MultiCare
Good Samaritan Hospital

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# PGY1 PHARMACY RESIDENCY PROGRAM MANUAL

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## I. INTRODUCTION

### General Description and Background Information

Good Samaritan Hospital is part of MultiCare Health System (MHS), a non-profit integrated healthcare system with acute, ambulatory, and primary care facilities that serve the South Puget Sound region. Good Samaritan Hospital (GSH), a 325 bed facility, is located in Puyallup, Washington. GSH provides comprehensive health care services, including emergency care, Family Birth Center, Children's Therapy, and rehabilitation programs. Other services include an ambulatory pharmacist clinic that cares for anticoagulation and diabetes patients.

The ASHP accredited pharmacy residency program at GSH has been in place since 1992.

Within the framework outlined in the ASHP Residency Program Standard, the residency program experience will 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 project. The primary practice site for the residency program is Good Samaritan Hospital.

### Good Samaritan Pharmacy Services Mission, Vision, Values and Key Philosophy Statements

**Mission Statement:** To provide quality pharmaceutical care and services to all patients.

**Vision Statement:** Pharmacists and technicians will function as an essential part of the patient care team. Our job is to proactively evaluate each patient's drug regimen to assure optimal, cost-effective drug therapy, including drug information and drug delivery. Pharmacists and technicians will accept responsibility for our patient's drug therapy outcomes.

**Core Values**: Respect, Integrity, Stewardship, Excellence, Collaboration, Kindness

- **Respect**: We affirm the dignity of each person to treat each individual with care and compassion.
- **Integrity**: We speak and act honestly to build trust.
- **Stewardship**: We develop, use and preserve our resources for the benefit of our customer and community.
- **Excellence**: We hold ourselves accountable to excel in quality of care, personal competence and operational performance.
- **Collaboration**: We work together recognizing that the power of our combined efforts will exceed what we can accomplish individually.
- **Kindness**: We always treat everyone we come into contact with (everyone we interact with) as we would want to be treated.

**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.

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, dieticians, 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 patient's overall satisfaction and perception of the value received from each contact with Pharmacy Services. Each staff member will communicate with patients using AIDET. AIDET stands for:

- Acknowledge- acknowledge the patient and family with a smile and eye contact
- Introduce – provide name, role and special skills and experiences
- Duration – discuss how long an assessment, preparation or education will take
- Explanation- describe what you will be doing and why in a way that the patient understands
- Thank You- let patient know that you enjoyed working with them or thank family

PRACTICE METHODOLOGY: Pharmacists will apply a consistent practice methodology in the care of all patients. An explicit practice methodology identifies 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: Pharmacy technicians shall be responsible for the operation of the medication distribution system.

UTILIZE TECHNOLOGY: The department will use technology and automation to improve patient safety, decrease costs and improve efficiency of the medication distribution system.

STAFF DEVELOPMENT: Our staff is our most valuable resource. 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 opportunities such that each person can develop to their fullest potential and increase their value to the organization.

INNOVATION: Innovation within our system shall be encouraged and supported by the department.

CULTURE OF CONTINUOUS QUALITY IMPROVEMENT: It is critical 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 improve processes and eliminate waste so our customers and patients receive the highest standard of service from our department.

**GSH PGY1 Program Purpose**

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) 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.

**GSH Residency Program Description**

The GSH post-graduate year one (PGY1) pharmacy residency program prepares its graduates for clinical patient care positions in a hospital or clinic setting. Residents completing this program will have developed the necessary skills, including leadership, problem solving, and clinical judgment, to be competent clinical pharmacists. The residency program promotes the development of clinical, analytical, organizational, and leadership skills necessary to provide pharmaceutical care. The ASHP Residency Learning System (RLS) is used to assist in optimal resident learning.

