

MULTICARE HEALTH SYSTEM

TACOMA, WASHINGTON

PHARMACY (PGY1) RESIDENCY PROGRAM



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I. INTRODUCTION

General Description and Background Information

MultiCare Health System is a highly ranked non-profit integrated healthcare system with acute, ambulatory, and primary care facilities that serve the South Puget Sound region with expansion plans throughout the Northwest Region of the United States. Tacoma, Washington is home to the main campus, which houses Tacoma General Hospital (437 beds) and Mary Bridge Children's Hospital (82 beds). Other services established at the main campus include the Mary Bridge Ambulatory Clinic, Tacoma Family Medicine Clinic, CHF Clinic, MultiCare Regional Cancer Center, and Pediatric Home Infusion. MultiCare has three other hospitals and one under construction located in the south sound region. In an effort to extend services throughout the South Puget Sound and northwest region, MultiCare has developed an extensive network of primary and urgent care clinics.

The pharmacy residency program at MultiCare Health System (MHS) began July 1, 2000 and is fully accredited by ASHP.

Within the framework outlined in the ASHP Residency Program Standard, the residency program experience shall be individualized to assure adequate training in three core areas: develop the resident's competence in providing patient care; develop the resident's competence in practice management; and, require the resident to complete an appropriate major project. The primary practice site for the residency is MultiCare Medical Center, which includes Tacoma General Hospital, Mary Bridge Children's Hospital and Clinics, Tacoma Family Medicine Clinic, Pharmaceutical Resource Clinics, Medical Oncology Clinic and Heart Failure Clinic.

MultiCare Health System Pharmacy Services Mission, Vision and Core Values and Key Philosophy Statements

Mission Statement:

Collaborate with patients and other healthcare providers to ensure optimal care and service

Vision Statement:

Pharmacy Services will be the leader in providing a comprehensive array of high quality, high value and convenient services to our patients and community.

Pharmacy Services will:

- Recruit and retain the most capable and qualified staff to deliver exceptional care and customer service to our patients
- Provide excellent stewardship of our resources and drug use.
- Affect patient outcomes in a positive manner through our knowledge and optimization of drug therapy, ability to educate, collaborate with others, and solve problems.
- Strive to use most current technology to improve safety and efficiency

We employ a decentralized clinical pharmacist concept wherever it is cost effective to do so. This concept places the pharmacist in the patient care areas and integrates the pharmacist's

responsibilities with the physicians and nurses providing patient care. Essential to this process is expansion of the responsibilities of pharmacy technicians to support the pharmacists.

All customers, staff, and managers are treated with courtesy and respect in a timely manner.

Core Values:

Respect, Integrity, Stewardship, Excellence, Collaboration, Kindness, and Safety

Respect

I seek first to understand. Hear people without interrupting. Show curiosity rather than judgment. Appreciate differences. Maintain an environment that fosters concentration, healing, and quiet.

Integrity

I will do the right thing. Protect privacy and confidentiality. Respond quickly to requests. Follow through. Be honest. Walk and talk our values.

Stewardship

I will live lean. Make things easy and seamless for patients and co-workers. Look for waste and work to eliminate it. Take ownership to solve problems.

Excellence

I will be my best. Plan, do, check and adjust for continuous learning and improvement. Use best practices, research and standards for interacting, working and improving. Represent MultiCare positively in appearance and interactions. Adopt change as needs and as circumstances change. I will support and share learning experiences with co-workers.

Collaboration

I will team up. Engage people in decisions that affect them. Share information. Round consistently. Initiate connections with people.

Kindness

Create warmth and comfort. Acknowledge people and their feelings. Introduce myself. Describe the duration of what to expect. Explain what to expect next. Say Thank You. Help others find their way. Be courteous in person, on the telephone and in written communication. Make eye contact, smile, say hello and be friendly, even when just passing in the hall.

Safety

I will be vigilant when carrying out my work responsibilities to ensure a safe and zero defect environment for our patients and their families, my coworkers and myself. Communicate complete and accurate information at handoffs; ask questions. Know the patient's story. Do my part to eliminate harm to patients and co-workers.

Key Philosophy Statements:

INTEGRATION: The department shall aggressively pursue opportunities to extend and improve services and systems of care in a manner consistent with MHS Vision statements. In terms of the overall health care team, the work of pharmacists and technicians should complement rather than duplicate the work of others, add value, and be well integrated into the overall work of the

healthcare team.

TRANSITION OF CARE: Pharmacy Services strongly believes in insuring safe and optimal patient medication management across the continuum of care. Pharmacy offers a wide array of services to support this transition from admitting medication reconciliation, discharge medication reconciliation, discharge prescription service, home medication services and ambulatory pharmacist follow up. We continually pursue opportunities to expand these services.

