MULTICARE HEALTH SYSTEM

TACOMA, WASHINGTON

PHARMACY RESIDENCY PROGRAM
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION I</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>General Description and Background</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Services Mission Statement, Vision Statement, Core Values</td>
<td>4</td>
</tr>
<tr>
<td>and Key Philosophy Statements</td>
<td></td>
</tr>
<tr>
<td>Program Goal and Focus of the MHS Pharmacy Practice Residency Program</td>
<td>6</td>
</tr>
<tr>
<td>Program Director</td>
<td>6</td>
</tr>
<tr>
<td>Preceptors</td>
<td>6</td>
</tr>
<tr>
<td>II. Training Site Description</td>
<td>7</td>
</tr>
<tr>
<td>Acute Care</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>7</td>
</tr>
<tr>
<td>Drug Information</td>
<td></td>
</tr>
<tr>
<td>Information Technology</td>
<td>8</td>
</tr>
<tr>
<td>III. Resident Learning Program</td>
<td>8</td>
</tr>
<tr>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>Role of the Pharmacy Practice Resident</td>
<td>8</td>
</tr>
<tr>
<td>Expectations of Preceptors</td>
<td>9</td>
</tr>
<tr>
<td>Learning Experiences</td>
<td>9</td>
</tr>
<tr>
<td>Program Management</td>
<td>10</td>
</tr>
<tr>
<td>Service Commitments</td>
<td>11</td>
</tr>
<tr>
<td>Weekly Resident Meetings</td>
<td>11</td>
</tr>
<tr>
<td>Major Project</td>
<td>11</td>
</tr>
<tr>
<td>IV. Residency Program Stipend and Benefits</td>
<td>12</td>
</tr>
</tbody>
</table>
I. INTRODUCTION

General Description and Background Information

MultiCare Health System is a non-profit integrated healthcare system with acute, ambulatory, and primary care facilities that serve the South Puget Sound region. Tacoma, Washington is home to the main campus, which houses Tacoma General Hospital (405 beds) and Mary Bridge Children’s Hospital (72 beds). Other services established at the main campus include the Mary Bridge Ambulatory Clinic, Tacoma Family Medicine Clinic, CHF Clinic, Oncology/Hematology Ambulatory Clinic, and Pediatric Home Infusion. Another acute care facility that is part of MultiCare is Allenmore Hospital (80 beds). Allenmore serves another area of Tacoma and offers adult inpatient services as well as a wide range of ambulatory and day surgery services. In an effort to extend services throughout the South Puget Sound 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 project. The primary practice site for the residency is MultiCare Medical Center, which includes Tacoma General Hospital, Mary Bridge Children’s Hospital, Home Infusion Pharmacy, Tacoma Family Medicine and the Medical Oncology Clinic.

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

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

**Mission Statement**

We are a dedicated and caring healthcare team providing pharmaceutical, nursing, and nutritional care services to achieve optimal benefits based on the individual needs of our patients, customers, and communities whom we serve. We are committed to ensuring patient safety, providing the highest quality and most cost-effective care and services.

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.

**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:**

Safety, Commitment, Trust, Respect, Team-focused, Positive Attitude, Compassion, Initiative, Innovation

**Safety**

I will be vigilant when carrying out my work responsibilities to ensure a safe environment for our patients and their families, my coworkers and myself.

**Commitment**

I pledge to assume personal responsibility and to give whatever it takes to make our mission a reality.

**Trust**

I will work with honesty, integrity and reliability. I acknowledge and accept the personal responsibility that others trust my work and the services that my department provides.

**Respect**

I will honor and hold in high regards the dignity and worth of our patients and their families, my co-workers, and the health-system of which I am a part.

**Team-Focused**

I acknowledge that I am part of a health-care team and as a team member accept my role with accountability and respect to the roles that each member plays.
Positive Attitude
I will approach my job in a way that is supportive to me and to other team members, our customers and patients. It is a can-do attitude that keeps me focused, despite barriers that may arise, to achieve goals whether set personally, by the department, or by the Health-System.

