

UW Medicine
Department of Pharmacy

RESIDENCY HANDBOOK

University of Washington Medical Center/Harborview Medical Center/
Fred Hutchinson Cancer Center

UW Pharmacy Residency Website: <https://sites.uw.edu/rxresidency/>

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About UW Medicine



UWMC – Montlake Campus (UWMC-ML) - U.S. News & World Report's No.1 hospital in Washington State – is known for medical discoveries, teaching programs, and above all world-class, compassionate care for patients who travel from across Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) for specialized services.



UWMC – Northwest Campus (UWMC-NW) is an acute-care, community hospital with inpatient medical, surgical, and emergency services, as well as outpatient primary care, specialty care and surgery. A new behavioral health tower opened in Spring 2024. Located in North Seattle, it is a critical resource for improving the long-term health of the surrounding community.



HMC – Harborview Medical Center is an adult and pediatric Level 1 trauma center, comprehensive stroke center, regional burn center, and neuroscience institute. In addition, HMC provides high quality comprehensive healthcare for a broad spectrum of patients from throughout the region, including the most vulnerable residents of King County.



FHCC – Fred Hutchinson Cancer Center (formerly the SCCA) is a cancer treatment and research center in Seattle, Washington. Established in 1998, this nonprofit provides clinical oncology care for patients treated at its three partner organizations: Fred Hutchinson Cancer Research Center, Seattle Children's, and UW Medicine.

UW Medicine Health system includes the University of Washington Medical Center (UWMC) Montlake and Northwest Campuses, Harborview Medical Center (HMC), Fred Hutchinson Cancer Center, UW Medicine Primary Care and Airlift Northwest. UW Medicine is a comprehensive healthcare system serving Washington, Wyoming, Alaska, Montana, and Idaho areas, also known as WWAMI. UW Medicine is one of the top-rated academic medical systems in the world. With a mission to improve the health of the public, UW Medicine educates the next generation of healthcare providers and scientists, leads one of the world's largest and most comprehensive biomedical research programs, and provides outstanding care to patients from across the globe.

UW Medicine Vision:

A care experience for patients and their families that helps them achieve their personal goals for wellness and disease management.

An educational environment for health professionals, students and trainees that prepares them for leadership in their professional careers.

A research enterprise for scientists that enables them to advance medical knowledge and clinical innovations with groundbreaking discoveries.

UW Medicine Values:

We treat people with **respect** and **compassion**.

We embrace **diversity, equity, and inclusion**.

We encourage **collaboration** and **teamwork**.

We promote **innovation**.

We expect **excellence**.

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UW Medicine Department of Pharmacy

The mission of the Department of Pharmacy Services at UW Medicine is to promote optimal clinical outcomes for our patients. We strive to provide high-quality, cost-effective, patient-centered care in an environment of shared respect and communication.

Core Values

- **Safety:** The state of being safe; freedom from the occurrence or risk of injury, danger, or loss. The quality of averting or not causing injury, danger, or loss.
- **Innovation:** Both radical and incremental changes in thinking, in things, in processes or in services.
- **Quality:** The achievement and maintenance of the optimal balance of efficacy, safety, satisfaction, cost, variation.
- **Integrity:** Adherence to moral and ethical principles; soundness of moral character; honesty

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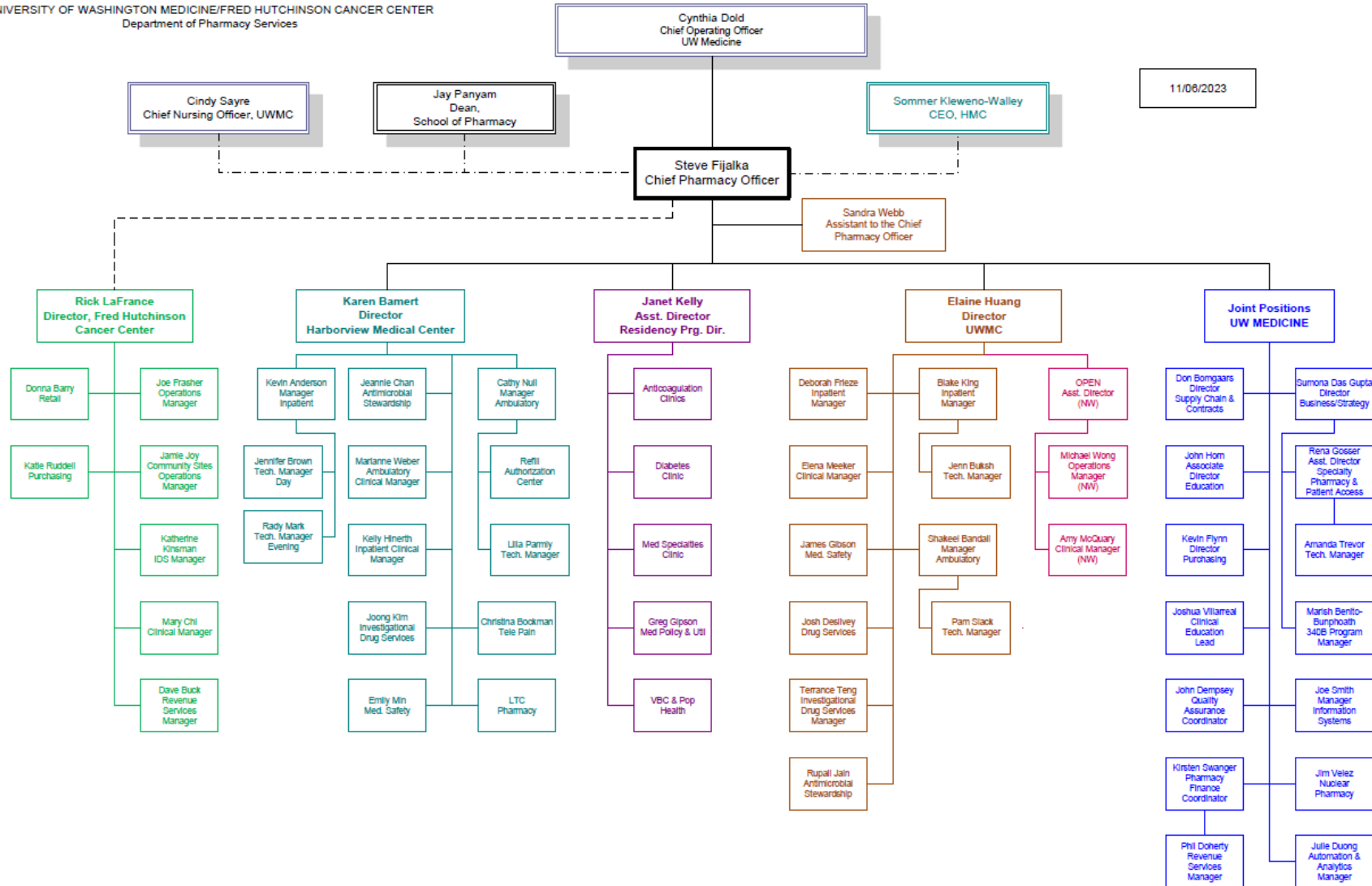
Affiliation with UW Healthcare Academic Programs

UW Medicine Health system is affiliated with the UW Schools of medicine, pharmacy, nursing and other health professions, and our hospitals/clinics are the primary experiential training sites for healthcare related training. Pharmacy residents are eligible for affiliate clinical faculty at the UW school of pharmacy (UWSOP) and will gain valuable precepting and teaching skills through participation in didactic and/or experiential training of students as well as the optional teaching certificate program.

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UW Medicine Pharmacy Reporting/Organizational Structure

UNIVERSITY OF WASHINGTON MEDICINE/FRED HUTCHINSON CANCER CENTER
Department of Pharmacy Services



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UW Medicine Pharmacy Residency Programs

UW Medicine Department of Pharmacy is comprised of a team of pharmacists, technicians, interns, residents, administrative staff, and support personnel. Our pharmacists are well integrated into the multidisciplinary team and provide comprehensive clinical services in both acute and ambulatory care settings. In Washington State, pharmacists are recognized as providers, and thus our ambulatory clinical pharmacists work under collaborative drug therapy agreements and can bill Evaluation & Management codes for their services.

Flexibility built into our programs allows each resident to tailor a program to fit their individual goals. The programs provide a caring and compassionate environment that promotes respect and conducive learning opportunities.

Residency Program	# Residents	RPD	Coordinator(s)
PGY1 Pharmacy	12	Janet Kelly	Meghann Bruden Greg Gipson Amy McQuary
PGY1/2 HSPAL + Masters (2 MHA & 1 MHIHIM)	3- PGY1 and 3- PGY2	Steve Fijalka	MHA: Elaine Huang MHIHIM: Julie Duong
PGY2 Ambulatory Care	2	Alvin Goo	Jenny Lin
PGY2 Critical Care	2	Susan Rayner	Meredith Holmes
PGY2 Infectious Disease	1	Rupali Jain	Jeannie Chan
PGY2 Oncology	5	Madison Lee	Amy Indorf Kenneth Tham
PGY2 Pain Management & Palliative Care	1	Mackenzie Welsh	Christina Bockman
PGY2 Psychiatry (candidate)	2	Chelsea Markle	
PGY2 Investigational Drug & Research (candidate)	1	Anneliese Schuessler	Julia Lewin

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Administration of Residency Programs

Residency Program Director (RPD)

Each program has a designated Residency Program Director (RPD) who is responsible for the design and implementation of the program. The RPD in conjunction with the Chief Pharmacy Officer and the residency coordinators ensures program goals, objectives and requirements are met. The RPD will work with program coordinators, preceptors, and other pharmacy administration personnel to coordinate schedules, rotations, learning experiences, and to evaluate each resident's progress throughout the training year.