TEAM APPROACH: We strongly believe in a team approach in providing pharmaceutical care to our patients. Our staff works collaboratively with all disciplines in providing patient care including, but not limited to, medical staff, nursing, dietitians, respiratory therapy, and social services. In addition, pharmacy has defined service teams having specific patient care and scope of practice responsibilities. These teams are responsible for the provision of pharmaceutical care services to their specific areas. Team members work together to establish and managed services that will improve patient and fiscal outcomes.

CUSTOMER SERVICE: All staff shall strive to improve each “guest’s” (patient’s) perception of the value received from each contact with Pharmacy Services. Each staff shall greet guests face to face, graciously welcome them, identify themselves and determine how to best meet the patient’s needs.

PRACTICE METHODOLOGY: Pharmacists shall apply a consistent practice methodology in the care of all patients. An explicit practice methodology shall identify the minimum level of care, which ALL patients’ can expect, and a standardized process by which care is delivered. The pharmacy department accepts the Hepler and Strand definition of pharmaceutical care as a core of the pharmacy practice methodology and supports the Pharmacy Practice Model Initiative (PPMI).

SUPPORT STAFF: Increasingly, pharmacy technicians shall be responsible for the operation of the distribution system.

ADVANCE TECHNOLOGY: The department shall take measured steps to use technology, including automation and advance computer systems, to improve patient safety, drive out costs and improve the efficiency of the delivery system.

STAFF DEVELOPMENT: Our staff is the most valuable resource in the department. Staff development is a responsibility shared by staff and management. Each staff member has a responsibility to remain competent, increase their capabilities and remain relevant. Management has an obligation to provide growth and development opportunity such that each person can increase their value to MHS and can develop to their fullest potential.

INNOVATION: Innovation at the “boundaries” of healthcare at MHS shall be encouraged and supported by the department

CULTURE OF CONTINUOUS QUALITY IMPROVEMENT: It is critical that we continually improve our processes, workflows, and care models to provide the most appropriate and cost effective pharmaceutical care with zero defects. We use LEAN principles to eliminate waste, duplication, and non-value activity so that our customers and patients receive the highest standard of service from our department.

PROGRAM GOAL:

The goal of our residency program is to develop competent clinical practitioners who are able to:

- Perform in a clinically oriented hospital or ambulatory clinic position,
- Be prepared to be highly successful in advance training such as PGY2 residency,
- Be eligible for board certification,
- Perform in an introductory supervisory or management position,
- Meet the high standards of eligibility for hire within the MHS pharmacy system after completion of the residency program.

Specific skills are:

- Provide evidenced-based, patient-centered medication therapy management to a diverse patient population in an integrated healthcare system
- Provide a high level of drug information and to educate and train patients, caregivers, and other healthcare professionals on medication practice-related issues.
- Develop, implement, and evaluate pharmacy programs and initiatives
- Manage and improve the medication-use process
- Exercise leadership and practice management skills.
- Monitor and evaluate one's own progress to allow one to meet the future challenges of providing pharmaceutical care beyond the completion of the residency program.
- To be effective in work teams that are charged with planning activities, identifying opportunities for improvement, analyzing alternatives, implementing solutions, and evaluating results.
- Meet the high standards of eligibility for hire within the MHS pharmacy system after completion of the residency program.

To accomplish this goal, this residency program shall promote the development of clinical, analytical, organizational, and leadership skills necessary to provide pharmaceutical care as well as develop and implement systems of care. The program has adopted the ASHP Residency Learning System (RLS) to assist in the optimal learning of the resident.

Program Director

Tom Rowe PharmD, MBA, BCPS, Director Acute Care Pharmacy Services, is the residency program director. The program director is responsible for the selection of residents. This decision shall be made based on the recommendations of the residency program committee. The program director is also responsible for ensuring that the overall goals of the program are met, that appropriate preceptorship for each rotation is provided, that training schedules are maintained, and that resident evaluation is a continuous process.

Preceptors

The program director is responsible for designating preceptors for each specific learning experience. The program director may also serve as a preceptor. Preceptors are directly accountable to the program director regarding their resident training responsibilities. Preceptors will have demonstrated an ability to educate residents in their area of pharmacy practice. In addition, preceptors will have been inserviced to the ASHP Residency Learning System (RLS) of training residents. Each preceptor is also responsible for aiding the program director in developing the specific goals for each resident rotation, as well as aiding in the resident evaluation process.