**Required Competency Areas for Residency Program**

1. Patient Care
2. Advancing Practice and Improving Patient Care
3. Leadership and Management
4. Teaching, Education and Dissemination of Knowledge
5. Management of medical emergencies

**Program Director**

Dianna Gatto, PharmD, BCPS, Manager, Clinical Pharmacy Services, is the Residency Program Director (RPD). The RPD is responsible for the selection of residents. This decision shall be made based on the recommendations of the residency advisory committee. The RPD 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 RPD is responsible for designating preceptors for each learning experience. The RPD 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 using the four preceptor roles, including:

1. Instruction appropriate for residents
2. Modeling practice skills
3. Coaching while providing regular, on-going feedback
4. Facilitating by allowing resident to assume increasing levels of responsibility, with residents functioning independently in the competency area by the end of the residency

In addition, preceptors are inserviced to the ASHP Residency Learning System (RLS). Each preceptor is also responsible for working with RPD to develop 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 GSH in Puyallup, Washington. Services provided include critical care, cardiology, progressive care, surgery, medical, oncology, pediatrics, rehabilitation, obstetrics and special care nursery and emergency services.

The Department of Pharmacy provides pharmaceutical care 24 hours a day, 365 days a year. This care includes all hospital patient care areas, including the emergency department. Patient-focused pharmaceutical care includes prescribing/ordering, preparing, dispensing, administration and monitoring the effects of medications on patients.

Clinical services are supported by decentralized pharmacists assigned to all major service areas including medical, surgical, critical care, PCU, cardiac, oncology, infectious disease, observation, palliative and rehabilitation units on day shift. Decentralized pharmacists staff the emergency department 24/7. On evening shift, pharmacists are decentralized to critical care, surgical, cardiac, palliative, observation, oncology, and PCU. Clinical services include collaborative therapy protocol management (including anticoagulation, vancomycin, aminoglycosides, TPN, renal, IV to PO), medication order verification of CPOE, drug information and clinical consults. In addition, medication histories are taken by trained medication reconciliation technicians and verified by pharmacists.

Distributive services are centralized and include IV admixture service and unit dose system. Distributive services are supported by the use of Pyxis automated dispensing machines that are deployed in the patient care areas and the use of pharmacy carousel.

### DRUG INFORMATION

The pharmacy and hospital library maintains selected pharmaceutical primary and tertiary literature. Micromedex and UpToDate are available via the information system network; allowing easy access by users anywhere in the health system. The information system network also allows for access to the internet for web-based drug information sites. This includes access to the MHS on-line drug formulary maintained by the pharmacy department.

### 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. GSH implemented the EPIC health information system and electronic medication record (EMR) for its acute care services in June 2010 along with Bedside Bar Code Technology; CPOE was implemented in September 2010. MHS ambulatory and physician clinics have been using EPIC for many years prior to the acute care implementation. The combination of EPIC acute and ambulatory systems provides clinicians with a fully integrated health information system that allows improved quality and safety for care of our patients. The EMR is a great tool to help our pharmacists further their clinical practice. Additionally, MHS utilizes Pyxis electronic dispensing cabinets, integrated smart pump

technology and bedside bar code technology throughout acute care services. Carousel technology is used in central pharmacy for medication storage, distribution and inventory control.

## III. RESIDENT LEARNING PROGRAM

### Introduction

Each resident will complete approximately ten learning experiences during the residency. 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 leadership/management learning experience. Activities under this learning experience occur intermittently throughout the year, which includes participation at Medication Safety and Pharmacy and Therapeutics meetings and seeing patients in the heart failure clinic. The duration of each training experience depends on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The RPD schedules training experiences. During the first 30 days of residency, the resident will provide input into developing their training experiences.

The residency program focuses on three core areas. These areas are:

- Development of the resident's competence in providing patient care
- Development of the resident's competence in practice management
- Completion of a major project

Resident achievement of skills in the core areas is assessed using key goals and objectives and 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. They are expected to run the floor at the end of each GSH rotation.

Organizationally, residents are a unique set of employees who experience both staff and management roles. It is expected that each resident will integrate themselves into the staff and management structure of GSH Pharmacy Services and contribute to the achievement of department goals. Each resident is also expected to **actively** work with the program director and program preceptors to shape the character of their individual program. Residents are expected to manage their program, which includes maintaining relevant documentation, scheduling meetings, arranging their scheduling jointly with their fellow residents, and other similar activities.