Residency Program Coordinator (RPC)

The Residency Program Coordinator(s) serves in a leadership and overall supportive role within the program. RPC(s) help the RPD select the residency candidates, develop and coordinate rotation experiences, annual program evaluation and any duties/activities that contribute to the success of the resident and the program.

Primary Preceptor

Each resident is assigned a primary preceptor who mentors to provide advice and guidance throughout the residency year. Primary preceptors meet with residents quarterly to review residents' development plans and provide feedback, mentorship, and career planning. Each program holds primary preceptor meetings to discuss each resident's progress.

Project Preceptor

Each resident will select a project from an approved project list and a project preceptor(s) will be assigned to the resident. Project preceptor(s) meet regularly to check in with resident(s) to assess progress, discuss barriers and provide guidance for the residency project. Project preceptors assist with project design, data analysis, and review the NW States conference presentation and final project manuscript.

Rotation Preceptor

Each rotation has a preceptor who develops and guides the learning experiences for the resident to meet the residency program's goals and objectives. Residents are encouraged to reflect on their performance, strengths, and weakness weekly. The rotation preceptor provides on-going feedback to the resident and tips and pearls to assist resident's development of clinical and critical thinking skills. The preceptor assesses the resident's performance and provides formative feedback/tips/pearls throughout the experience and submits a summative evaluation in PharmAcademic which is discussed verbally with the resident. A quick handoff of resident's areas the resident excels at vs. areas for continued development/experience are shared by the current preceptor with the next preceptor.

Residency Advisory Committee (RAC)

The Residency Advisory Committee is composed of a cross section of clinical, operational and administrative preceptors, RPDs, RPCs and current residents. The Chief Pharmacy Officer, Directors, and Assistant Directors are also present at the RAC meeting. RAC is a standing committee that meets quarterly to coordinate and develop standard practices across programs to ensure high quality and consistent residency training. This committee provides a forum for the committee members to discuss and review residents' progress, projects, concerns or issues regarding the residency schedule, and other components of the program.

Other responsibilities for RAC:

- Discuss overall program directions and goals, and identify any areas for improvement
- Continuously evaluate the program curriculum, goals and objectives
- Review and revise policy and procedures across programs
- Discuss resident recruitment and selection process
- Provide resources and support for residents and preceptors to provide optimal learning experiences

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Program Purpose

PGY1 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.

PGY2 program purpose

PGY2 residency programs build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

Advantages of a UW Medicine Pharmacy Residency

- Truly collaborative practice with MDs, RNs, and other healthcare providers
- Large variety and number of available rotations
- World-renowned institutions
- Preceptors who are committed to patient care and your training
- Teaching opportunities with the [University of Washington School of Pharmacy \(UWSOP\)](#)
- Generous stipend and benefit
- Living in the Pacific Northwest

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ASHP Standard 1 Requirements & Selection of Residents

Resident Qualifications

Applicants who are interested in UW pharmacy residency program must apply through ASHP's Pharmacy Online Residency Centralized Application Service (PhORCAS) and submit required documents for the specific program.

Qualifications of the resident:

- Completion of PharmD Degree from an ACPE-accredited College or School of Pharmacy
- For PGY2 program, completion of an ASHP-accredited or candidate-status PGY1 residency Must be eligible for licensure in the State of Washington
- Appointment to this residency program is contingent upon eligibility for employment according to the Federal Immigration Reform and Control Act of 1986, which requires employers to certify eligibility of employees not born in the United State. UW Medicine does not offer VISA sponsorship.
- Being up to date on COVID-19 vaccination is strongly encouraged for all UW Medicine staff but is no longer require for employment as of June 2023. personnel [Back to top](#)

Residency Recruitment and Selection

Current PGY1 and PGY2 residents will assist RPDs, RPCs, and preceptors with recruiting future residents throughout the program.

Recruitment: Examples may include but are not limited to:

1. UW SOP Professional Networking Day
2. SNPhA-ACCP Residency Showcase
3. UW Medicine Residency Program Virtual Informational Sessions
 - Residents will assist with organizing virtual information session for their specific program
4. Outreach to Historically Black Colleges & Universities (HBCU) and Pharmacy DEI outreach events
5. ASHP Residency Showcase at Midyear Clinical Meeting & Post-Midyear Virtual Showcase
6. PGY-2 residents will attend PPS at Midyear Clinical Meeting to assist with interviews
7. Assisting with website content and updates pertaining to the program marketing documents
8. Follow up with potential candidate inquiries or questions via email or phone
 - Note – Requests for informal on-site visits, shadowing, or tours will not be granted for potential interested students/candidates. This is due to the time commitment required and avoiding bias or favoritism.

Candidate Review and Selection

Current PGY1 and PGY2 residents will be selected to participate in the formal candidate selection process, and they will be responsible for:

1. Reviewing applications using the program-specific-standardized rubric provided. Candidates are assessed based on the following categories: leadership, work and teaching experience, contribution to pharmacy practice, letter of Intent, academics, and letters of recommendation.
2. Participating in residency selection subcommittee meetings
 - i. For PGY1 program:
 - December: Discuss standardized rubric and process of application review
 - January: Assist with selection process to include screening interviews and selection of candidates for full interview.
 - February: Participate in interviews for candidates invited for full interview, submit scoring and comments for each candidate interviewed using the program rubric/form.
 - ii. For PGY2 programs:
 - Assist with internal/early-commitment candidate interviews for residents in program that are participating in early commitment before Midyear meeting as assigned by RPD
 - Participate in PPS interviews during ASHP Midyear meeting and provide feedback on the process to RPD and RPCs.
 - Participate candidate interviews as assigned by RPD/interview coordinator and submit scoring and comments for each candidate interviewed using the program rubric/form
3. Phase 2 of the Match & Scramble
 - Prior to the due date of rank order lists for Phase 1 of the NMS, the RPDs for all programs will discuss and decide if they want to revert positions to another program if their positions do not all fill or want to continue to Phase 2 of the match. The selection process for Phase 2 will be the same as for Phase 1 but with a shorter timeline to align with the due date for Phase 2 rank order list submission. If programs have unfilled positions following Phase 2 match, they will discuss with Chief Pharmacy Officer to determine if they will participate in the post-match scramble based on applicant pool.

General Recruitment Timeline for PGY1 and PGY2 programs

For PGY1 recruitment and PGY2 recruitment as determined by RPD	Activity
July	<ul style="list-style-type: none">▪ Select residents to participate in the residency advisory committee (RAC) based on interest and ensuring representation from each program. Residents participating in RAC will also assist the RPDs and coordinators in the recruitment and selection process for the next class.▪ HSPAL PGY2 residents collect headshots and create resident contact list▪ Update Bio on external residency website by a resident
October	<ul style="list-style-type: none">▪ HSPAL PGY2 residents work with other PGY2 programs to coordinate PPS at Midyear▪ FAQ session with PGY2 programs for current PGY1s and early commitment requirements
November	<ul style="list-style-type: none">▪ PGY1s organize materials for recruitment at ASHP Midyear▪ Interviews for programs participating in the early commitment process
December	<ul style="list-style-type: none">▪ Attend Midyear Clinical Meeting (all residents)▪ Participate in PPS, if applicable▪ Discuss recruitment process and expectations with PGY1s and PGY2s participating in the selection process (Dec-Feb).
January	<ul style="list-style-type: none">▪ Assign applicants to reviewers (RPD, coordinators, preceptors, and residents)▪ Identify interview list, prepare screening interviews via zoom for PGY-1 program▪ PGY2 programs set up interviews for their candidates▪ Prepare interview materials including candidate schedule and residency program information
February	<ul style="list-style-type: none">▪ PGY1 RAC residents hand off information to the next group of residents joining the interview selection process; Prepare interview materials including candidate schedule and residency program information▪ PGY1 program conduct interviews with candidates▪ PGY2 programs conduct interviews with all candidates
March	<ul style="list-style-type: none">▪ Match results▪ Attend residency selection process feedback meeting▪ RPDs /RPCs to send congratulatory emails▪ RPD sends an official offer letter to each resident who matched with the program, which must be signed and returned.
April	<ul style="list-style-type: none">▪ Residents to send residency newsletter to the new incoming class to provide NAPLEX/MPJE testing information, where to live in Seattle, and other helpful information.▪ Incoming residents will be paired up with current residents as resi-buddies to help answer questions

June	<ul style="list-style-type: none">▪ Incoming residents are paired with primary preceptor to provide support to the resident throughout the year
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Resident Requirements and Residency Program Policies

Documentation of Completion of Residency Prerequisites

Residents must submit documentation of completion of the pre-requisites for their program prior to start of the program or within 7 days of the start of the residents as detailed below:

1. PGY1 residents – official Pharmacy transcript documenting completion of curriculum and degree awarded.
2. PGY2 resident – copy/photo/scanned PDF of signed PGY1 certificate OR official letter (on institutional letterhead) from the resident’s PGY1 RPD documenting completion and that certificate was awarded with RPDs signature.

Failure to provide the above documentation within 7 days of the start of the UW Medicine residency will result in dismissal from the program.

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Residency Employment and Licensure Requirements

1. Eligibility for licensure in Washington is a requirement of all resident applicants. PGY1 residents must have an active Washington State intern or pharmacist license by July 1st. PGY2 residents are required to have an active Washington State pharmacist license by the end of the second week of July, while PGY1 residents have until September 15th to obtain an active Washington State pharmacist license.
2. Failure to meet the licensing requirement will necessitate a meeting between the resident and the residency program director to develop a plan to provide sufficient oversight for the resident and safe conditions for patients until the resident is licensed. If the resident still does not have an active WA pharmacist license by the first weekend in August (PGY2) or October (PGY1), they must make up integrated service hours once licensed. Failure to obtain licensure by September 1st (PGY2) or within 120 days of the program's start (PGY1) will result in dismissal.