II. TRAINING SITE DESCRIPTION

ACUTE CARE:

Acute Care learning takes place primarily at MultiCare Medical Center (MMC), which is the main campus for the health system. The acute care facilities at MMC are comprised of Tacoma General Hospital (437 beds) and Mary Bridge Children's Hospital (82 beds). Services provided include critical care, comprehensive cardiac and cardiac surgery program, level II trauma, emergency room services, surgical, general medicine, geriatric, oncology, neurosciences, level IV neonatal intensive care, and a family birth center including high risk OBGYN. Pediatric services include intensive care, trauma, emergency services, cardiac, oncology, neurosciences, general inpatient and many specialty care services.

Clinical services are supported by decentralized pharmacists assigned to all major service areas in order to proactively work closely with medical staff, nursing staff, and patients to insure optimization of medication use and provide patient centered care. This activity is supported by prescriptive protocols, electronic medical record, and participation on multidisciplinary rounds. Decentral pharmacists do not have primary dispensing responsibilities. Decentralized pharmacists are available during the day and evenings, including weekends and holidays.

Distributive services are centralized at MMC and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported by the use of electronic automated dispensing cabinets, pharmacy carousel medication storage units, USP 797 compliant IV admixture room, and bedside barcode. Surgery is serviced by a pharmacy satellite at MMC.

AMBULATORY CARE:

Ambulatory care learning will occur primarily at MMC and Tacoma Family Medicine Clinic. Other locations may include our anticoagulation and diabetic clinics and MultiCare Medical Group Clinics. Ambulatory services provided include an ambulatory oncology clinic, family practice residency clinic, congestive heart failure clinic, ambulatory pediatric clinic pharmacy, comprehensive pediatric home infusion program, several anticoagulation clinics, diabetes clinic and a medical home model of practice. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy.

DRUG INFORMATION:

A drug information pharmacist is on staff to support the provision of complex drug therapy information to physicians, hospital staff, and patients. The pharmacy and hospital library maintains selected pharmaceutical primary and tertiary literature. A computerized drug information retrieval system is available via the MHS information system network which can be accessed by users most anywhere in the health system. The MHS information system network also allows for access to the internet for web-based drug information sites including OVID, Medline, Up-to-Date, Cochrane Stat Ref, and others. This also includes access to the MHS on-line drug formulary, which is maintained by the drug information specialist.

INFORMATION TECHNOLOGY:

MHS is nationally recognized for its use and advancement of technology in healthcare practice. MHS received the 2009 HIMSS Davies award for Excellence in Health Information Technology. The organization implemented the EPIC health information system and electronic medication record (EMR) for its acute care services in June 2007. MHS ambulatory and physician clinics

have been using EPIC for many years prior to the acute care implementation. The combination of the EPIC acute and ambulatory system provides clinicians with a very powerful and fully integrated health information system that allows improved quality and safety of care for our patients. The EMR has been a great tool to help our pharmacists further their clinical practice. MHS fully utilizes electronic dispensing cabinets throughout the acute care services as well as integrated smart pump and bedside bar code technology. In addition, carousel technology is used in central pharmacy for medication storage, distribution, and inventory control.

III. RESIDENT LEARNING PROGRAM

Introduction

Each resident shall complete approximately twelve learning experiences during the year. The learning experiences will be a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over a four to eight week period. Longitudinal learning is learning that occurs intermittently over a long period of time, which can be three to twelve months. An example of longitudinal learning is the drug information and policy development learning experience. Activities under this learning experience occur intermittently throughout the year including participation at the monthly P&T meetings. The duration of each training experience shall depend on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The resident rotation schedule will be mutually agreed upon by the Residency Director and resident.

The residency program focuses on three core areas.

- Development of the resident's competence in providing patient care
- Development of the resident's competence in practice management
- The completion of an appropriate major project.

Achievement of skills in the core areas by the resident is assessed using key goals and objectives and extensive evaluation by both preceptor and resident.

The Role of the Pharmacy Practice Resident

Resident learning is accomplished by combining preceptor teaching and work experience during a one-year period. This program allows residents to apply educational information and techniques learned to actual work situations. Residents are expected to demonstrate learned clinical practice behaviors, apply learned concepts, and to use the residency experience to develop the array of skills required to be a successful clinician.

Organizationally, residents are a unique set of employees who can effectively "live" in the worlds of both staff and management. It is expected that each resident shall integrate themselves into the staff and management structure of the Healthy System's Pharmacy Service and contribute to the achievement of department goals. Each resident is also expected to **actively** work with the program director and program preceptor to shape the character of their individual program. Residents are expected to manage their program, which includes maintaining relevant documentation in their personal program file, scheduling meetings, arranging their scheduling jointly with their fellow residents, and other similar activities.