**Preceptor Expectations**

It is expected that each preceptor, in conjunction with the resident and the program director, will take part in the development of the goals, objectives, and activities prior to beginning of each resident training experience. It is also expected that the preceptor will 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 allows the resident as much hands on experience as possible in dealing with patients, medical staff, and nursing staff. The preceptor is also 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:**

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

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

1. Orientation (July)
   - Hospital and pharmacy mission and values
   - Pharmacy operations
   - Residency Learning System
   - ACLS certification
   - Collaborative Drug Therapy Protocol Review
   - Training on information systems (Epic, Pyxis, Carousel)
   - Department competency programs
   - Drug information

2. Completion of the following minimum learning experiences: (August – June)
   - Thirty-nine weeks of acute care
   - Eight weeks of elective practice

3. Major Resident Project (August – May)
   The project will be identified by September 1. Work on the project continues until completion of the project, which is usually the end of April or early May. Time to complete the major project may be scheduled as needed to allow concentrated time at the front-end of the project for organization and at the back-end for project summary. The resident will present the project at the Western States Residency Conference in May.

4. Staffing (September – June)
   Includes weekend staffing every other weekend and running the floor at the end of each rotation. See also Service Commitments section.

B. **Available training experiences and suggested lengths**

Core Acute Care

- Cardiac (5 weeks)
- Critical Care (8 weeks)
- Emergency (6 weeks)
- Evening shift (3 weeks)
- Infectious Disease (4 weeks)
- Internal Medicine/Progressive Care (6 weeks)
- Oncology (4 weeks)
- Practice Management (longitudinal)
- Surgery (3 weeks)

Elective

- NICU
- Diabetes
- Distribution
- Pediatrics

To allow for flexibility in the program the resident may propose other elective learning experiences 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 an alternative site learning experience mutually agreed upon by the resident and program director.

**Sketch of Possible Sequencing of Program Learning Experiences**

| July Orientation | August-Jan Rotations | December Transitional | November-June Rotations |
|---|---|---|---|
| Orientation | Rotations<br>Medical (6 wk)<br>Surgical (3 wk)<br>ID (4 wk)<br>Cardiac (5 wk) | Rotations<br><br>Projects<br><br>ASHP Midyear Clinical Meeting | Rotations<br>Oncology (6 wk)<br>Critical Care (8 wk)<br>ED (6 wks)<br>Elective Rotations<br><br>Western States Conference |
| **Longitudinal Experiences**<br>Practice Management<br>Project<br>Informatics<br>Drug Information/Policy<br>P&T / MUE<br>Service (staffing) | Practice Management<br>Project<br>Service (staffing) | Practice Management<br>Project<br>Service (staffing) | Practice Management<br>Project<br>Service (staffing) |

**Program Management and Assessment Strategy**

1. 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.

2. The resident is required to keep track of required longitudinal activities and time off on a standardized tracking form that will be reviewed at quarterly meetings with the RPD. It is also suggested that the resident maintain a program journal, which records his/her program content, learning activities performed, performance, and other relevant documents. The journal should be brought to summative evaluations after each learning experience, at the quarterly meetings with the RPD, and to any individual program planning sessions.

3. The resident will write a self-evaluation at the end of each rotation which assesses performance in completing the training experience goals and objectives. An important component of residency training is teaching good self-assessment skills. In addition, the resident will complete a preceptor evaluation at the end of each rotation.

4. The primary preceptor will write a summative evaluation of resident performance at the end of their rotation. This includes as assessment of completion of training experiences, goals and objectives.

5. The resident will schedule a summative evaluation session after each learning experience with the preceptor and RPD to discuss the above evaluations. The preceptor for the next learning experience may be in attendance to ensure continuity of learning goals and objectives individualized to the resident.

6. The RPD will complete quarterly evaluations. These will describe assignments during the quarter, activities/meetings attended, and a general assessment of the rotation's experience.

**Staffing Commitments**

Each resident is required to complete the following staffing commitments over the one-year period. Variances that are in excess or below these minimums must be approved by the program director. Variances exceeding the minimums must also be acceptable to the resident. The program and resident will comply with the ASHP duty-hour standards http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx

- Every other weekend, alternating with co-resident
- Coverage for sick leave or other emergencies on day or evening shifts up to four days during the residency IF NEEDED (emergency days). Attempts will be made to arrange for other staff coverage prior to using these days.
- The program does NOT allow Moonlighting, In-House Call Programs, or At-Home or other Call Programs.

