

# PGY1 Pharmacy Residency Manual

## Oregon State Hospital

2600 Center St. NE Salem, OR 97301



**Accredited**

*The PGY-1 Pharmacy Residency conducted by Oregon State Hospital in Salem, Oregon is accredited by ASHP*

## **Introduction**

Oregon State Hospital (OSH) is a state, forensic, psychiatric institution which operates under the direction of the Oregon Health Authority. The hospital is split between two campuses, the main campus situated in Salem, Oregon has about a 550-bed capacity while the smaller, satellite campus 60 miles south in Junction City, Oregon has about a 100-bed capacity. Salem, Oregon is the state capitol and is about 90 minutes from the Pacific Coast, 90-120 minutes from the Cascade Range for winter sports or summer activities such as fishing and camping, and 60 minutes from Portland.

The hospital's primary goal is to help people recover from their mental illness and return to the community. We treat severe mental illness including, but not limited to, treatment refractory schizophrenia, bipolar disorder, traumatic brain injury, neurologically impaired, developmentally disabled and personality disordered patients. Additionally, our patients have a wide variety of comorbidities including, but not limited to, diabetes, hypertension, hyperlipidemia, COPD, metabolic syndrome, pain syndromes, and various infectious diseases. The patient population consists of the following commitment categories:

- **Civil**: People found by the court to be an imminent danger to themselves or others, or who are unable to provide for their own basic health and safety needs, due to their mental illness.
- **Guilty Except for Insanity (GEI)**: People who committed a crime related to their mental illness and are under the jurisdiction of the Psychiatric Security Review Board (PSRB).
- **Aid and Assist**: People who have been arrested but are not able to participate in their trial because of a mental illness. Courts issue an order under ORS 161.370 to send defendants to Oregon State Hospital for stabilization and mental health treatment that enables them to understand the criminal charges against them and “aid and assist” in their own defense.

Oregon State Hospital is accredited by the Joint Commission and state certified as a Medicare institution, accredited by CMS. Hospital policies can be found [here](#).

### **OSH Mission Statement:**

Our mission is to provide therapeutic, evidence-based, patient centered treatment focusing on recovery and community reintegration, all in a safe environment

### **OSH Vision:**

We are a psychiatric hospital that inspires hope, promotes safety and supports recovery for all

### **OSH Values:**

Compassion Integrity Respect Stewardship Solution-oriented Simplicity Trauma-informed

## **OSH Pharmacy Mission Statement**

The Oregon State Hospital Department of Pharmacy is dedicated to providing high quality pharmacy services that result in optimal medication outcomes. We are committed to meeting or exceeding the needs of our patients and customers by providing efficient, caring, professional, and cost-effective services in an environment that encourages excellence, teamwork, innovation, and continuous improvement.

## **OSH Pharmacy Scope of Service**

The Pharmacy Department complies with all federal, state, and regulatory standards to guide practice. We provide a variety of services including, but not limited to:

- Drug and disease state information
- Drug preparation and distribution
- Medication reviews, histories, and recommendations
  - Therapy duplication/Polypharmacy
  - Drug interactions
  - Cost saving opportunities
- Patient care consultations (PCC)
- Drug dosage and monitoring
- Lab monitoring
- Adverse drug reaction (ADR) and medication error reporting and monitoring
- Clinical services such as anticoagulation, clozapine, hepatitis C, and antibiotic stewardship
- Teaching other healthcare professionals, students, and patients
- Patient education and counseling

Pharmacists are actively involved in several hospital committees such as Pharmacy and Therapeutics (P&T), Medication Variance, Antibiotic Stewardship, and Infection Control.