Expectations of Preceptors

It is expected that each preceptor, in conjunction with the resident and the program director, shall take part in the development of the goal, objectives, and activities prior to beginning of each resident training experience. It is also expected that the preceptor shall attempt to cover, through informal clinical conferences, each main area of clinical pharmacy practice associated with their specialty. It is also important that the preceptor attempt to focus on any of the resident's areas of special interest and growth. It is expected that the preceptor shall attempt to allow the resident as much "hands on" experience as possible in dealing with patients, medical staff, and nursing staff. The preceptor shall also be required to complete a summative evaluation of the resident's performance at the end of each learning experience, and submit the document to the program director.

Learning Experiences and Expectations:

Available training experiences

ACUTE CARE

- Critical Care (medical/trauma, cardiac, and neuro ICUs)
- Cardiology
- Emergency Medicine/Trauma
- Medical-surgical-oncology
- Pediatrics
- Pediatric Intensive Care
- Neonatal intensive care
- Infectious Disease
- Transition of Care^
- Drug Information*
- Administration^

AMBULATORY

- Oncology
- Family Practice
- Heart Failure*
- Anticoagulation
- Pediatric Oncology Clinic
- Diabetes Clinic

*Longitudinal rotation

^ Longitudinal rotation, also available as an elective rotation

To allow for some flexibility in the program the resident may propose an elective learning experience to fulfill areas of growth and special interests. A significant amount of resident involvement may be required to develop this elective experience. Also, the program has the flexibility to allow for one alternative site learning experience mutually agreed upon by the resident and program director.

Ambulatory Focus position – one of the 5 PGY1 resident positions is an ambulatory focus position. The position incorporates the base core requirements but electives, major project and other assignments will be ambulatory. The resident candidates match to this position separately from the other 4 PGY1 positions.

Program Management and Evaluations

1. Summative evaluation will be conducted after each learning experience with the preceptor and program director. The resident and preceptor will schedule a planning session at the start of each learning experience to review and customize the established goals and objectives to the resident's needs and to establish mutual expectations of each other. Residents will complete a self evaluation. For longitudinal rotations, evaluations will be completed on a quarterly basis.
2. Quarterly program progress report will be conducted with the Residency Coordinator. Residents will provide a written self-evaluation of their progress toward attainment of the residency goals and objectives, major project, specific interest and goals, strengths, growth areas, and any adjustments to the residency plan. **NOTE:** An important component of residency training is teaching good self-assessment skills. The quarterly report should describe your progress during the program and adjustments that need to be made if needed.
3. It is suggested that the resident maintain a program portfolio, which records his/her program content, learning activities performed, performance, and other relevant documents. This will be helpful to the resident when completing self-evaluations and providing progress reports.

Staffing Commitments

1. Each resident is required to complete the following staffing commitments over the one year period as part of the staffing rotation.
 - At least one weekend shift per month (but not to exceed two), day or evening,
 - Work independently in an assigned patient care for approximately 2 weeks toward the latter part of the residency year.
 - Coverage for sick leave or other emergencies on day or evening shifts up to four days during the residency. Attempts shall be made to arrange for other staff coverage prior to using these days.
 - Coverage of at least one major holiday but not to exceed two and potential coverage of at least one minor holiday. Total holiday coverage not to exceed three per year. **Major holidays:** Christmas Eve, Christmas Day, Thanksgiving, and New Year's Day.
 - Potential 4 hour evening midweek shift each week.
2. Resident Work Hours
 - a. The program and resident will comply with the ASHP duty-hour standards. <http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx>
 - b. Working hours outside the residency program is allowed on a limited basis provided it does not compromise the resident's performance or violate the duty-hour standards. Hours worked outside the residency must be reported to the RPD.
 - c. No on-call duties are required.

Weekly Resident Meetings

1. These meetings are intended to serve the needs of residents and shall be one forum where the program can be discussed. Residents are required to attend these meetings weekly. In addition to discussion of the program, other subjects of these meetings shall be management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs. Readings shall be required for most meetings.

Requirements for Successful Completion of the residency program

Minimum required training experiences. (The actual sequence of training and the duration of each training experience will likely vary from the below sequence.)

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate. Individual programs shall vary depending on baseline skills and career interests.