Compassion
I will demonstrate empathy and caring in all that I say and do. I will take the time and responsibility to consider and understand the emotions, feelings, and needs of each of my co-workers, and our patients and their families in the diverse community population that we serve.

Initiative
I will seek out opportunities to continuously and proactively improve what I do.

Innovation
I will strive to be creative in the workplace for problem solving, management, and patient care.

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.

A CAMPUS STAFF: The department employees exist as one staff. To support this philosophy, most staff are cross-trained to perform work in multiple inpatient and/or ambulatory settings. Value of individual staff is partially measured in terms of the number of work areas in which the staff member has demonstrated competency. Staff support the work of their colleagues in all work settings.

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 “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.

SUPPORT STAFF: Increasingly, pharmacy technicians shall be responsible for the operation of the delivery system.
AUTOMATION and COMPUTER TECHNOLOGY: The department shall take measured steps to use automation to drive out costs and improve the efficiency of the delivery system. Personal computers with standardized software and peripherals shall be available to support the work of staff.

STAFF DEVELOPMENT: Current 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. 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.

Program Goal & Focus of the MHS Pharmacy Practice Residency Program

Residents completing this program will have developed the necessary skills, including leadership, problem solving, and sound clinical judgment, to be able to provide a high level of pharmaceutical care to a diverse patient population in an integrated healthcare system. The residents will be highly skilled in providing drug information to patients, caregivers, and other healthcare providers. They will have a solid foundation in medical informatics as well as acquiring the skills needed to develop, implement, and evaluate pharmacy programs and initiatives. The residents will be able to monitor and evaluate their own progress to allow them to meet the future challenges of providing pharmaceutical care beyond the 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, Pharmacy Clinical Manager, is the overall 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.
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 (405 beds) and Mary Bridge Children’s Hospital (72 beds). In addition, acute care learning may take place at Allenmore Hospital (80 beds). Services provided include critical care, open heart and cardiology program, level II trauma, emergency Services, surgery, medical, geriatric, oncology, neurosciences, level III neonatal intensive care, and a family birth center including high risk OBGYN. Pediatric services include general inpatient, intensive care, trauma, emergency services, cardiac & open-heart surgery, oncology, neurosciences and many specialty care services.

Clinical services are supported by decentralized pharmacists assigned to all major service areas and do not have primary distribution responsibilities. Decentralized pharmacists are available during the day and evenings, Monday – Friday, and in the critical care, medical-surgical, emergency, and pediatric areas on weekends. Distributive services are centralized at both MMC and Allenmore and include IV admixture service, unit dose system, and computer order entry. The pharmacy is open 24 hours a day, 7 days a week. There is one central pharmacy to support MMC. In addition, distributive services are supported by the use of Pyxis automated dispensing machines that are deployed in the patient care areas. Surgery is serviced by two OR satellites at MMC.

AMBULATORY CARE:

Ambulatory care learning will occur at MMC and/or Allenmore Hospital. 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, and retail pharmacies. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy.

DRUG INFORMATION:

The MHS drug information center is located in the MMC pharmacy and provides drug therapy information to physicians, hospital staff, and patients. The pharmacy maintains a library of selected pharmaceutical primary and tertiary literature. The Micromedex computerized drug information retrieval system is available via the MHS information system network. This allows it to 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. This also includes access to the MHS on-line drug formulary, which is maintained by the drug information center. MHS has a medical library located at MMC, which contains a variety of medical journals and texts. The library staff, in addition to the drug information specialist, can provide assistance with Medline searches and can obtain articles not found in the hospital library through inter-library loan.
INFORMATION TECHNOLOGY:
MHS is recognized for its use and advancement of technology in healthcare practice. The organization implemented the EPIC health information system and electronic medication administration record (E-MAR) for its acute care services June 2007 and launched Computer Physician Order Entry (CPOE) and electronic medical record (EMR) October 2008. MHS ambulatory and physician clinics had been using EPIC for many years prior to the acute care implementation. The combination of the EPIC acute and ambulatory system provides clinicians a very powerful and fully integrated health information system that allows improved quality and safety of care for our patients. MHS fully utilizes the Pyxis electronic dispensing cabinets throughout the acute care services and has recently implemented smart pumps. Bar code technology is in the planning stages with expected implementation early 2010.