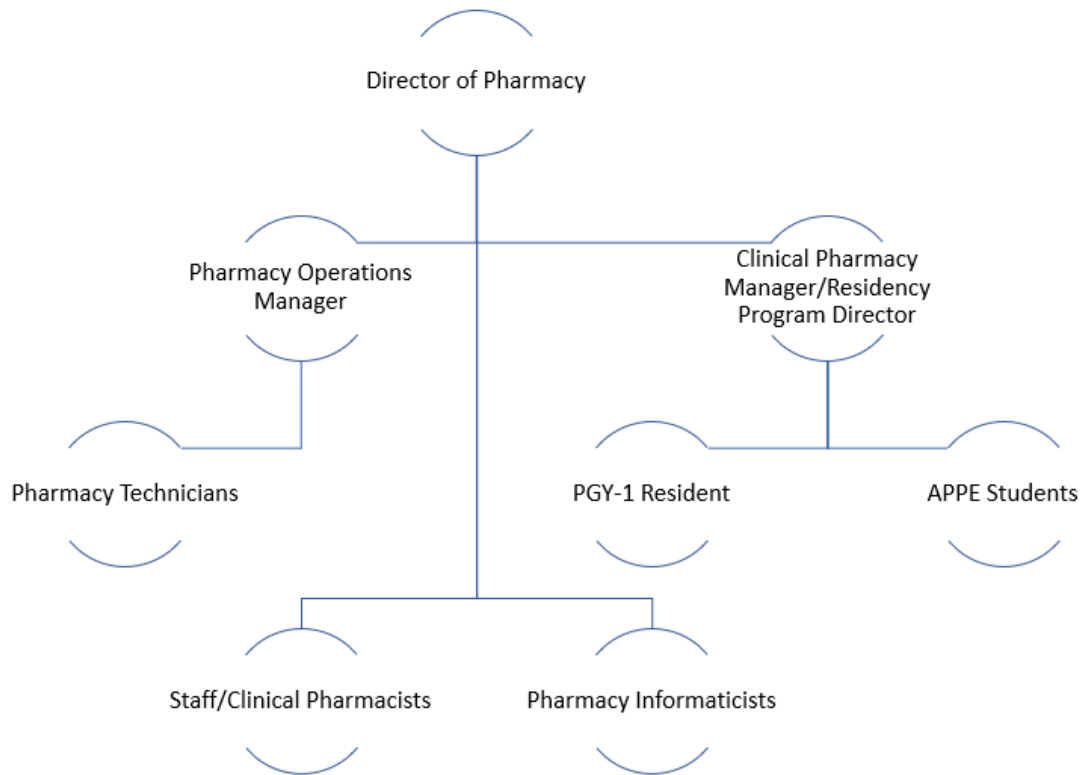
## **OSH Pharmacy Goals**

The OSH Pharmacy Department continues to make strides in improving patient care. In doing so, the goal is to continue to grow the clinical pharmacy programs and equip pharmacy staff with the tools and skills to provide clinical care effectively and competently within their scope of practice.

Some initiatives that are on the docket include, but are not limited to:

- Computerized Provider Order Entry (CPOE) of medication orders
- Medication Reconciliation by Pharmacy
- Electroconvulsive Therapy (ECT) and Esketamine Clinic
- Streamlining transitions of care and discharge processes
- Billing for pharmacist-provided services

## Pharmacy Organizational Structure



## Department and Program Leadership

Pharmacy Management	William J. Beck, PharmD, RPh Director of Pharmacy
	Cydreese Aebi PhD, RPh, BCPP Residency Program Director (RPD) Clinical Pharmacy Manager Clinical Instructor, Oregon State/OHSU University, College of Pharmacy Affiliate Faculty, Pacific University
	James L. Clark, PharmD, RPh, MBA Pharmacy Operations Manager
Program Preceptors	Kaja Wagner, PharmD, RPh Staff Clinical Pharmacist
	Sara Molinari, PharmD, RPh Staff Clinical Pharmacist
	Albert Chira, PharmD, RPh, BCPP Staff Clinical Pharmacist
	Amber Lorenzen, PharmD, RPh Pharmacist Informaticist

