LEGACY HEALTH

PATIENT CARE
Policy: 916.3905
Origination Date: JAN 2016
Last Review Date: JAN 2022

SECTION: PHARMACY
TITLE: Requirements for Successful Completion of Pharmacy Residency (PGY1 and PGY2)

FACILITY
☒ Legacy Emanuel Hospital and Health Center (as applicable: ☐ LEMC only ☐ RCH only ☐ Unity only)
☒ Legacy Good Samaritan Medical Center ☒ Legacy Medical Group
☒ Legacy Meridian Park Medical Center ☐ Legacy Urgent Care
☒ Legacy Mount Hood Medical Center ☐ Legacy Lab Services
☒ Legacy Salmon Creek Medical Center ☐ Legacy Visiting Nurse Association (Hospice)
☐ Legacy Silverton Medical Center ☐ Legacy Research Institute
☐ Administrative/System Support Services ☐ 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 requirements for resident to complete residency training year and to receive a residency certificate.

RESPONSIBLE STAFF:

Pharmacy Residency Program Director, Residency Program Coordinator, Residency Site Coordinator, Residency Advisory Committee, Resident

DEFINITIONS:

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

POLICY:

1. **PGY1 Residency:** In order to complete the residency program and receive a certificate of completion, the resident must accomplish or achieve the following:
   a) Pharmacist or intern license at the beginning of the training year.
   b) Training year is 12 months from start of program. See LH 916.3903 Pharmacy Residency Program Leave of Absence.
   c) Signed residency agreement and intern licensure in state(s) of Oregon and/or Washington prior to start of the residency year.
d) Pharmacist licensure is required within 90 days of start of residency. If the resident is not licensed within 90 days of the beginning of the residency program, the resident may be dismissed from the program as detailed in LH 916.3210 Licensure and Grounds for Pharmacy Resident Dismissal.

e) Attendance or completion of Legacy Health New Employee Orientation.

f) Completion of Legacy Health Orientation Checklist and of all required pharmacist E+ learning modules.

g) Attendance of ACLS training and achievement of ACLS certification within first 3 months of start of the program.

h) Staffing requirements with a minimum of 240 hours. Staffing requirements may be satisfied by weekend staffing or in blocks during heavy staff vacation periods. Resident must make up any time missed for illness or vacation/requested time off.

i) Successful completion of all required rotations which include:
   i. Orientation to staffing
   ii. Practice management (staffing)
   iii. General medicine
   iv. Critical care
   v. Emergency medicine
   vi. Administration
   vii. Precepting of pharmacy student

**KEY POINT:** 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.

**KEY POINT:** 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)

j) Attendance of Legacy Pharmacy and Therapeutic Committee meetings is encouraged.

k) Longitudinal requirements of the program include:
   i. Preparation and presentation of formulary monograph or class review.
   ii. Preparation, write-up and presentation of drug utilization evaluation
   iii. Completion of 1 newsletter article
   iv. Completion of 2 journal clubs
   v. Completion of 4 in-services for pharmacy, nursing or medical staff
   vi. Completion of 6 formal drug information questions
   vii. Completion of minutes for P&T and Medication Safety committees (as assigned).
   viii. Preparation and presentation of a poster or clinical pearl at a national or local professional meeting (does not include NWSRC presentation)
   ix. Participation in review of resident applications and in decision on whom to interview
   x. Participation in resident interview sessions including serving as host/tour guide, participating in interview and in ranking process.
   xi. Membership in local professional organization of choice and participation in committee or workgroup of this organization
   xii. Attendance at ASHP Midyear and NWSRC regional residency conference
   xiii. Completion of longitudinal project and presentation of project at NWSRC 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.