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Dismissal Policy and Procedure

Policy

Residents may be dismissed from the program for any of the following:

1. Failure to provide documentation of program prerequisites (see pre-requisite policy),
2. Failure to obtain licensure (per the licensure policy),
3. Failure/Inability to participate and or continue with residency program due to health issues (Excessive Absence). (Whether the prolonged leave is excessive will be determined in relation to what the residency programs can accommodate in accordance with the Leave Policy),
4. Severe and/or continued unprofessional behavior, including but not limited to:
 - a. failure to follow department policies/procedures/regulations,
 - b. intentional disregard for patient safety (as per the UW professional conduct policy) [UW Medicine Policy on Professional Conduct](#)
 - c. inappropriate use of artificial intelligence as detailed in the UW interim guidance on artificial intelligence. [Artificial intelligence inerim guidelines](#)

Special Note: Failure To Meet expectations for individual learning experiences is NOT grounds for (immediate) dismissal (see Procedure: Special Note below).

Procedure

A Resident's appointment may be terminated only by the Chief Pharmacy Officer. This decision will only be made upon careful review of the recommendations as made by the Residency Director, the Resident's preceptor, and the Residency Advisory Committee regarding the resident's performance and/or circumstances. The Resident to be terminated will be provided written notice for cause. This act of termination is final and not subject to any appeal rights for the resident.

Conditions for termination will be based on evaluation of the professional performance/behavior and fulfillment of the conditions of the appointment as required by the training program for which the Resident is assigned.

When a question arises concerning the termination of a Resident:

1. **Personal Conference:** A three party meeting involving the Resident, Residency Director, and the appropriate preceptor will take place to discuss existing issues and possible resolutions. A decision by the Resident to resign from Residency would result in Mutual Consent of the parties and a termination action will not be required.
2. **Residency Advisory Committee:** If the Personal Conference does not result in a Mutual Consent of the parties and the decision of the Resident is to NOT submit a letter of resignation, the matter shall be elevated to the Residency Advisory Committee level. The Resident and Residency Advisory Committee shall proceed informally to achieve a mutually acceptable resolution if possible. No member of the Residency Advisory Committee may participate in the subsequent proceedings involving the termination for cause nor shall any member disclose any aspect of the matter to anyone except to specifically perform his/her duties as a Committee member. Statements and all other evidence obtained by the Committee shall be confidential and shall not be subject to discovery rules or released at a formal hearing or to the parties involved without the permission of the person who divulged the information.
3. A recommendation by the Committee to proceed to terminate the Resident for cause may then be sent to the Chief Pharmacy Officer who shall then decide the matter, and such decision shall be final.

4. A Resident may be relieved of duties at any time on the recommendation of any Clinical staff member to the Director of the Residency Program when in the opinion of the Director such action is deemed in the best interest of patient care. The Resident will be fully advised of the reasons for such action. All efforts shall be made to reassign the Resident to non-patient care activities consistent with his/her educational objectives for the period involved.

5. The salary and benefits of the Resident shall be continued during the period necessary to assure due process provided that such salary and benefits shall cease at the expiration of his/her appointment for the effective date his or her termination by the Chief Pharmacy Officer whichever shall occur first.

Special Note: Failure to Meet Expectations will prompt the following procedures:

1. Initial Meeting with the Resident: The Resident shall meet with the RPD, RPC, and appropriate preceptor to address existing issues and implement a Resident Performance Improvement Plan, which will be documented in the Resident's Development Plan.

2. Assessment of Improvement: The Resident Performance Improvement shall be monitored/assessed on a weekly (month long rotation) or monthly (longitudinal experience) basis as appropriate. If the Resident is meeting the preset goals, the frequency of the assessment may be adjusted accordingly.

3. Counselling Session: Continued unsatisfactory performance by the Resident may prompt a counselling session whereby the RPD/RPC may provide notice to the Resident that they may soon become subject to termination proceedings (see above). An option for the Resident to resign from the program may also be discussed. The contents of this conversation shall be recorded in writing, signed by the resident and the RPD/RPC, and uploaded to PharmAcademic for documentation.

Integrated Service Commitment

All residents (PGY1 and PGY2) have an integrated service commitment of 32 hours per 4 weeks, except PGY2 HSPAL residents have 24 hours per 4 weeks commitment to allow 8 hours for management of intern program.

- Each resident will be assigned a location for that service (UWMC-ML/HMC/UWMC-NW/FHCC).
- Each resident's performance will be evaluated at the end of the training/orientation month and quarterly for the remainder of the residency.
- For the PGY1 residents, the integrated service commitment will be a mixture of weekday evening/weekend clinical shifts, and distribution shifts within the central inpatient pharmacy.
- For PGY2 residents, the specifics of the integrated service responsibilities and duties will be detailed during orientation by their RPDs.

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Project Selection and Resources

All residents are required to complete a longitudinal residency project. Requirements include:

- Present project results in a platform presentation at a Conference.
- For PGY2 residents: Additional presentation of project results may be required at a relevant specialty meeting. Residents should consult with their RPD on specific details for their program.

- Submit manuscript in publishable format to RPD
1. Project idea formulation
 - The Residency Project Committee will collect project ideas throughout the year using the project proposal template ([see appendix A](#))
 - Project list will be provided to the incoming residency class during the July orientation month.
 - The list of project ideas includes Flip project proposals for past residents, clinical projects submitted by pharmacy preceptors, and department initiatives provided by pharmacy/hospital leadership and/or pharmacy preceptors
 2. Timeline
 - A project timeline is provided to residents to help them to stay on track ([see appendix A](#))
 - Resident completes a residency project proposal, reviewed by the research committee, and feedback is provided to help each resident optimize his/her project. Proposal will be generated by answering the questions on project proposal ([see appendix B](#))
 3. Flip Project
 - All residents are required to complete a Flip project using the project proposal template ([see appendix A](#))
 - The Flip project's intent is to give residents an opportunity to generate and develop their own project idea. The Flip project is started in the second half of the residency year once residents are familiar with UW Medicine and have attended Midyear Clinical meetings. The Flip projects are reviewed by preceptors and residents are provided feedback and suggestions on the feasibility/design. The Flip project proposals may be included in the project list from which the subsequent residency class will select their projects.
 4. Resources
 - Prism GraphPad software is available to help residents to perform statistical analysis.
 - Biostatistics consultation services are available at the department of statistics at the University of Washington.
 - ASHP research guide and videos are available for residents as reference.
 - Institutional Review Board (IRB) tutorials
 - Residents will have access to the University of Washington Health Science Library for journals, textbooks, and drug database resources.
 - Quarterly research discussions lead by Megan Henderson, Abdominal transplant pharmacist, and research primer series.

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Requirements to Receive Pharmacy Residency Certificate

Please refer to Standard 3 for program specific requirements.

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ASHP Standard 2 Responsibilities of the Program to the Resident

Program Responsibilities

UW Medicine Pharmacy PGY1 and PGY2 programs are a minimum of training programs and a full-time practice commitment per ASHP standard. The residency program directors (RPDs) will provide residents who are accepted into the program with a letter outlining their acceptance to the program with licensure and human resources requirements, residency program requirements, and benefits information. All programs must comply with ASHP-duty hour requirements. [ASHP duty hour policy](#)

Duty Hour

Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. Program guidelines for adhering to duty hours standards of

1. Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
2. Duty hours exclude reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the program and must not interfere with the resident's fitness for work nor compromise patient safety. External moonlighting is NOT permitted. Occasional internal moonlighting to assist with staffing needs must be approved by the resident's RPD and should not exceed 16 hours per bimonthly pay period.
2. All moonlighting hours must be counted toward the clinical experience and educational work 80-hour maximum weekly hour limit average over a four-week period and included in tracking hours

Maximum Hours of Work per Week

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of moonlighting.
2. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.

3. Residents must have at a minimum of 8 hours between scheduled duty periods.
4. Continuous duty is defined as assigned duty periods without breaks for strategic napping to reduce fatigue or sleep deprivation and must not exceed 16 hours.
 - a. To assist with compliance with duty hours, any trades of integrated service shifts must be approved by the RPD/program designee AND the appropriate clinical manager.
 - b. In situations in which the resident's rotational experience and assigned integrated service shifts conflict the resident should be excused from the rotation to complete the integrated service shift. If this conflict is anticipated to occur with regularity (e.g., evening rotation such as Emergency Department) the resident is responsible for alerting the RPD and the scheduler at his/her integrated service site, 2 months in advance of the experience, so a plan can be implemented to preserve rotational experience and allow for completion of the integrated service duties.
 - c. Residents are encouraged to request the use of a project day following a weekend evening distribution shift when the mandated 8 hours between shifts would make it difficult for the resident to fully participate in the clinical rotation. The resident is not required to use a project day following a weekend evening shift. **Please note the resident must notify the preceptor and RPD at least 2 weeks in advance of any days they will be starting late due to duty hours or using a project day.** See leave policy and procedure for additional details about project days.
 - d. Non-adherence to the duty hour policy will require a meeting with the resident and RPD to adjust the resident schedule or implement other necessary changes to ensure no further non-adherence.

Tracking of Compliance with Duty Hours

All residents will complete the monthly PharmAcademic duty hour attestations.

1. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
 - a. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 - b. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80-hour maximum weekly hour limit.
 - For residents taking call for Medication Stewardship the on-call hours are 8am-10pm. Only the time spent working on requests is included in the 80-hour week calculation.

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Schedule or Vacation Requests

Residents (both PGY1 and PGY2) have an integrated service responsibility of an average of 32 hours per 4 weeks, excluding scheduled holiday hours. Residents may trade with another resident in the same integrated service area (this may differ with PGY-2 residents and the resident should consult with their RPD for questions about shift trades), but all trades must be communicated via email to the scheduler, and the RPD and/or RPCs to ensure compliance with duty hours.

Deadlines: The typical deadline for leave or vacation requests involving weekend staffing commitments is the 25th of the month, two months prior to the desired time off. For example, scheduled requests for September must be in by July 25th. The deadline for leave requests NOT involving weekend staff commitment is **2 weeks** in advance of desired leave. Please note if weekday vacation request/personal professional leave (non-required) includes a scheduled integrated service shift the resident must trade with another resident to ensure the shift is covered and notify the scheduler.

How to request a schedule change: Submit your requests via email to the appropriate rotation preceptor, your RPD and RPC(s), and the scheduler if includes integrated service shifts. The schedulers are as follow:

- UWMC-ML Inpatient – Henry Wong (hkwong@uw.edu)
- UWMC-ML Outpatient – Chioma Nwozuzu (cnwozuzu@uw.edu)
- UWMC-NW – Eddy Ho (eddyho@uw.edu)
- HMC Inpatient – Kristi Bennett (ohm@uw.edu)
- HMC Outpatient – Eun Jeong Choi (ejchoic@uw.edu)
- Oncology – Joe Frasher & Deborah Frieze (frasher@uw.edu and frieze@uw.edu)
- Investigational Drug Pharmacy – Anneliese Schussler (aschusssl@fredhutch.org)

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Professional, Bereavement, and Sick Leaves

1. Professional Leave

All residents (PGY1 and PGY2) attend the ASHP Midyear Clinical meeting and NWS Residency Conference unless otherwise specified by the residency program director. PGY2 residents will also attend an appropriate specialty conference as determined by the RPD. Residents are granted professional leave to attend these meetings. Each resident may receive up to \$1500 (PGY1 residents) or \$1700 (PGY2 residents) annually for travel for required professional meetings in alignment with the university regulations for travel expense reimbursement. A resident may take a maximum of 5 additional days as professional leave to attend additional meetings and/or interviews. If residents need more than 5 days for interviews, they may use vacation time. Residents must submit a professional leave request to their RPD and RPC(s) for consideration. Approval will be based on the perceived educational benefit, the resident's needs, and those of the department.

Please note for professional leave EXCLUDING Midyear and NWS Residency Conference: if the professional leave coincides with assigned integrated service shift, the resident is responsible for trading with a co-resident to ensure coverage of the shift if the schedule has already been posted.

2. Bereavement Leave

In the event of the death of a resident's family member (see below for definition of family member), a resident shall be granted leave with pay. The amount of paid leave shall be only that which is required to attend the funeral and/or make arrangements necessitated by the death, but in no event shall it exceed three (3) days. If additional time off is needed, the resident may request the use of available vacation leave. The resident must inform their RPD and RPC(s) as soon as possible of the need for bereavement leave.

Family Member: Family member is defined as the resident's spouse or same or opposite sex domestic partner, child, parent, grandparent, grandchild, or sibling. Family members also include individuals in the following relationships with the resident's spouse or domestic partner: child, parent, or grandparent. Child also includes a child of a legal guardian or de facto parent, regardless of age or dependency status and those to whom the resident is "in loco parentis" or "de facto" parent as well as a child of a legal guardian or de facto parent. Parent and Parent-in-law also includes de facto parent, foster parent, stepparent, or legal guardian.

3. Sick and Health Maintenance Leave and Extended Leave

Residents will receive a maximum of 7 days of paid sick and health maintenance leave at the start of each one (1) year appointment period. Accumulated sick leave credit is NOT transferable or available for pay out at the completion or termination of the residency appointment. Should a resident have a severe illness requiring more than 7 days of sick leave, the resident may use available vacation time and/or submitted medical documentation of need for extended leave not to exceed 2 months. Extended leave beyond vacation/sick time will require prolongation of the residency's duration by the same number of days of extended leave taken. Extended leave beyond 2 months will require dismissal from the program. However, in situations with extenuating circumstances, based on the Chief Pharmacy Officer review, additional options may be considered. The extended leave will be leave without pay and will require extension of the residency program duration to match the number of days of leave. Resident healthcare benefits will be continued during the extended leave and through extension of the residency program. Residents must maintain their pharmacist license during the extended leave.

Sick leave may be used for the following:

- i. Personal illness, disability, or injury (including illness or disability due to pregnancy), childbirth or to recover from childbirth.
- ii. Personal medical, dental, or optical appointments.
- iii. To care for a child of the resident who has a health condition that requires treatment or supervision.
- iv. To care for the resident's seriously ill family member or partner.
- v. Absence necessitated by the death of a resident's family member.
- vi. To accompany a family member or partner to medical, dental, or optical appointments where the resident's presence is required. The resident must arrange in advance with the Program for such absences.
- vii. Condolence or bereavement – see bereavement leave for details.
- viii. Accrued sick leave may be used when the resident's child's school or day care has been closed by a public health official for any health-related reason.

4. Illness:

Residents who are ill and unable to come to work must immediately contact their preceptor (during the week while on rotation) or a pharmacist in the central pharmacy (weekends/holidays). For PGY-2 programs that may have a different designated sick-call process, the resident should consult their program-specific information for contact information if unable to come to work during a weekend or holiday. In addition, the resident must email their RPD and RPC(s) so it can be logged in the leave tracker.

5. Holidays

Residents are scheduled to work integrated service shifts for 4 holidays each year. Residents work together to select their holidays and are encouraged to review their weekend staffing commitments prior to selecting their holiday commitments. Each resident will work at least one major holiday or as otherwise stated by the specific program RPD. The remaining 7 holidays are days off for the residents. UW Medicine holidays include New Year's Day, Martin Luther King Jr Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Native American Heritage Day and Christmas Day

6. Vacation:

Residents have 15 vacation days per residency year. Two of the 15 days can be on a weekend when the resident is scheduled to work. Vacation cannot be saved until the end of the residency, so the resident can finish early (no vacation time may be taken the last week of the residency program). Additionally, vacation cannot be carried over from PGY-1 to PGY-2 or from PGY-1 or PGY-2 to employment at the same institution. For vacation requests not including weekends, the resident is responsible for trading with another resident if the staffing schedule has been released and the vacation request coincides with an evening integrated service shift.

7. Project Days:

Residents may use a maximum of 20 project days per year which includes December weekdays following Midyear for programs that utilize December as a project month. For PGY-2 programs that may utilize alternate project day schedules, the resident should consult with their RPD. The allocation of project days is per the specific residency program director. Residents are strongly encouraged to request at least ½ to 1 full project day following a weekend evening integrated service shift, when the 8-hour time between daily duty hours would make it difficult for the resident to fully participate in their clinical rotation. Residents must submit an email request to use a project day to their rotation preceptor and RPD/RPC(s) AT LEAST 14 DAYS in advance of the desired project days.

8. Maximum days off rotation:

Residents are allowed a **maximum of 25%** (e.g., 5 days for a 4-week rotation) off any learning experience for vacation, personal professional leave (not required), and project days combined. Required professional leave (e.g., Midyear and other required conferences), sick time, and required class time do NOT contribute to this maximum of 25% of resident time away from a rotation. The maximum total time away from residency (includes all leave types and class time) may NOT exceed 37 days per 52-week program without extending the duration of the program with comparable activities/rotations.

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Non-Pharmacist Preceptor Policy

Eligibility

To be considered eligible for non-pharmacist rotations, a Resident must meet the following requirements: To be considered eligible for non-pharmacist rotations, a resident must meet the following requirements: (1) have completed 3 clinical rotations with satisfactory progress in summative evaluations for standard 1.1 objectives AND (2) the satisfactory progress must have been documented in the resident's development plan.

Preceptor Assignment

Once requirements are met, the Resident's evaluation in PharmAcademic will be assigned to: (1) a designated pharmacist with clinically relevant experience (as Primary Preceptor), and (2) a non-pharmacist preceptor (as Co-Preceptor).

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Resiliency and Wellness Program

UW Pharmacy Residency Program focuses on providing pharmacy residents with teachings and experiential practices to foster and improve well-being and resilience.

Our program offers well-being and resilience sessions led by Glenn Kuz, PharmD & Mindfulness Teacher and Fay Hosseini, PharmD, ED pharmacist at HMC. Each session provides direct, guided, experiential learning of mindfulness practice and tools to promote well-being, increase resilience, and prevent burn-out. Sessions are provided quarterly, and all residents are required to participate. Residents will be exposed to various tips/tools/mindfulness techniques to allow them to explore what works for them in their daily lives. Each session exposes residents to different strategies/tools/mindfulness techniques to explore what works for each resident in their daily lives. In addition, these sessions provide the opportunity to connect with others in a supportive sharing environment. One-on-one support is also available. UW Medicine offers several resiliency opportunities to all staff including peer to peer support, preventing burnout virtual sessions and private counseling in addition to the pharmacy specific pharmacy resources.

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Resident Resources

UW Pharmacy Residency Programs provide various resources to support the residents throughout the year. Resident office space/open workspace is located at each site to provide workspace for the residents.

1. **White Coats:** There are white coats with the UW Medicine Pharmacy logo available in the resident office for use. Laundry services are provided
2. **Business Cards:** Residents may place orders for business cards
3. **UW Pharmacy Staff Website:** Residents will be able to access pharmacy policies and procedures, various drug information resources, and guidelines with their UW Net ID.
4. **Remote Access:** Residents will be able to access PHI remotely in a secured network computer if working offsite is necessary.
5. **Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) Certifications:**
The Department of Pharmacy supports and encourages residents to obtain ACLS/BLS certification as it aligns with site specific requirements. For residents who will be actively participating in code situations, they will be required to maintain ACLS/BLS certification throughout the duration of the program. Residents should consult with their RPD for site-specific requirements.
6. **Teaching Certification:** Residents will have an option to participate in a teaching certificate program and workshops in pharmacy education. This opportunity will be paid and supported by the department of pharmacy. For more information, please visit:
<https://sop.washington.edu/department-of-pharmacy/graduate-education-training-programs/teaching-certificate-pharmacy-education/>

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Resident Involvement Opportunities

1. Chief resident

- a. The Chief Pharmacy Resident is selected from among the PGY1 residents (excluding residents in the HSPAL program) and has a term of 3 months. The Chief Pharmacy Resident coordinates the activities of all concurrent pharmacy residents (both PGY1 and PGY2).

Chief resident responsibilities:

- Serve as a liaison between the pharmacy residents and pharmacy department for resident related issues.
- Coordinate quarterly PGY1 preceptor contact time audits and collect audit forms from each resident. Provide orientation and guidance for the following Chief Pharmacy Resident
- Other duties as assigned by RPD/RPC pertaining to the pharmacy residency programs.
- Coordinate activities of all pharmacy residents
- Send a weekly email update to all residents detailing due dates and other information\
- Schedule monthly meetings with residents (attendance is mandatory) and RPDs/RPCs. The chief resident is also responsible for setting the agenda (topics to be addressed) and sharing with the Director of Residency Programs in advance of the meeting.
- Following the meeting the Chief resident will prepare and distribute the minutes to all residents, RPDs, and coordinators.

2. Committees and residency events involvement

PGY1 and PGY2 residents may participate in one or more committees within UW Medicine to foster interdisciplinary and interdepartmental working relations and introduce the resident to the working structure of the hospital.

Example of committees include the following (list is subject to change):

- Pharmacy & Therapeutics Committee
- Oncology FHCC P&T Committee (PGY2 Oncology)
- Medication Stewardship Team
- Medication Safety Committee
- Residency Advisory Committee
- Resident Social Committee
- Opioid Stewardship Committee (PGY2 Pain)
- ID subcommittee (PGY2 ID)
- Ambulatory committee workgroups (PGY2 Ambulatory Care)

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ASHP Standard 3 Design and Conduct of the Residency Program

Postgraduate Year One (PGY1) Pharmacy Residency

Residency Program Director:

Janet Kelly, PharmD

Residency Program Coordinators:

Meghann Bruden, PharmD, BCCCP

Greg Gipson, PharmD, BCCCP

Amy McQuary, PharmD, BCOP

Program Description

The primary practice sites for the UW Medicine PGY1 program include: the University of Washington Medical Center Northwest and Montlake Campuses, Harborview Medical Center and the Fred Hutchinson Cancer Center (FHCC) Clinics. The program provides 52 weeks of training in all aspects of advanced pharmacy practice: acute patient care, ambulatory patient care, drug policy development, and practice management. Residents are encouraged to do rotations at multiple sites within the UW Health system. Shuttle and/or public transportation options are available between the sites.

The program offers flexibility which allows the residency to be tailored to the specific goals of the individual. Upon completion of the PGY1 program, residents are equipped to succeed in a variety of positions including clinical pharmacists, clinical faculty, or continuation of postgraduate training in a PGY2 program or fellowship.

Residents gain experience in various areas of advanced pharmacy practice by working with nationally recognized pharmacy practitioners. In addition, residents develop a clinical service or research project designed to improve pharmaceutical care and participate in teaching in the University of Washington School of Pharmacy. Residents have an integrated service commitment and work 32 hours per 4-week schedule period at their assigned site for integrated service.

PGY1 Pharmacy Residency Aims

- 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
- Ensure continuity of care during patient transitions between care settings
- Prepare, dispense, and manage medications to support safe and effective drug therapy for patients
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
- Demonstrate leadership and management skills
- Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)
- Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

PGY1 Residency Structure & Requirements

Residents must complete all required learning experiences for the program:

1. 12 Monthly Rotations:
 - a. Orientation/training (July).
 - b. Required acute care experiences – 3 x 1 month each (Acute Care 1, 2 and 3)
 - c. Ambulatory clinic (1 month + longitudinal for PGY1s and **2 months for PGY1 HSPAL no longitudinal clinic due to Master's program classes**)
 - May be selected from the following options (availability may vary year to year):
 - Primary Care (Adult Medicine, Family Medicine, International Medicine)
 - Anticoagulation
 - Rheumatology/Dermatology
 - Hepatology/Digestive Diseases
 - Med Specialties (Chest, Hepatology, Gastrointestinal)
 - Cancer Pain
 - Chronic Non-Cancer Pain
 - Cardiology
 - Diabetes
 - Oncology
 - Abdominal Transplant
 - HIV/ID clinic
 - d. Pharmacy administration
 - e. Project month (December)
 - f. Five electives (each 1 month) – selected from the below options:
 - **Critical Care** – residents must select at least one critical care rotation from the numerous options (Medical ICU, Cardiology ICU, Cardiothoracic Surgery ICU, Surgical ICU, Burns/Plastics ICU, Neuro ICU, Oncology ICU or Trauma ICU)
 - **Specialty Acute Care** – residents must select at least one specialty acute care rotation from the numerous options (General Surgery, Gyn/Onc Surgery, Hem/Onc, HSCT/Immune Effector Cell Therapy, Neurology, Neonatal ICU, Acute Pain, Chronic/Cancer Pain, Psychiatry, Infectious Disease, and Abdominal Transplant)
 - **Miscellaneous Electives:** Medication Safety, Pharmacy Informatics, Antimicrobial Stewardship/ID, Emergency Medicine, Investigation Drug Service, Ambulatory Clinics (see list above)
2. Longitudinal Experiences:
 - Integrated Service (32 hours per 4-week schedule period)
 - Complete residency project, platform presentation at a Conference and submit a final project manuscript in publication format.
 - Longitudinal clinic (PGY1) a full-day in assigned clinic on the 2nd & 4th weeks of each month (day of the week TBD by resident and clinic preceptor). Residents must complete a minimum of 15-days in their longitudinal clinic.
 - Prepare and present one pharmacist continuing education presentation.
 - Complete at least one drug therapy committee assignment for P&T, Med Safety, or Medication Stewardship Team. Assignment will include evaluation of published literature, utilization evaluation and a formulary/policy recommendation.
 - Participation in one didactic teaching opportunity (included in teaching certificate program). Residents who are not completing the teaching certificate program, may select from UWSOP lecture/lab, Student Scholar group session, or affiliated health program (ARNP/PA) lecture. Contact RPD/RPC to discuss options.
 - Submit a Flip project proposal for the next residency class.

3. Achieve for the residency (ACHR) 90% of the objectives for the residency program (28/31). See [Appendix D](#) for objective list. Residents who are making satisfactory progress but are not anticipated to meet criteria for 90% of objectives ACHR by the end of the residency will have a thorough review of their PharmAcademic evaluations by 2 independent reviewers to assess if preceptor comments suggest resident ACH the objective despite being scored as SP. Those cases will be brought to the June Residency Advisory Committee for a decision about the granting of a certificate.

Early Commitment for PGY2 Programs

- ASHP accommodates an early commitment process for residency sponsors offering PGY1 and PGY2 pharmacy programs that allow PGY1 residents to commit to one of the sponsor's PGY2 residencies before the match. The early commitment process may occur only between a PGY1 resident and a PGY2 residency program conducted by the sponsor. The PGY1 and PGY2 residencies must be continuous years of employment for the resident.
- The UW Medicine PGY2 programs participating in early commitment may vary yearly depending on PGY1 interest, and pharmacy department needs/goals. The PGY1 class will be informed of the specific PGY2 programs participating in early commitment, the number of positions available for early commitment, and the process and deadlines for the application and submission of early commitment agreements to ASHP in October.
- Application procedures:
 - a. PGY1 residents will complete an application (letter of intent, CV, and 3 letters of recommendation).
 - b. The application will be reviewed using the program rubric to determine which applicants will be offered an interview.
 - c. Selected candidates will have a formal interview with the PGY2 program director and preceptor(s) in November
- Selection procedures and notification:
 - a. Following the interview, the residents will be scored using the interview evaluation form
 - b. If the resident is deemed by the program director and selection committee members to be an acceptable candidate for the PGY2 program, the following steps must be completed prior to the ASHP deadline for early commitment:
 - i. The resident and PGY2 program director will sign and submit the letter of agreement (see ASHP website) for early commitment to the National Matching Services (NMS).
 - ii. The PGY2 program director will request the department to submit the fee to NMS and the program director will contact the NMS to withdraw the position from the match.
 - iii. The resident is not required to register for the match or pay the fee.

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Postgraduate Year Two (PGY2) Health System Pharmacy Administration and Leadership Residency Program

Residency Program Director:

Steve Fijalka, PharmD

Residency Program Coordinator(s):

Elaine Huang, PharmD, MHA

Julie Duong, PharmD, MHIHIM

Program Description

The primary practice sites for the UW Medicine combined PGY1/PGY2 Health System Pharmacy Administration and Leadership Residency program are the University of Washington Medical Center Northwest and Montlake Campuses and Harborview Medical Center. The program provides the Executive Master of Health Administration (MHA) residents or the Master of Health Informatics & Health Information Management (MHIHIM) residents 52 weeks of training in the PGY1 program and 58 weeks of training in health system leadership practice: clinical and operational management, patient safety and process improvement, management of financial resources, human resources management, and advanced leadership development. The program offers flexibility allowing the residency to be tailored to the individual's specific needs. The aim of the program is to prepare residents who can assume high level managerial, supervisory, and leadership responsibilities. Concurrent with rotations, the resident will be enrolled in the Executive MHA Program or the MHIHIM Program through the University of Washington School of Pharmacy Health.

PGY2 Health System Pharmacy Administration and Leadership Residency Aims

- Demonstrate leadership and administrative skills necessary to implement, assess, optimize, and manage the medication use process leveraging automation and technology, and optimal skill mix.
- Engage in hands on experience of human resource management, including recruitment, hiring, onboarding, performance management, corrective action, and day-to-day operations to enhance the residents' repertoire of management approaches and skills.
- Develop knowledge and expertise in managing cost-effective drug utilization in collaboration with the medical leadership team(s)
- Understand and implement strategies in the prevention of medication errors and adverse events
- Understand methodologies to support strategic decision-making in an expansive and integrated health system.
- Demonstrates personal leadership qualities essential to operate effectively within a health system and advance the healthcare profession.

PGY2 Health System Pharmacy Administration and Leadership Residency Structure & Requirements

Residents must complete all required learning experiences for the program:

Orientation/training (August) – 1 Week	
<p style="text-align: center;">REQUIRED Rotations (MHA: 9 rotations; MHIHIM: 8 rotations)</p> <ol style="list-style-type: none"> 1. Inpatient Operations (6 weeks) 2. Community Hospital Leadership (6 weeks) 3. Purchasing, Contracting and Revenue Cycle Management (5 weeks) 4. Ambulatory Pharmacy Operations (4 weeks) 5. Pharmacy Director (4 weeks) 6. UW Medicine Informatics and Technology (4 weeks) 7. Longitudinal Project Month (3 weeks) <p>MHA Resident:</p> <ol style="list-style-type: none"> 8. Clinical Pharmacy Leadership (4 weeks) 9. Inpatient Operations 2 (6 weeks) <p>MHIHIM Resident:</p> <ol style="list-style-type: none"> 8. Automation and Analytics (4 weeks) 	<p style="text-align: center;">ELECTIVE Rotations (4-6 weeks) (MHA: 3 rotations; MHIHIM: 4 rotations)</p> <ul style="list-style-type: none"> • Affiliated Community Executive Leadership • Clinical Pharmacy Leadership I or II • Faculty & Academic Leadership • Health System Executive Leadership • Infusion Pharmacy Operations • Medication Safety • Project Management • Quality Assurance in Sterile Compounding • Specialty Pharmacy • Rotations with external organizations • Extension of any required rotations <p>MHIHIM Resident only:</p> <ul style="list-style-type: none"> • Pharmacy IT Level 2 • Affiliated Community Informatics Leadership
<p>Longitudinal Experiences</p> <ol style="list-style-type: none"> 1. Intern Program Supervision <ol style="list-style-type: none"> a. Recruit and onboard new intern class b. Lead Intern Meetings c. Coach and facilitate learnings of interns including active participation in corrective action (if applicable) 2. Integrated Service (24 hours per 4-week schedule period) 3. Participate in the Medication Stewardship Team on-call program 4. Complete residency project, platform presentation at a Conference and submit a final project manuscript in publication format. 5. Prepare and present one pharmacist continuing education presentation. 6. Complete at least one controlled substance user audit as an active participant in the Drug Diversion Activation Response Team (DDART). 7. Lead at least one UW Medicine Pharmacy Joint Administration Meeting. 8. Submit a Flip project proposal for the next residency class. <p>MHIHIM Resident:</p> <ol style="list-style-type: none"> 9. Lead at least one IT system downtime debrief 	
<p>Successful Completion of MHA or MHIHIM with an overall GPA of 3.0 or greater.</p>	
<p>Achieve for the residency (ACHR) 90% of the objectives for the residency program.</p>	

ASHP Conference for Pharmacy Leaders and Site Visits

PGY2 HSPAL residents are required to attend the annual ASHP Conference for Pharmacy Leaders and will be excused from rotations. PGY1 HSPAL residents are encouraged, but not required, to attend the ASHP Conference for Pharmacy Leaders. If a PGY1 HSPAL resident chooses to attend, the resident will need to use approved leave (i.e. professional days) to be excused from rotation.

During years of in-person attendance at the ASHP Conference for Pharmacy Leaders and ASHP Midyear Clinical Meeting, HSPAL residents can arrange for a site visit at another health system or hospital as part of their conference trip. Scheduling and location must be approved by RPD.

Residents who attend the ASHP Conference for Pharmacy Leaders as well as attend a site visit are expected to present and report about learnings and the experience at a subsequent Pharmacy Joint Administration Meeting.

PGY2 HSPAL Topic Discussion Series

A longitudinal learning experience during the PGY2 year with various preceptors and leaders within the department to ensure knowledge and exposure to selected topics that the resident may or may not be exposed to while on rotation. Selected topics include, but are not limited to the following:

- 340B Program and Contracting
- Clinical pharmacy metrics
- Accreditation agencies and requirements
- Medication related cost-savings projects and initiatives
- Human resources and workplace biases
- Pharmacy finance, billing, and budgeting
- Controlled substance security and compliance
- ASHP Pharmacy Forecast

Master's degree

Executive Master of Health Administration Program (2 residents)

Taught through the University of Washington School of Public Health and one of the top MHA programs in the country (US News and World Report), the resident will learn to create, transform, and manage significant elements of health care delivery.

The program is comprised primarily of mid-career health services professionals, including clinical practitioners, experienced managers, and administrative staff and heavily focuses on leadership development. Students gain expertise in important conceptual and human skills such as analytic, strategic, and innovative thinking; change leadership communication; and collaborative (team-building) skills.

The Executive MHA program is a 26-month program starting in September of the PGY1 year and ending in August of the PGY2 year. Classes meet Thursday – Saturday (8am - 5pm) once a month and there is a weekly teleconference.

More information can be found at <https://www.executivemha.uw.edu>

Sample Executive MHA Schedule

MHA Year 1				
	Autumn	Winter	Spring	Summer
Course 1	Intro to Health Services & Public Health	Organizational Behavior & HR Management	Health Care Finance	Epidemiology
Course 2	Managing Health Care Organizations	Financial Management I	Decision Modeling Frameworks for Health Care	Health Economics
Course 3	Group Dynamics & Team Leadership I		Clinical Informatics Systems Management	Quality Process Management
Course 4	Quantitative Methods		Health Care Project Management	

MHA Year 2				
	Autumn	Winter	Spring	Summer
Course 1	Health Policy Development	Group Dynamics & Team Leadership II	Pop Health Management Strategy	Capstone II
Course 2	Strategic Management	Informatics in Health Care Management	Ethical Issues in Health Services	Critical Thinking
Course 3	Capital Planning & Finance	Health Administration & Business Law	Capstone I	

Master of Health Informatics & Health Information Management (1 resident – informatics focus)

Taught through the University of Washington School of Public Health, the MHIHIM program is 18 months in length and is a Commission on Accreditation for Health Informatics and Information Management (CAHIIM) accredited. With formal education and professional mentoring from industry leaders, the resident will be prepared to step into leadership and technology roles in the implementation, optimization, and management of enterprise-level health information systems. The program offers a curriculum that combines leadership development with in-depth training in the rapidly changing field of health IT. Classes meet Thursday – Saturday (full day) once a month and there is a weekly teleconference. To earn the Master’s degree, the resident must complete 18 required courses, including a capstone project, for a total of 54 graduate credits.

Sample MHIHIM Schedule

MHIHIM Year 1				
	Autumn	Winter	Spring	Summer
Course 1	Health Information Systems & Leadership	Enterprise Systems & EHR	Health Data Analytics	Health Care Databases & Applications
Course 2	Intro to Health Informatics	Law, Policy & Ethics in Health Information	Confidentiality, Privacy & Security of Health Information in an e-Environment	Health Care Information Governance
Course 3	Org Behavior & HR Management	Clinical Vocabularies & Terminologies	Project Management	Epidemiology/Critical Evidence Appraisal

MHIHIM Year 2				
	Autumn	Winter		

<u>Course 1</u>	Consumer Health Informatics	Health Care Quality & Technology		
<u>Course 2</u>	Health Care Business Intelligence	Capstone Project		
<u>Course 3</u>	Managing Health Care Organizations	Strategic Management of Health Care Organizations		

More information can be found at <https://www.health-informatics.uw.edu>

Capstone Project

The capstone project is the culmination of the Executive MHA and MHIHIM studies, undertaken at the end of the second year. It is designed to provide meaningful hands-on experience solving real-world problems that health leaders face. Capstone projects are completed at UW Medicine in collaboration with multidisciplinary health team(s).

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Postgraduate Year Two (PGY2) Critical Care Pharmacy Residency Program

Residency Program Director:

Susan Rayner, PharmD, BCCCP

Residency Program Coordinator:

Meredith Holmes, PharmD, BCCCP

Program Description

The PGY2 Critical Care Pharmacy Residency at UW Medicine is an ASHP-accredited post graduate program, which provides 52 weeks of training designed to develop and refine the skills necessary to make and monitor therapeutic interventions for the safe and efficacious use of drug therapy in critically ill patients. The primary practice sites include University of Washington Medical Center Montlake Campus (UWMC-ML) and Harborview Medical Center (HMC). The program provides residents with opportunities in a wide variety of critical care medicine and surgery areas. Residents work independently as an integral member of the healthcare team under the supervision of preceptors with extensive experience in their respective practice areas. The aim of the program is to provide the specific skills and competencies to the resident that are needed to assume advanced practitioner and leadership roles in critical care pharmacy practice. Upon completion of the program, residents are equipped to obtain a position in most critical care areas as a specialty clinical pharmacist, clinical faculty, or continuation of postgraduate training in a fellowship program.

PGY2 Critical Care Pharmacy Residency Aims

- In collaboration with the health care team, provide safe and effective patient care to critically ill patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process
- Ensure continuity of care during patient transitions between care settings
- Prepare, dispense, and manage medications to support safe and effective drug therapy for patients
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
- Demonstrate leadership and management skills
- Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

PGY2 Critical Care Pharmacy Residency Structure & Requirements

Resident must complete all required learning experiences for the program:

1. Monthly Rotations
 - a. Orientation/Training (July)
 - i. Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certifications, paid for by department
 - b. Project Month (December)
 - c. Core Rotations (8):
 - i. UWMC-ML Cardiology Critical Care
 - ii. UWMC-ML Cardiothoracic Surgery ICU
 - iii. HMC Emergency Department
 - iv. HMC Medical ICU
 - v. UWMC-ML Medical ICU

- vi. HMC Neurocritical Care
 - vii. UWMC-ML Oncology/Bone Marrow Transplant ICU
 - viii. HMC Trauma Surgery ICU
 - d. Electives (Choose 2):
 - i. HMC Acute Pain Service or UWMC-ML Acute Pain Service
 - ii. HMC Burns/Plastics/Pediatrics ICU
 - iii. UWMC-ML Emergency Department
 - iv. UWMC-ML General Surgery ICU
 - v. HMC Infectious Diseases or UWMC-ML Infectious Diseases
 - vi. UWMC-ML Neonatal ICU
 - vii. UWMC-ML Solid Organ Transplantation
 - viii. Repeat any of the core rotations
 - e. Other elective rotations and changes to the required core rotations may be discussed with the program director as part of the development plan
2. Longitudinal Experiences:
- a. Integrated Service Experience: 32 hours per 4-week schedule period including coverage of Code Blue and other emergency responses
 - i. HMC Emergency Department and HMC Inpatient Pharmacy (6 months)
 - ii. UWMC-ML ICU Satellite Pharmacy (6 months)
 - b. Research Project: complete a longitudinal residency project, present a platform presentation, and submit a final project manuscript in publication format
 - c. Submit a Flip project proposal for the next residency class
 - d. Pharmacist Continuing Education (CE) Presentation
 - e. University of Washington School of Pharmacy (UWSOP) Lecture (1 required)
 - f. Completion of 1 of the following: medication use evaluation, drug class review, or drug monograph as assigned by the Pharmacy & Therapeutics Committee or other hospital committee
3. Achieve for residency (ACHR) 90% of the objectives for the residency program (29/32)
4. Complete 100% of ASHP appendix diseases and conditions related to critical care

PGY2 Critical Care Pharmacy Residency Other Learning Experiences

- 1. Multidisciplinary Committee Involvement:
 - a. Critical Care Steering (HMC or UWMC-ML or Emergency Response Committee (HMC or UWMC-ML) (12 months)
 - b. UWMC-ML Thrombosis and Anticoagulation safety Committee (6 months)
- 2. Review ICU medication related events with Medication Safety Pharmacists
- 3. Critical Care Conference (3 journal club presentations)
- 4. Clinical Foundation Series (5 case presentations)
- 5. Other teaching opportunities (optional): UWSOP Teaching Certificate, UWSOP Simulation Lab, Washington State University SOP Critical Care Elective Lecture, SCCM Journal Club, additional lectures/presentations

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Postgraduate Year Two (PGY2) Infectious Diseases Pharmacy Residency Program

Residency Program Director:

Rupali Jain, PharmD, BCIDP, FIDSA

Residency Program Coordinator:

Jeannie Chan, PharmD, MPH

Program Description

The PGY2 Infectious Diseases (ID) Pharmacy Residency at UW Medicine is an ASHP-accredited program, which provides 52 weeks of training designed to develop and refine the skills necessary to make and monitor therapeutic interventions for the safe and efficacious use of drug therapy in patients with infectious diseases. The rotations range from traditional inpatient ID consult services to outpatient hepatitis/HIV clinics and emergency medicine rotation focused in antimicrobial stewardship. The diverse patient populations at UW hospitals and multitude of seasoned clinicians sets this program apart from others. There are rotations in specialty areas such as solid organ transplant ID and oncology/bone marrow transplant ID. Experiences in pediatric infectious diseases may be available as well at nearby Seattle Children's Hospital. To keep the resident well-rounded, they also spend time at Valley Medical Center or UWMC-NW campus to navigate the nuances and challenges that a smaller, community hospital offers.

The resident will develop a research project designed to improve pharmaceutical care services for patients with infectious diseases. The resident actively participates in teaching students, residents, and pharmacists during their residency. The resident works closely with a multidisciplinary team while on clinical rotations. The unique experience at UW Medicine is our tele-stewardship ([UWTASP](#)) program which spans the WWAMI region and beyond. Weekly tele-stewardship sessions include relevant ID didactic lectures and discussion of cases submitted by the TASP participants. UW TASP participants includes pharmacists and infection control/prevention providers from critical access and rural hospitals. The resident is actively participating in UWTASP by providing lectures and coaching participants.

PGY2 Infectious Disease Pharmacy Program Aims

The program aim is to create a well-rounded infectious diseases clinician.

PGY2 Infectious Disease Pharmacy Program Structure & Requirements

1. Complete all required learning experience during 12-month period

Clinical Experiences

Block Experience – REQUIRED*	Length	Preferred month, if applicable
Introduction to UW Medicine	1 month	July
Introduction to ID services at UW Medicine	1 month	August
UWMC-ML: General Infectious Diseases Service	1 month	
UWMC-ML: Transplant Infectious Diseases Service	1 month	
UWMC-ML: Oncology Infectious Diseases Service	1 month	
HMC: General Infectious Diseases Service	1 month	

HIV/ID Clinic	1 month	
Project Month	1 month	December
Valley Medicine: Antimicrobial Stewardship/Infectious Diseases	1 month	
Continuity Clinic	5 months (0.5 days per week)	
UW-Tele Antimicrobial Stewardship Program	6 months (0.5 days per week)	

Block Experience – Electives[#]	Length	Preferred month, if applicable
Seattle Children's Regional Hospital	1 month	Only available months they have openings
UWMC-ML: Critical Care Service	1 month	
HMC: General Infectious Diseases Service/ AMS II	1 month	
UWMC-ML: General Infectious Diseases Service/ AMS II	1 month	
UWMC-ML: Emergency Department and Stewardship	1 month	
UWMC-ML: Infectious Diseases/Antimicrobial Stewardship	1 month	
HMC -HIV Inpatient service	1 month	

[#]Resident can choose 4 electives from the list above. Required rotations can be repeated as an elective. Other elective clinical experiences are possible on mutual agreement of the resident and the residency director.

2. Longitudinal Experiences

- a. Integrated Service (32 hours per 4-week schedule period)
- b. Complete an Infectious Diseases quality improvement residency project, platform presentation at a Conference and submit a final project manuscript in publication format.
- c. Prepare and present one pharmacist continuing education presentation.
- d. Complete at least one drug therapy committee assignment for Pharmacy and Therapeutic committee or ID subcommittee. Assignment will include evaluation of published literature, utilization evaluation and a formulary/policy recommendation.
- e. Complete 4 lectures with UWTASP
- f. Complete 1 medication safety review
- g. Prepare 1 guideline and 1 outcome evaluation for antimicrobial stewardship program
- h. Submit a Flip project proposal for the next residency class.

3. ACHR for at least 90% of evaluated objectives in PharmAcademic

4. Completion of 100% of required specialty disease topics in Appendix

PGY2 Infectious Disease Pharmacy Residency Other Learning Experiences

Member of Infectious Diseases Pharmacy & Therapeutics Subcommittee (monthly meeting) and UW Medicine Antimicrobial Stewardship Committee

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Postgraduate Year Two (PGY2) Oncology Pharmacy Residency Program

Residency Program Director:

Madison Lee, PharmD, BCOP

Residency Program Coordinator(s):

Amy Indorf, PharmD, BCOP

Kenneth Tham, PharmD, BCOP

Program Description

The PGY2 Oncology Pharmacy Residency at UW Medicine is an ASHP-accredited post graduate program, which provides 52 weeks of training designed to develop and refine the skills necessary to make and monitor therapeutic interventions for the safe and efficacious use of drug therapy in oncology patients. The program provides residents with broad experiences in the areas of oncology, hematology, hematopoietic stem cell transplant, and supportive care. Residents work relatively independently as an integral member of the healthcare team under the supervision of preceptors with extensive experience in their respective practice areas. The aim of the program is to provide the specific skills and competencies to the resident that are needed to assume advanced practitioner and leadership roles in oncology pharmacy practice.

UW Medicine, along with the Fred Hutchinson Cancer Research Center and Seattle Children's Hospital, form the Fred Hutchinson Cancer Center, a National Cancer Institute designated Comprehensive Cancer Center and NCCN member institution. The primary training sites for this residency are the University of Washington Medical Center-Montlake and the Fred Hutchinson Cancer Center Clinics.