## **Program Overview and Structure**

This residency program follows the [ASHP Regulations on Accreditation of Pharmacy Residencies and Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs.](#)

This residency program is designed to provide advanced training and education with clinical emphasis on adults with severe mental illness and medical comorbidities. The instructional emphasis is on the progressive development of clinical judgment by gaining more practice, performing self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring these outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training to students, patients, and staff; understanding operations, policies, and processes of the pharmacy; and utilizing medical informatics. Upon completion of this PGY1 program, the resident will be prepared for a psychiatric clinical pharmacist position or a clinical pharmacist hospital position.

### **Purpose Statement**

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.

### **Pharmacy Licensure**

The resident is required to obtain an Oregon Intern License prior to completion of orientation. The resident is required to obtain an Oregon Pharmacist License by **October 1<sup>st</sup>**. Residents may be dismissed from the OSH Residency Program upon failure of licensure by this date. Exceptions to this licensure date will be discussed and reviewed for any extensions on a case by case basis. Criteria for licensure extension will include work performance and available future testing dates. If an extension is approved, the resident will continue to work under the scope of a pharmacy intern until licensure is obtained. If licensure is not possible by November 1<sup>st</sup>, then the resident will be dismissed from the residency and will be terminated from employment at the hospital as this will preclude the resident's ability meet the ASHP residency requirements of being a licensed pharmacist in the state of Oregon for two thirds of the residency.

## Competency Areas, Goals, and Objectives

All the ASHP [Required Competency Areas, Goals, and Objectives for Postgraduate Year One \(PGY1\) Pharmacy Residencies](#) will be covered during the residency year. A competency grid for the current residency year can be found [here](#).🔗

## Learning Experiences and Duration

All learning experiences are a month in duration except for longitudinal rotations. All longitudinal rotations start after orientation except Staffing, which starts after Central Pharmacy I, and, Clinical Pharmacy Services, which starts after Intro to Clinical Pharmacy Services, and are through the end of the residency year. No more than one-third of the learning experiences will be with a specific patient population or disease state. Additionally, at least two-thirds of the residency will be spent in direct patient-care activities. The following learning experiences are required except for those designated as an elective. The resident will choose one elective to complete during the residency year. Reference the links below to see the general description including the practice area and role of the pharmacist, resident expectations and progression, and goals and objectives with associated activities for each learning experience.

- [Orientation – First month](#) 🔗
- [Central Pharmacy I](#) 🔗
- [Intro to Clinical Pharmacy Services](#) 🔗
- [Medication Variance](#) 🔗
- [Guilty Except for Insanity \(GEI\)](#) 🔗
- [Restoration to Competency \(.370\)](#) 🔗
- [Chronic Care Management](#) 🔗
- [Neurology and Geriatrics](#) 🔗
- [Medical Clinic](#) 🔗
- [Central Pharmacy II](#) 🔗
- [Administration and Informatics - Longitudinal](#) 🔗
- [Education – Longitudinal](#) 🔗
- [ASHP Research Project – Longitudinal](#) 🔗
- [Central Pharmacy Staffing – Longitudinal](#) 🔗
- [Clinical Pharmacy Services – Longitudinal](#) 🔗
- [Antibiotic Stewardship – Elective](#) 🔗
- [Extended Clinical – Elective](#) 🔗

## Evaluation Structure

The resident shall schedule a meeting with each preceptor during the final week of monthly rotations and quarterly for longitudinal rotations. This meeting will be face to face or via Skype with screen sharing. The purpose of the meeting is to review and discuss the draft evaluations that

the resident and preceptor have completed. All questions, comments, and concerns will be addressed at that time and the resident and preceptor shall submit their final evaluations at the end of the meeting. Any particular areas for improvement shall be communicated to the RPD and next preceptor in order to incorporate the feedback into the next learning experience. All evaluations must be submitted no later than five days after the end of the learning experience or due date.