2. **PGY2 Ambulatory Care Residency:** In order to complete the residency year and receive a certificate of program completion, the resident must accomplish or achieve the following:
   a. Signed residency agreement prior to start of the residency year
b. Residency training year is 12 months from start of program. See LH 916.3903 Pharmacy Residency Program Leave of Absence

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 the resident is not licensed within 90 days of the beginning of the residency program, the resident may be dismissed from the program as detailed in LH 916.3210 Licensure and Grounds for Pharmacy Resident Dismissal.

d. Attendance or completion of requirements of Legacy Health New Employee Orientation.

e. Completion of PGY2 Ambulatory Care Residency 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. Precepting of one pharmacy student or PGY1 resident.

h. Successful completion of all required rotations, which include:

i. Orientation

ii. Ambulatory Clinic- Heart Failure, Hypertension

iii. Ambulatory Clinic- COPD, Asthma, Smoking Cessation

iv. Ambulatory Clinic- Diabetes, Hyperlipidemia

v. Ambulatory Clinic- Psychiatry, Pain

vi. Population Health

vii. Transplant

viii. Transitions of Care

ix. Staffing (Internal Medicine Clinic)

x. Longitudinal Residency Project

xi. Longitudinal Practice Management

xii. ASHP Duty Hour Compliance

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

At a minimum, the resident must be marked as achieved at least once for the following required competency areas:

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

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

i. Attendance of Legacy Pharmacy and Therapeutic (P&T) Committee meetings is encouraged.

j. Attendance of all Ambulatory Pharmacist Meetings is required unless absence is pre-arranged with RPD.

k. Completion of minutes for Ambulatory Pharmacist Meetings (as assigned).

l. Longitudinal requirements of the program include:

m. Preparation and presentation of formulary monograph or class review.

n. Preparation, write-up and presentation of drug utilization evaluation

i. Completion of 1 newsletter article

ii. Completion of 2 journal clubs

iii. Completion of 4 in-services for pharmacy, nursing, or medical staff

iv. Completion of 6 formal drug information questions

v. Completion of medication safety or quality improvement project

vi. Completion of service development or improvement project

vii. Leadership of two Ambulatory 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 professional organization of choice and participation in committee or workgroup of this organization
xi. Attendance at ASHP Midyear and Northwestern States Regional Residency Conference
xii. 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.

3. **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:
   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 the resident is not licensed within 90 days of the beginning of the residency program, the resident may be dismissed from the program as detailed in [LH 916.3210](#) Licensure and Grounds for Pharmacy Resident Dismissal
   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: 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 – Including general/site-specific, microbiology and informatics
      ii. General Infectious Diseases
      iii. Advanced Infectious Diseases 1
      iv. Advanced Infectious Diseases 2
      v. Pharmacy Operations
      vi. Practice Management
      vii. Longitudinal Antimicrobial Stewardship
      viii. Longitudinal Research Project
      ix. Ambulatory Clinic- Infectious Diseases
      x. Multnomah County HIV/Infectious Diseases Clinic

   **KEY POINT**: **PGY2 Infectious Diseases Residency must achieve 90% of goals and objectives by the end of the residency year and must have satisfactory progress on the remaining goals and objectives. Progress will be monitored by the RPD through at least quarterly evaluations and the resident’s customized training plan.**
   h. Attendance of assigned Legacy Pharmacy and Therapeutic Committee meetings unless absence is pre-arranged with RPD.
   i. Attendance of all Antimicrobial Stewardship System Steering committees unless absence is pre-arranged with RPD.
   j. Completion of minutes for Antimicrobial Stewardship committees (as assigned).
   k. Longitudinal requirements of the program include:
      i. Preparation and presentation of formulary monograph or class review.
      ii. Preparation, write-up and presentation of drug utilization evaluation.
      iii. 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 regional residency conference
      xi. 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.

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

Key Words: Pharmacy Residency, successful completion, requirements for completion
Approval: Pharmacy residency advisory committee
Originator: Pharmacy residency program directors
Owner: Pharmacy residency program directors (PGY1, PGY2)
## APPENDIX 1: Evaluation Scale Used for PGY1 Residency Goals and Objectives:

<table>
<thead>
<tr>
<th>Needs Improvement (NI)</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| 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 |

Examples:  
- 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. |

<table>
<thead>
<tr>
<th>Satisfactory Progress (SP)</th>
<th>Description</th>
<th>Examples</th>
</tr>
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| 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 |

<table>
<thead>
<tr>
<th>Achieved (ACH) for this learning experience</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| 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 |

<table>
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<tr>
<th>Achieved for Residency (ACH-R)</th>
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<td>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.</td>
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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) |

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

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Examples:  
- 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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- 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. |

Examples:  
- 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.
| Achieved (ACH) 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.  
Examples:  
- 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) | 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. 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)  
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