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 director shall schedule training experiences in advance. During the initial 30 days of the residency, each resident shall participate in constructing his/her 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
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 Campus 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:**

A. **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** (July-August).
   - Hospital and pharmacy mission and values
   - Pharmacy operations
   - Residency learning system
   - ACLS certification
   - Prescriptive Protocol Certification
   - Drug information orientation
   - Training on information systems
   - Department competency programs
2. **Drug Information and Policy Development** (July–June)
   - Completion and presentation of at least three drug monographs and one medication use evaluation for the P&T Committee.
   - Complete at least two formal drug information responses for each learning experience during the year to be evaluated by the drug information specialist.
3. **Completion of the following minimum learning experiences:** (August–June)
   - Eighteen weeks of acute care
   - Twelve weeks of ambulatory care
   - Twelve weeks of elective practice
4. **Major Resident Project** (August–May)
   - The project will be identified by September 1. Work on the project shall continue 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 usually in May.

5. Staffing a decentralized pharmacy service (Mar – June)
   This is a period of up to three weeks in which the resident will be responsible for all services in a decentralized patient care area.

B. Available training experiences

ACUTE CARE
- Critical Care
- Cardiology
- Emergency Medicine/Trauma
- General Medicine
- Surgery
- Oncology
- Geriatric Medicine
- Pediatrics
- Pediatric Intensive Care
- Neonatal intensive care
- Infectious Disease
- Drug Information
- Administration
- Emergency Preparedness/Bioterrorism
- Research / Investigational Studies

AMBULATORY
- Oncology
- Family Practice
- Pediatric Home Infusion
- Anticoagulation
- Congestive Heart Failure
- Pediatric Clinic

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 an alternative site learning experience mutually agreed upon by the resident and program director.

Program Management

1. It is suggested that the resident maintain a program diary, which records his/her program content, learning activities performed, performance, and other relevant documents. The resident is expected to bring the diary to the summative evaluations after each
learning experience, at the end of the month (EOM) meetings with the program director and pharmacy director, and to any individual program planning sessions.

2. Schedule a summative evaluation session after each learning experience with the preceptor and program director. Also, the preceptor for the next learning experience may be in attendance to insure continuity of learning goals and objectives individualized to the resident. 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.

3. Write self-evaluations at the end of each month which assess performance in completing the training experience goals and objectives. **NOTE:** An important component of residency training is teaching good self-assessment skills. The EOM report should also describe assignments for the month, activities/meetings attended, hours of contact for residency experiences, and a general assessment of the month's experience.

**Service Commitments**

1. Each resident is required to complete the following service commitments over the one year period. Variances that are in excess or below these minimums must be approved by the program director. Variances in excess of these minimums must also be acceptable to the resident.

   - One weekend shift, day or evening, on an average of every fourth weekend. (Approximately one weekend a month).

   - Coverage for sick leave or other emergencies on day or evening shifts up to four days during the residency IF NEEDED (emergency days). 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 coverage of at least one minor holiday. Total holiday coverage not to exceed three per year. **Major holidays:** Christmas, Thanksgiving, and New Year’s Day.

**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.

**Major Project**

1. 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 MultiCare
Health System and the project should be one that contributes to the provision of patient care. The resident shall present the project in the spring at the Western States Residency Conference.

IV. RESIDENCY PROGRAM STIPEND AND BENEFITS

1. Stipend
   Residents are considered 1.0 FTE staff. The current annual stipend in effect from July through June is approximately $48,500 per year. The residency year begins around the first working day of July and ends on the last working day of June.

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 and 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