### Monthly Learning Experiences

- Required by the resident at the end of the learning experience
  - Summative Self-Evaluation
  - Preceptor Evaluation
  - Learning Experience Evaluation
- Required by the preceptor at the end of the learning experience
  - Formative Evaluation of Resident

### Longitudinal Learning Experiences

- Required by the resident quarterly
  - Summative Self-Evaluation
  - Preceptor Evaluation
  - Learning Experience Evaluation
- Required by the preceptor quarterly
  - Formative Evaluation of Resident

### Additional Documentation and Feedback

- Throughout the year, preceptors will provide oral feedback and some on-demand feedback may be documented in PharmAcademic
- The resident is required to complete quarterly self-reflections
- The resident development plan is required to be completed quarterly

### Grading Criteria

1. Needs Improvement: basic skills are lacking (NI)
  - a. Includes, but not limited to, lack of: organization, appropriate communication, professional maturity, respect for others, meeting deadlines, retaining and applying feedback, self-motivation; tardiness, etc.
  - b. Deficiencies in knowledge/skills; often requires assistance to complete the objective; unable to ask appropriate questions to supplement learning.
2. Satisfactory Progress: has NOT demonstrated full, independent competency or ability but is performing and progressing at a level that should eventually lead to mastery of the goal/objective (SP)

- a. Includes, but not limited to, satisfactory progress with: oral and written communication skills, professionalism, meeting deadlines, retaining and applying feedback, accurately and thoroughly completing tasks with appropriate oversight, etc.
3. Achieved: demonstrated satisfactory competency (Ach)
  - a. Preceptor determines the resident can competently fulfill the stated objective with little to no oversight or reservations.
4. Achieved for Residency (ACHR)
  - a. Resident consistently performs objective at Achieved level (twice or more) and can perform associated activities independently across the scope of pharmacy practice.

## **General Resident Expectations**

Specific expectations, tasks, and duties are listed in each learning experience document.

- Demonstrate the ability to safely and compassionately provide patient specific evidence-based recommendations in an interdisciplinary team setting
- Demonstrate the ability to create appropriate monitoring planning and actively participate in follow-up
- Demonstrate an understanding of the timeline and duties for the residency year and what is expected of the resident
- Use appropriate verbal, non-verbal, and written communication skills in all work
- Utilize and mentor excellent work ethic and time management skills
- Utilize preceptors for mentoring, coaching, instruction, and facilitation with all work
- Utilize preceptors for preview and review of all work prior to presenting or delivering to audience
- Review recommendation plans with preceptor prior to communication with providers
- Meet with RPD and/or preceptor(s) weekly to communicate appraisal and self-evaluation of projects and to obtain feedback from staff and students for performance improvement
- Critically evaluate your personal feedback to improve your learning and skills
- Provide thoughtful feedback on preceptor and rotation evaluation
- Provide documentation for each competency area to be reviewed at the end of the rotation



## Requirements for Successful Completion of PGY-1 Residency

The resident will track and update the list throughout the year as items are completed. The list will be reviewed by RPD quarterly during quarterly meetings to update and discuss resident's development plan. RPD will review list upon completion of the residency and attest that the resident has completed all program requirements in order to receive certificate of completion. The finalized checklist will be uploaded into resident's PharmAcademic file. If it is determined that the resident is not on track, will not catch up with assistance from the RPD and preceptors, and will not fulfill these requirements by the end of the residency year, the resident will be dismissed from the residency program.

- Compose and publish 8 monthly Pharmacy Newsletters
- Compose and present at least 10 patient cases to preceptors
- Complete and present at least 3 drug monograph, drug class review, protocol, or treatment guideline to appropriate staff or committee meeting
- Complete at least 3 journal club presentations
- Compose and present at least 3 major disease state overviews for APPE students and staff
- Prepare for and lead one Antibiotic Stewardship Meeting
- Work one Saturday shift per quarter
- Complete at least 1 Medication Use Evaluation and present at appropriate committee meeting
- Prepare and present at least 1 Continuing Education for pharmacy staff
- Manage at least 2 patients independently as part of the Clozapine Support Service
- Complete research project and present poster to local, regional, or national conference or other professional meeting
- Complete manuscript for research project in publishable form and approved by primary project preceptor
- Complete teaching certificate program
- Complete all required learning experiences
- Complete all assigned evaluations in PharmAcademic
- Obtain “Achieved for the Residency (ACHR)” rating on 80% of program-required objectives. No objectives rated as “Needs Improvement”. All of Competency Area R.1 Patient Care must be rated as “Achieved”.
- Complete 2080 working hours by the end of residency (see duty hour attestations)

## **Resident Recruitment**

### **Application Requirements**


Applicants must be U. S. citizens and graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited pharmacy degree program (or one in process of pursuing accreditation) and be eligible for a pharmacist license in the state of Oregon.

Applications are submitted through the PhORCAS process and must be received by January 1<sup>st</sup>. The following items are required to have a complete application and be considered for an on-site interview:

1. Letter of Intent
2. Official Transcript – if applicant is from a non-graded school, an attempt to obtain a class standing/ranking document will occur
3. Curriculum Vitae
4. Three letters of recommendation, preferably from:
  - a. Employer
  - b. Preceptor/Faculty
  - c. Applicant's Choice

Selected candidates will be required to conduct an on-site interview at their own expense. A pre-interview phone call/video conference call may be required.

### **Resident Applicant Selection Process**


1. Each preceptor obtains each application in electronic form for review:
  - a. Application is reviewed utilizing a Pre-Interview Applicant Overall Ranking Form
    - i. Each applicant is graded utilizing a qualification rubric covering eight pertinent categories:
      1. Grades or School Ranking, Pharmacy Experience, Communication Skills, Scholarship/Teaching, Professional Involvement/Volunteerism, References, Quality of APPE Rotations, and Fit to Program
    - ii. Each category is graded on a 1-4 scale rating
    - iii. Scores are totaled for each applicant and placed in score order
2. Residency Advisory Council meeting with all preceptors is conducted to determine the final list of applicants to offer an interview
3. Residency Program Director creates interview date schedule and extends interview invitations via email (interview dates are coordinated per applicant availability and OSH scheduling). The interview email template can be found here. 

## **Residency Candidate Interview and Ranking Process**

1. All residency candidates being interviewed will have a brief tour of the facility and pharmacy department, participate in a couple of activities, give a presentation, go through the formal interview process, and have the opportunity to ask the Residency Interview Panel and current resident any questions.
2. Each interviewer will use evaluation rubrics and the Post Interview Overall Ranking Form to assess the candidates
3. The Residency Interview Panel has a final ranking meeting to share and discuss candidate total scores and rank list. A final rank list is assembled, and the Residency Program Director submits candidate rankings into PhORCAS® per deadline instructions. This program follows the [Rules for the ASHP Pharmacy Resident Matching Program](#).
4. If the Oregon State Hospital determines to enter Phase II of the National Match due unmatching during Phase I, applicants must still follow the application requirements outlined above. An interview request will be sent to those eligible to participate in the Phase II Match. An on-site or virtual interview will be determined when interview invitations are sent out. The Match process will be observed as per ASHP and National Match regulations and dates.

## **Human Resources**

### **Post-Match and Pre-Employment Requirements and Information**


- In March, the Director of Pharmacy and RPD will send and offer letter of agreement that must be signed and returned
  - This email will have the residency manual attached
  - This letter will also include additional details regarding official forms and instructions that need to be completed prior to the resident's first day of work
  - The email template can be found here 
- Parking is provided free of charge on the Oregon State Hospital campus
- Oregon State Hospital is a no smoking state institution and no smoking is allowed anywhere on campus, including inside parked cars

### **Duration of Appointment**

The pharmacy resident's contract at Oregon State Hospital will begin July 1 and will be completed on June 30 of the subsequent year. The resident must complete at least 2080 working hours in order to successfully complete the residency program.

### **Schedule and Tracking Worked Hours**

The resident shall start work between 0700-0730 with a 30-minute or 1-hour lunch break and work a minimum of eight hours per day. There may be times when the resident is required to work the

closing shift which would be 1000-1900. Additionally, the resident will be required to work one Saturday shift (0700-1600) per quarter. The Department of Pharmacy Services provides office cubicle space and various online and printed resources for the pharmacy resident. A working schedule for the current residency year can be found [here](#). 

## **Duty Hours**

It is mandatory to follow the ASHP [Duty-Hour Requirements for Pharmacy Residencies](#). These requirements will be reviewed with the resident during the orientation learning experience.

The resident is required clock in and clock out using the OSH API system for all hours worked. Additionally, the resident must track all hours worked in order to complete and submit the following attestation monthly in PharmAcademic. By completing this attestation, the resident is confirming that the ASHP Duty-Hour Requirements for Pharmacy Residencies was followed. The RPD will be required to cosign to ensure compliance with the duty hours requirements.

### Duty Hours Monthly Attestation

Hours Worked Week 1:

Hours Worked Week 2:

Hours Worked Week 3:

Hours Worked Week 4:

Hours Worked Week 5 (if applicable):

## **Moonlighting**

A residency is a full-time obligation. Because of the high demands needed to succeed in this residency program, while maintaining a healthy work-life balance, moonlighting is prohibited.

## **Fill-In Staffing Duties**

In addition to the requirements of the longitudinal central pharmacy staffing learning experience, the resident will be required to assist with staffing of order entry and checking shifts when there is limited pharmacist staff due to scheduled time off, call outs, and increased workload (including clinical coverage).

## **Pharmacy Hours of Operation**

- Salem – Mon-Fri: 0700-1900, Sat: 0700-1600, Sun: Closed
- Junction City – Mon-Fri: 0730-1630, Sat-Sun: Closed
- There is a pharmacist available 24 hours a day, 7 days a week
- Both campuses are closed for all state holidays (10 per calendar year)
- Hours are open to change at any time per pharmacy management or hospital administration

## **Working Conditions**

Personnel at the Oregon State Hospital may have significant exposure to communicable and/or infectious diseases and risk of injury from assaultive and/or abusive patients, may be exposed to disagreeable conditions, and may be required to do some lifting. The employee must also be able and willing to be mobile across the OSH campus on a regular basis and to be able to walk, bend, lift and stand during working hours. The employee must be available to work in the Junction City campus when needed and a valid driver's license is required. Drivers training education is required to use an available state car for travel between campuses.

## **Salary**

The salary for the PGY1 resident at Oregon State Hospital is in the range of \$55,000-60,000 per year, depending on the state's budget at that time.

## **Health Benefits**

The Oregon State Hospital provides a health insurance policy to each pharmacy resident. Coverage includes medical, dental, vision, and prescription benefits. Family coverage is available through payroll deduction with the respective co-pay and varies with the level of coverage desired.

## **Leave of Absence**

The Oregon State Hospital follows the Department of Administrative Services (DAS) leave policies which can be found [here](#) under "employee leave". All leave hours must be approved by the Residency Program Director (RPD) or Director of Pharmacy prior to use. The resident shall not be absent more than five days during any rotation, except in extenuating circumstances, and must be approved by the RPD. It is strongly discouraged to use paid leave during the last four weeks of the residency program. If sickness or extended leave do not allow resident to complete the minimum required working hours or residency requirements, the resident will be dismissed from the residency program.

## **Benefit Time**

- Vacation (VA) Hours: Eight vacation hours are accrued each month and are available for use after 6 months of employment, per the State of Oregon rules. Unused vacation hours can be cashed out at the end of employment.
- Personal Business (PB) Hours: Twenty-four personal business hours are available for use after 6 months of employment. It is encouraged to use this time for personal job interviews or PGY-2 interviews.
- Holiday (HO) Hours: Ten days of paid holiday leave are provided to State of Oregon employees during the year dependent on state legislative rules.

## Sick and Family Leave

- Sick Leave (SL) Hours: Eight sick leave hours are accrued each month and are available for use after 30 days of employment, per the State of Oregon rules.
- Residents qualify for Oregon Family Leave Act (OFLA), after being employed for 180 days preceding the beginning of the requested leave date and working an average of 25 hours of work per week, except for parental leave, which there is no weekly average requirement.
- Residents do not qualify for Family and Medical Leave Act (FMLA) because an employee must work for the state for at least twelve months.

## Educational Leave and Compensation

- Educational Leave (CD) Hours: Paid time is provided for attendance to two meetings or conferences (regional, national, or state) per residency year in the areas of residency, pharmacy, or psychiatry. Routinely, these have been the American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting and Exhibition and the College of Psychiatric & Neurologic Pharmacists (CPNP) Annual Meeting.
- Educational Compensation: Financial assistance may be provided in the form of a stipend toward travel, registration, meals, and lodging expenses at the national and regional meetings, depending on State budget and OSH Chief Financial Officer's approval.

## Unpaid Leave

The state may require unpaid furlough days for all state employees based on the budget status. Other unpaid leave is extremely uncommon and would need to be pre-approved by the RPD and Human Resources Department.

## Dismissal

Continuation of employment is contingent upon successful completion of a state mandated probationary period (90 days) with satisfactory employment performance. If the resident fails to comply with state, hospital, or departmental laws, rules, regulations, policies, procedures, or protocols, the resident may be dismissed from the residency program. Additionally, the resident may be dismissed from the residency program for the following reasons:

- Failure to obtain licensure: As described in the '[Pharmacy Licensure](#)' section
- Failure to meet required working hours: As described in the '[Leave of Absence](#)' section
- Failure to progress: As described in the '[Requirements for Successful Completion of PGY-1 Residency](#)' section

## **Research Requirements**

The resident must complete a final research project using an accepted manuscript style that is appropriate for publication. At least one poster presentation is required at a regional, state, or national meeting or conference.

## **Research Project Timeline**

August: Brainstorm options and select a research topic. Submit a project outline, including the following information, to Pharmacy Residency Program Director, Pharmacy Director, and Pharmacy Manager.

- Background: rationale for the project and pertinent background information. Literature citations supporting the hypothesis should be included.
- Objectives: A statement of the primary question(s) or goal(s) of the project should be included, along with secondary objectives.
- Methodology: The methods for completing the project should be specified, including trial design, data to be collected and how collection will occur.
- Data analysis: A description of methods for analyzing data, including statistical methods and end points, should be discussed.
- Critical analysis: Describe study weakness and/or obstacles for completion and how they will be addressed.
- Potential problems

September: Presentation to Residency Program Director of the final, written proposal of the project and timeline for completion. The timeline will include specific time points for data collection, data analysis and presentation preparation. Approval from appropriate institutional committees should be obtained prior to initiation of the project. If Investigational Review Board (IRB) review of the project is needed, two months for final approval should be allowed.

October: Submit abstract to ASHP for the Midyear Clinical Meeting and Exhibition by October 1<sup>st</sup>. Work on travel funding approvals.

October-February: Complete data collection

January: Submit abstract to Western States Residency Conference or CPNP by deadlines.

February-March: Present completed project to pharmacy staff. Work on travel funding approvals.

April-May: Present completed poster at Western States Residency Conference or CPNP Annual Meeting.

June: Prepare manuscript in complete format for publication in a journal and submit to the Pharmacy Residency Program Director.