**Resident Meetings**

These meetings are intended to serve the needs of residents and shall be a forum where the program can be discussed. Residents are required to attend. In addition to program discussion, other agenda items will include management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs. Readings may be required for meetings.

**Major Project**

Each resident is expected to complete a major project as a requirement for obtaining the residency certificate. Guidelines for completion of the project can be obtained from the program director. The specific aims of the project should be of interest to GSH or MHS and the project should be one that contributes to the provision of patient care. The resident will present the project at the Western States Residency Conference.

## IV. RESIDENCY PROGRAM STIPEND AND BENEFITS

1. Stipend

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

2. Benefits
   a. Medical /Dental/Life/Vision Insurance
   b. Education Support
      - Funding for Western States Residency Conference
      - Some or all funding for the ASHP Midyear Clinical Meeting; amount disclosed prior to making reservations
   c. Free parking
   d. Meal discounts

## V. SPECIAL REQUIREMENTS FOR ACCEPTACE

1. Application submitted through PhORCAS system
   a. Letter of intent
   b. Curriculum vitae
   c. College of Pharmacy Transcripts
   d. Three letters of recommendation in PhORCAS from preceptor, instructor or employer
2. On-site interview required
3. Satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check
4. Have work visa
5. Obtain a Washington Pharmacist License prior to orientation and *no later than September 1st* of the residency year
   a. At a minimum must have a Washington State Pharmacist Intern license to start program
   b. Until the resident is licensed in Washington, they must work under the direct supervision of a licensed pharmacist.
   c. Failure to become licensed within the required timeframe 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 MHS in accordance with organizational policies. The resident is required to be a licensed pharmacist for at least 2/3 of the residency year.

## VI. Attachment A – Goals and Objectives Evaluated during Residency Program

### R1 Patient Care

**Goal: R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process**

R1.1.1 Interact effectively with health care teams to manage patients' medication therapy
R1.1.2 Interact effectively with patients, family members, and caregivers
R1.1.3 Collect information on which to base safe and effective medication therapy
R1.1.4 Analyze and assess information on which to base safe and effective medication therapy
R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)
R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions
R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate
R1.1.8 Demonstrate responsibility to patients

**Goal: R1.2 Ensure continuity of care during patient transitions between care settings**

R1.2.1 Manage transitions of care effectively

**Goal: R1.3 Prepare, dispense, and manage medications to support safe and effective drug therapy for patients**

R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures
R1.3.2 Manage aspects of the medication-use process related to formulary management
R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing

### R2 Advancing Practice and Improving Patient Care

**R2.1 Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization**

R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol
R2.1.2 Participate in a medication-use evaluation
R2.1.3 Identify opportunities for improvement of the medication-use system
R2.1.4 Participate in medication event reporting and monitoring

**R2.2 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system**

R2.2.1 Identify changes needed to improve patient care and/or the medication-use system
R2.2.2 Develop a plan to improve the patient care and/or the medication-use system
R2.2.3 Implement changes to improve patient care and/or the medication-use system
R2.2.4 Assess changes made to improve patient care or the medication-use system
R2.2.5 Effectively develop and present, orally and in writing, a final project report

**R3 Leadership and Management**

**R3.1 Demonstrate leadership skills**

R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership

R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement

**R3.2 Demonstrate management skills**

R3.2.1 Explain factors that influence departmental planning

R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system

R3.2.3 Contribute to departmental management

R3.2.4 Manages one's own practice effectively

**R4 Teaching, Education and Dissemination of Knowledge**

**R4.1 Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)**

R4.1.1 Design effective educational activities

R4.1.2 Use effective presentation and teaching skills to deliver education

R4.1.3 Use effective written communication to disseminate knowledge

R4.1.4 Appropriately assess effectiveness of education

**R4.2 Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals**

R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs

R4.2.2 Effectively employ preceptor roles, as appropriate

**Elective**

**E5.1.1 Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures**