)
	Ahmed Zikri (University of Minnesota)
	Lindsie Froehlich (Washington State University)
2010-11	Karen Bronson (Oregon State University)
	Kate Hammer (University of Washington)
	Jocelyn Frey (Creighton)
2011-12	John Darnell (University of Wyoming)
	Katie Yabut (Oregon State University)
	Rebecca Watson (Duquesne)
2012-13	Breanne Chipman (University of Utah)
	Mary Luttrupp (Oregon State University)
	Elise Fields (University of Washington)
2013-14	Sarah Fondse (Pacific University)
	Molly Juhlin (Oregon State University)
	Tiffany Truit (University of New Mexico)
2014-15	Amy Higginson (Oregon State University)
	Carrie Bartel (Pacific University)
	Dennis Choi (Oregon State University)

2015-16	Alyssa Wenzel (Rosalind Franklin University School of Medicine and Science)	
	Laura Pahlmeyer (Oregon State University)	
	Bryan Sears (University of Arizona)	
2016-17	Vie Hoefling (Creighton)	
	Franklin Phan (Oregon State University)	
	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 (Oregon State University)	
2018-19	Brayden Benfit (Oregon State University)	
	Natalie Tucker (Washington State University)	
	YoungYoon Ham (Oregon State University)	
	Bo Weber (Oregon State University)	
2019-20	Stephanie Hernandez (University of Texas)	MH
	Katie Cashman (Washington State University)	EH
	Karen Seo (Pacific University)	SC
	Jenny Guov (Pacific University)	MP
2020-21	Heather Nielsen (Oregon State University)	GS
	Cassandra Vielma (Oregon State University)	EH
	Chelsea Harmon (Oregon State University)	SC
	Shelby Stewart (Oregon State University)	MP
	Kwan Chen (Massachusetts COP)	RCH
2021-22	Trang Duc (Oregon State University)	GS
	Alice La (University of California San Francisco)	EH
	Jessi Shelton (Washington State University)	SC
	Nicole Hill (Oregon State University)	MP
2022-23	Annie Hiller (University of Arizona)	EH
	Elizabeth Pickels (Oregon State University)	MP
	Emilee Huey (Oregon State University)	MH
	Laikana Ly (University of Colorado)	SC
	Monica Rogoz (Oregon State University)	GS
2023-24	Michelle Zhou (Oregon State University)	EH
	Angela Schoepp (Oregon State University)	EH
	Teresa Tran (University of Washington)	GS
	Nicole Procopoi (Oregon State University)	MP
	Kalina Rivera (Pacific University)	MH
2024-25	Lisa Rice (Pacific University)	SC
	Yesenia Camacho (Pacific University)	GS
	Sydney Damm (Oregon State University)	EH
	Katelyn Nguyen (Oregon State University)	EH
	Miranda Jinks (Pacific University)	SC

	Trisha Villanueva (Oregon State University)	MP
2025-26	Sienna Aipoalani (Pacific University)	GS
	Sarah Gajda (Pacific University)	MH
	Cynthia Matsumoto (University of Hawai'i at Manoa)	SC
	Heidi Valencia (Oregon State University)	EH
	Rosalind Wong (University of Hawai'i at Hilo)	EH
	Karen Zhang (Oregon State University)	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)
	Jayne Johnston (The University of Texas- Austin; Indiana University Health)
2018-19	Victor Tran (Oregon State University, Legacy Health)
	Austin Pliska (Oregon State University, Sky Lakes Medical Center)
2019-20	Charles Bodreau (Pacific University, Providence Portland)
	Eva (Kisakye) Moffatt (Belmont University, Cookeville Regional Medical Center)
2020-21	Crystal Rim (Midwestern University – Glendale, Providence Milwaukie/Newberg)
	Jeff Ho (University of California – San Francisco, New Mexico Veterans Affairs)
2021-22	Jackie Harris (Purdue University, Community Health Network)
	Jessica (Goldsworthy) Potter (Ferris State University, Mercy Health Saint Mary's)
2022-23	Bryce Ashby (University of Utah, PeaceHealth Southwest Medical Center)
2023-24	Laikana Ly (University of Colorado, Legacy Health)
	Lily He (University of Washington, PeaceHealth Southwest Medical Center)
2024-25	Kalina Rivera (Pacific University, Legacy Health)
	Taylor Beauchamp (University of Louisiana - Monroe, Providence Portland)
2025-26	Daniel Yang (Roseman University, PeaceHealth Southwest Medical Center)
	Trisha Villanueva (Oregon State University, Legacy Health)

#### **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)
2020-21	Sara Brown (University of Minnesota, Billings Clinic Hospital, Montana)
2021-22	Tiffany Wu (University of Illinois at Chicago, Rush University Medical Center, IL)
2022-23	Kelly Royster (Pacific University, Cheyenne Regional Medical Center, WY)
2023-24	Emily Gammill (University of Colorado)
2024-25	Michelle Zhou (Oregon State University)

2025-26

Aubrey Stolte (Purdue University)