1. Orientation
 - Hospital and pharmacy mission and values
 - Pharmacy operations
 - Residency leaning system
 - ACLS certification
 - Collaborative Drug Therapy Agreement Certification
 - Drug information orientation
 - Training on information systems
 - Department competency programs
2. Drug Information and Policy Development
 - Completion and presentation of at least three drug monographs and one medication use evaluation for the P&T Committee.
 - Complete at least nine formal drug information responses during the year to be evaluated by the drug information specialist.
3. Completion of the following minimum learning experiences:
 - Acute care (required: Med-Surg, Critical Care/Cardiology, Emergency Medicine, Pediatrics) – 18 weeks
 - Ambulatory care – 10 weeks
 - Electives – 17 weeks
4. Major Resident Project - Each resident is expected to complete a major project as a requirement for successful completion of the residency program. The specific aims of the project should align with MultiCare Health System goals and strategic plan. The resident shall present the project in the spring at the Western States Residency Conference and complete a manuscript.
5. Staffing rotation which includes:
 - At least one weekend per month (but not to exceed two weekends), day or evening.
 - Work independently in an assigned patient care for approximately 2 weeks toward the latter part of the residency year.
 - Potential 4 hour evening midweek shift each week.
6. Goal Achievement - Resident must score a rating of “achieved” on 90% of the assigned goals for successful completion of the residency program. The rating of achieved indicates that the resident has mastered this goal/objective for this rotation and can

- perform the task independently or upon request for this experience/population
7. Rotations in one specific patient disease state and population (critical care, oncology, pediatrics) may be no more than one-third of the twelve-month program.
 8. Residents must spend two thirds or more of the program in direct patient care activities.

IV. PERSONNEL POLICIES:

Licensure

1. The resident must have a Washington State Pharmacist License or a Washington State Pharmacist Intern License to start the program.
2. The resident will become a licensed pharmacist in the state of Washington by September 1 of the residency year. The resident will need to have been a licensed pharmacist for at least 2/3 of the residency year in order to meet Accreditation Standards.
3. Failure to become licensed within the stated time frame may result in termination from the program depending on circumstances that have prevented the resident from becoming licensed. The decision will be that of the Pharmacy Residency Director and MultiCare Health System in accordance with organization polices.

Leave of Absence

The resident shall be considered an employee of the MultiCare Health System. The resident shall adhere to MultiCare rules, regulations, procedures, and policies during their period of instruction.

1. Leave of Absence (LOA) will be granted in accordance with the MHS policy and procedures.
2. Extended LOAs that jeopardize the resident from completing required requirements for successful completion of the program within the 12 month time period may result in the dismissal from the program.
3. Extension of the program to allow the resident to complete program requirements will be dependent on MHS policy, budget, and resident performance status, and whether it will be possible for the resident to complete requirements (i.e. completion of major project and presentation at Western States Conference).
4. The decision will be that of the Director of Acute Care Pharmacy Services and MultiCare Health System in accordance with organization polices.

Dismissal from Program

The resident shall be considered an employee of the MultiCare Health System. The resident shall adhere to MultiCare rules, regulations, procedures, and policies during their period of instruction. MultiCare shall have the right to terminate the use of any of its facilities by any resident where flagrant or repeated violations of MultiCare rules, regulations, procedures, and policies occur. Such action will be in accordance with the MHS policies on Progressive Guidance. MultiCare reserves the right to take immediate action where necessary to maintain operations free from disruption.

Influenza Immunization as a condition of employment:

MultiCare has a policy of influenza immunization during influenza season. Exception may be requested and reviewed by the MultiCare immunization accommodation committee based on medical or religious/strongly held personal beliefs, but not for personal preference. If an exemption is approved, the employee will be required to wear a mask when on the floor, unit or department where patients receive care or when within six feet of a patient for more than five minutes when outside of these areas.

V. RESIDENCY PROGRAM STIPEND AND BENEFITS

1. Stipend

Residents are considered 1.0 FTE exempt staff and receive a stipend for the year. The residency year usually starts the latter part of June on the last New Employee Orientation for that month. The program duration is 12 months.

2. Benefits

- a. Paid time off (PTO) - 25 days per year
(Unused paid time off will be paid out at the end of the residency period. Vacation time must be approved by the program director. Vacation time may be used to interview for post residency positions.)
- b. Extended Sick time - 6 days per year
- c. Medical /Dental/Life/Vision Insurance
- d. Education leave:
 - Funding for Western States Conference.
 - Some or all funding to the ASHP Midyear Clinical Meeting. The amount will be disclosed prior to making reservations.
- e. Free parking
- f. Meal discounts

V. Special Requirements for Acceptance:

- a. Graduate or candidate for graduation of an ACPE accredited degree program (or one in process of pursuing accreditation)
- b. Application submitted through ASHP PhORCAS system
- c. On-site interview is required
- d. Curriculum vitae, transcripts
- e. Three letters of recommendation from preceptor, instructor, or employer.
- f. Letter of intent
- g. Satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check.
- h. The program does not accept work visa.