

Peninsula Community Health Services



Community-Based Pharmacy Residency

Program Manual

Residency Program Purpose

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

Description

The PGY1 Community-based Pharmacy Residency Program at Peninsula Community Health Services (PCHS) prepares graduates to practice independently and develop critical thinking skills necessary to succeed in the ever-changing world of pharmacy practice. Our 52-week curriculum offers training opportunities in community pharmacy, chronic disease state management, clinical services, and pharmacy leadership. The residency program is designed to offer an individualized training plan for each resident based on their interests, goals, and past experiences. Residents are required to complete core rotations to build a strong knowledge base and may elect projects in many fields of interest.

Selection and Qualification of Residents

To apply for the residency program, candidates must submit their application to PhORCAS (<https://phorcas.webadmit.org>). Application components include an official transcript from the college or school of pharmacy, three letters of recommendation, letter of intent, curriculum vitae (CV), and information specifically requested in the PhORCAS application. The deadline to apply is January 5th each year.

PCHS will participate in the ASHP Pharmacy Resident Matching Program for resident placement.

- After receipt of formal applications through PhORCAS, members of the Residency Advisory Committee (RAC) will review and rank all applicants using a standardized rubric, based on information provided in the application. Standardized rubric will include efforts to identify and engage applicants underrepresented in the profession of pharmacy.
- After applications have been ranked, individuals will be selected for on-site or virtual interviews during January-February.
 - Interviews will be conducted by at least two preceptors and will consist of behavioral questions as well as clinical case scenarios and will be scored in a standardized manner.
- After interviews are completed, the Residency Program Director (RPD) will provide the aggregated data to the RAC for discussion and ranking of candidates. The RPD will enter the final ranking of candidates into the National Matching Service.
 - If there is not a match in Phase 1, PCHS will follow a similar process to engage in Phase 2 of the match, offering virtual interviews to ranked candidates.
 - If there is not a match in Phase 2, PCHS will follow a similar process during the Post-Match Process to review eligible candidates, interview and offer a position.

- Once matched or selected, the RPD will send the candidate a letter of residency offer including employment requirements, start date and duration of appointment, within 30 days.

Pre-Residency Requirements

Residents must comply with PCHS's pre-employment procedures prior to formal employment, including but not limited to successfully passing background checks, providing records of vaccination required by PCHS's Employee Health department, holding a valid driver's license, and holding a current Washington State Pharmacist or Intern license. Human Resources will contact the resident to collect documents for these requirements after the matching process has occurred and the residency offer has been accepted.

Licensure

Applicants must have a Doctor of Pharmacy degree from an ACPE-accredited college or school of pharmacy, or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP), and hold a current Washington State Pharmacist license or be eligible for licensure in Washington State.

Residents must be licensed to practice pharmacy in Washington State within the first 120 days of the start date of the residency.

- The license must remain in good standing with the state's Pharmacy Commission for the entirety of the training period.
- Residents must maintain a Washington State Pharmacy Intern License until issued a Pharmacist License.
- Failure to obtain or maintain an active license as stated above may result in the resident being dismissed from the residency training program.
- If there are extenuating circumstances preventing the requirement above, the Residency Advisory Committee may consider suspending the residency and restarting once licensure is successful, on a case by case basis.
 - In this case, the residency would be extended by the number of days the resident is without license past the 120 day deadline.
 - During this time, the resident may be placed on leave without pay (including salary or benefits) OR may be placed in an alternative position and receive salary and benefits commensurate to that position.
 - The maximum extension allowed will be 2 months.
 - If an extension was granted, PCHS will pay salary and benefits as defined under the employment contract.

Duty Hours

The PGY1 Community-based Pharmacy Residency program will comply with the American Society of Health System Pharmacists (ASHP) Duty-Hour Requirement for Pharmacy Residencies.

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes direct patient care activities, staffing activities, administrative duties, and scheduled or assigned activities such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD or a preceptor.

This residency program requires a minimum of a 12-month, full-time practice commitment or equivalent for the resident.

- Residents are expected to work a minimum of 40 hours a week at practice site(s).
- Duty hours will not exceed 80 hours per week
 - Internal duty hours will be logged in the timeclock and reviewed for compliance every 2 weeks.
 - External duty hours must be logged in PharmAcademic and submitted monthly
- Paid Time Off (PTO), late arrivals, and early departures should be requested in advance.
- Program will observe PCHS's scheduled closures.

Moonlighting

Moonlighting must not interfere with the resident's ability to achieve their goals, objectives, and requirements of the residency program.

- External moonlighting must be pre-approved by PCHS's Chief Executive Officer.
- Moonlighting plus duty hours cannot exceed 80 hours per week per the ASHP Duty Hour Requirement for Pharmacy Residencies.
- Resident is responsible for tracking moonlighting hours in PharmAcademic and ensuring hours do not interfere with their 40-hour per week commitment to the residency.

Leave

Residency will adhere to PCHS Employee Manual Policy 600: Leaves of Absence.

- Per the ASHP Accreditation Standard for Postgraduate Residency Programs, the maximum number of days away from the residency program may not exceed 37 days during the 52 week training period.
- Under state and/or federal law, Resident may be entitled to more than 37 days away from the residency program, however, PCHS is under no obligation to extend the residency program which may result in lack of certificate. PCHS will not extend salary/benefits beyond the 52 weeks of the residency program unless an extension is granted.
- It is the responsibility of the Resident to track days away from residency and discuss any concerns with RPD.
- Any leave granted that exceeds the limit set by ASHP must be made up before the residency may be completed.
 - Salary/benefits will be paid according to state/federal employment laws.

Resident Disciplinary Action and Dismissal

Residency will adhere to PCHS Employee Manual Policy 710: Disciplinary Process.

The resident may face disciplinary action if they exhibit unprofessional conduct, plagiarism, are dangerously incompetent, or otherwise violate their Employment Agreement or other PCHS policy or procedures. Violations should be reported via PCHS standard procedures, in which case the RPD will be notified, and any disciplinary action will be documented in PharmAcademic. If the concern continues and/or is particularly egregious, the resident may be subject to dismissal from the residency program.

The Resident may also be dismissed from the Residency due to failure to progress. Progress assessments are due on a quarterly basis from PharmAcademic. If the resident has more than 50% Needs Improvement at the end of quarter 2, they may be dismissed from the residency for failure to progress.

Program Structure and Estimated Schedule

Learning Experience	Designation	Duration	Estimated Hours/Week
Orientation	Required, rotational	2 weeks	40
Patient Centered Dispensing	Required, longitudinal	12 months	8-24
Patient Care: Medication Management, Transitions of Care, Chronic Disease Management and Immunizations	Required, longitudinal	12 months	8-24
Practice Management & Leadership	Required, rotational	12 weeks	4-24
Teaching	Required, concentrated	12 months	0-8
Project Management	Required, longitudinal	12 months	4-16

July-September	October-December	January-March	April-June
Rotational: - Orientation Longitudinals: - Patient centered dispensing - Project Mgt - Patient Care - Practice Mgt and Leadership Drug Safety project	Rotational: - Teaching Longitudinals: - Patient centered dispensing - Project Mgt - Patient Care - Practice Mgt and Leadership ASHP MidYear	Rotational: - Teaching Longitudinals: - Patient centered dispensing - Project Mgt - Patient Care - Practice Mgt and Leadership QI project	Rotational: - Teaching Longitudinals: - Patient centered dispensing - Project Mgt - Patient Care Project presentation

Competency Area	Estimated Percent of Time Spent
R1: Patient Care	70
R2: Leadership and Management	15
R3: Advancement of Community-based Practice and Improving Patient Care	10
R4: Teaching, Educating, Dissemination of Knowledge	5

Program Completion

The ASHP Accreditation Standard for Residency requires a minimum of a 52 week, full-time practice commitment or equivalent for the resident. To complete this program, the Resident must work as a licensed pharmacist for at least 8 months during the residency year and complete all requirements from the Residency Graduation Checklist in addition to achieving the competencies, goals and objectives required by ASHP.

Progress towards completion of the ASHP required competencies, goals and objectives will be tracked in PharmAcademic.

- The resident is expected to earn an assessment of “Achieved for Residency (ACHR)” for 80% of Patient Care objectives (R1) by the end of Quarter 4.
- The resident is expected to earn an assessment of “ACHR” for at least 50% of the remaining required residency objectives (R2, R3, R4).
- The remaining goals not assessed as “ACHR” must be classified as “Satisfactory Progress.”
- No objectives can have a final assessment of “Needs Improvement”

If the resident is unable to achieve the program outcomes, they will not receive a certificate of completion. If an extension is given for special circumstances, the program must be completed by September 1st of the calendar year. If an extension was granted, PCHS will pay salary and benefits as defined under the employment contract. The final decision regarding program completion will be made by the RPD.

Rating Scale Definitions

Rating	Definition
Needs Improvement (NI)	<ul style="list-style-type: none"> • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision required • No further developmental work needed
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> • Resident consistently performs objective at Achieved level, as defined above, for the residency.

Graduation checklist

Required documents:	Date completed	RPD signoff
Complete BIO for PCHS website		
Complete initial self-reflection in PharmAcademic		
Complete 340B on demand certificate		
5 de-identified examples of patient care notes for Medication Management services (CMR, TMR)		
5 de-identified examples of patient care notes for Disease State Management		
5 de-identified examples of patient care notes for Care Transitions		
5 de-identified examples of patient care notes for immunizations		
5 examples Health and Wellness services documented in services spreadsheet		
5 de-identified examples of Resident communication to other healthcare professionals		
Collaborative Practice Agreement or Protocol		
QI Project – includes proposal for medication use process or patient care services, implementation, and evaluation of project		
Business plan – includes written plan for new service or appraisal and plan for enhancement of existing service, evidence of implementation of service and evaluation of service.		
Major Project – includes written design for practice-related project (proposal), implementation strategy, evaluation of project and written report including oral presentation.		
Presentations – includes slides, handouts, and evaluations if available, for each population below: <ul style="list-style-type: none"> - Patients, caregivers, community members - Healthcare professionals - Healthcare profession students - Pharmacists 		
2 examples of written educational materials providing information to multiple levels of learners		
2 examples of written formative and summative feedback provided by resident to a learner		
Evidence of Resident involvement in PCHS committee or workgroups (minutes or agendas for meetings)		
Evidence of community service (not associated with PCHS)		
Evidence of activities in national/state/local professional organizations		
Complete final self-reflection in PharmAcademic		

PCHS reserves the right to interpret and administer the provisions of this Manual as needed. PCHS further retains the right to establish, modify, or abolish policies and procedures in the Manual as it sees fit.