PGY2 Oncology Pharmacy Residency Aims

- In collaboration with the health care team, provide safe and effective oncology 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.
- Ensure continuity of care during patient transitions between care settings
- Prepare, dispense, and manage oncology medications to support safe and effective drug therapy for patients
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Demonstrate ability to evaluate and investigate clinical practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
- Demonstrate leadership and management skills
- Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals.

PGY2 Oncology Pharmacy Residency Structure & Requirements

1. Complete all learning experiences during 52 week period, including the required rotations listed below, plus two elective rotations.

Required rotations:

- Inpatient Hematology/Oncology (4 weeks)
- Inpatient Hematopoietic Stem Cell Transplant (4 weeks)
- Outpatient General Oncology Clinics (12 weeks total including Breast, GI, Thoracic/Head/Neck, Heme Malignancies)
- Outpatient Stem Cell Transplant clinics (5 weeks total, including allogeneic and autologous transplant Clinic)
- Oncology Investigational Drug services (3 weeks)
- Continuity Pain Clinic (6 months longitudinal)
- Continuity general oncology clinic (6 months longitudinal)

Elective Rotation Options Include:

- Pediatric Hematology/Oncology Inpatient- Seattle Children's Hospital (4 weeks)
- Oncology Administration at FHCC (4 weeks)
- Inpatient pain management service at UWMC-ML (4 weeks)
- Oncology Infectious Disease at UW/FHCC (4 weeks)
- Immunotherapy (CART) clinic at FHCC (2 weeks)
- Oncology ICU at UWMC-ML (4 weeks)
- Outpatient community oncology clinic (4 weeks)
- Repeating any of the required rotations

2. Longitudinal experiences:

- Drug distribution through staffing in the oncology satellite at UWMC and the infusion pharmacy at FHCC
 - 32 hours per 4-week schedule period
- Participation in clinical research with a required project/completion of research manuscript, and present a platform presentation at regional residency conference
- Prepare and present one pharmacist continuing education presentation
- Complete at least two drug therapy committee assignments for P&T committee
- Compete and submit online residency binder to RPD
- Complete one didactic lecture at University of Washington, School of Pharmacy
- Submission of final writing project manuscript to Writing Committee
- Submit a Flip project proposal for the next residency class.

3. ACHR for at least 90% of evaluated objectives in PharmAcademic

4. Completion of 100% of required specialty disease topics in Appendix

Chief Resident

Chief resident PGY-2 Oncology program: 3 residents will serve as chief resident for a term of 4 months each. The chief oncology resident will coordinate monthly meetings with the oncology RPD/RPCs, will coordinate weekly email updates to the oncology residents, and will coordinate with the PGY1 chief resident for activities that involve all the residents.

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Postgraduate Year Two (PGY2) Ambulatory Care Pharmacy Residency Program

Residency Program Director:

Alvin Goo, PharmD, BCACP

Residency Program Coordinator:

Jenny Lin, PharmD, BCACP

Program Description

The PGY2 Ambulatory Care Pharmacy Residency at UW Medicine is an ASHP-accredited post graduate program, which provides 52 weeks of training designed to develop and refine critical thinking skills necessary to make and monitor therapeutic interventions for safe and efficacious use of drug therapy and allow residents to provide patient centered care in primary care settings. The primary practice site for the PGY2 ambulatory care program is at Harborview Medical Center. The program concentrates on developing an independent and collaborative ambulatory pharmacist who can meet the dynamic challenges encountered in primary care. The resident participates as an instructor for the PY2 skill course for the academic year at the University of Washington School of Pharmacy. This residency program prepares and fosters the resident to take a leadership role as an ambulatory clinical pharmacist and/or clinical faculty.

PGY2 Ambulatory Care Pharmacy Residency Aims

- Provide the experience and guidance to cultivate the resident into a skilled ambulatory practitioner and leader, who provides collaborative, effective, thoughtful, evidence-informed, and coordinated patient centered care.
- Build continuity relationships with patients, medical staff, and providers.
- Provide independent, skillful, and effective comprehensive coordinated patient centered care.
- Successfully collaborate and effectively communicate with the health care team.
- Skillfully assess and manage acute and chronic conditions.
- Critically analyze primary literature and apply to daily patient care activities.
- Construct thoughtful and evidence informed therapeutic recommendations.
- Refine and enhance critical thinking skills
- Employ effective education methods when instructing patients, students, residents, and the health care team.
- Skillfully utilize preceptor roles when engaged in teaching students and the health team members.
- Dramatize leadership and management skills.
- Facilitate active learning sessions in the PY2 skills course.
- Develop and participate in the quality improvement activities at UW Medicine.

PGY2 Ambulatory Care Pharmacy Residency Structure & Requirements

The primary training site for this PGY2 Ambulatory care experience will take place at Harborview Medical Center Adult Medicine and Family Medicine Clinic. Both clinics are comprehensive healthcare medical residency training sites and involved with the education of pharmacy / medical residents, and pharmacy students. The residency promotes and provides continuity experience in primary care. Residents will match to the **Adult Medicine Clinic** (1) or the **Family Medicine Clinic** (1).

1. Residents complete all required learning experiences for a 52 week period.

- 3 days per week in continuity clinic (Adult or Family Medicine Clinic)
- 0.5 day per week at UW School of Pharmacy, Instructor Applied Therapeutics skills course
- 0.5 day per week project, research, academic time
- 1 day per week specialty pharmacy experience (Kidney / Liver clinic, Cardiology clinic)

Program Structure:

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Orientation (1 month)												
Primary care experience AMC or FMC (11 months)	Orientation											
UW School of Pharmacy Skills Instructor (10 months)	Orientation											
Research Project (11 months)	Orientation											
Evening consulting (12 months)	Orientation											
Management / Population health 2 Monday / month (11 months)	Orientation											
Resident	Orientation	Cardiology clinic (5 ½ months)					Specialty clinic (5 ½ months)					
Resident	Orientation	Specialty clinic (5 ½ months)					Cardiology clinic (5 ½ months)					
Integrated service experience (11 months)	Training											

3. Longitudinal Experiences:

- Provide an integrated service commitment
 - (32 hours per 4-week schedule period, in addition to 4 holidays)
 - Complete residency project and provide presentations at conferences (Vizient, Northwestern States, and a national conference) and submit a final project manuscript in publication format.
 - Prepare and present a continuing pharmacist education presentation
 - Complete a therapeutic lecture at the UW SOP.
 - If assigned, prepare and present assigned population health projects, ambulatory-related drug monograph, or informative newsletter for the Pharmacy & Therapeutics Committee.
 - Instruct in the PY2 skills course for the academic year.
 - Submit a Flip proposal for the next residency class.
 - Lead pharmacy ambulatory workgroups.
4. ACHR for at least 90% of the evaluated learning objectives of PGY2 ambulatory care residency program.
 5. Completion of 100% of required specialty disease topics in Appendix

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Postgraduate Year Two (PGY2) Pain Management and Palliative Care Pharmacy Residency Program

Residency Program Director:

Mackenzie Welsh, PharmD

Residency Program Coordinator:

Christina Bockman, PharmD

Program Description

The PGY2 residency in Pain Management and Palliative Care at UW Medicine is an ASHP- accredited program, which provides 52 weeks of training to develop knowledgeable and skilled practitioners in an area with increasing pharmacy need and demand. Throughout this residency, the resident is an integral member of interdisciplinary teams to provide optimal management of pain and/or palliative care patients. The resident will receive training to become experienced in various acute and chronic (malignant and non-malignant) pain conditions, in addition to rotations for the resident to develop the skills necessary to provide palliative care to patients throughout their illness and at the end-of-life. Rotations will be offered at the University of Washington-Montlake (UWMC-ML), Harborview Medical Center (HMC), and the Fred Hutchinson Cancer Center FHCC). There will also be rotations with external organizations, such as hospice, giving the resident opportunities to participate and learn in a variety of well-established pain and palliative care institutions. The resident will be expected to actively participate in the development of leadership skills, education, and research. Graduates of this program will be highly qualified practitioners who are equipped to succeed in a variety of pain management and palliative care positions, in both inpatient and outpatient settings.

PGY2 Pain Management and Palliative Care Residency Aims

- In collaboration with the health care team, provide safe and effective pain management and palliative patient care to a diverse patient population, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process
- Ensure continuity of care during patient transitions between care settings
- Prepare, dispense, and manage medications to support safe and effective drug therapy for patients
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system
- Demonstrate leadership and management skills
- Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups)
- Effectively employs appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals

PGY2 Pain Management and Palliative Care Structure & Requirements

The resident must complete the following requirements for eligibility of residency graduation certificate:

1. Resident must complete all required learning experiences for the program over the 52 week period:
 - Orientation / Training (July)
 - Required learning experiences (8 X 1 month each)- Addiction Medicine (HMC), Chronic Pain Clinic, Home-Based Hospice, Inpatient Acute Pain (HMC), Inpatient Acute Pain

- (UWMC-ML), Inpatient Chronic Pain (UWMC-ML), Inpatient Palliative Care (UWMC-ML/HMC), Project Month (December)
- Electives (3 X 1 month each) selected from the following – Advanced Inpatient Chronic Pain (UWMC-ML), Emergency Medicine (UWMC-ML), Inpatient Burns/Pediatrics (HMC), Medication Safety (UWMC-ML), Psychiatry (HMC)
 - Longitudinal Experiences- Chronic Cancer Pain Clinic (FHCC), inpatient naloxone event review, and integrated services (32 hours per 4-week schedule period)
2. Develop one IRB approved research project designed to improve pharmaceutical care services for pain, palliative care, or hospice patients for which a full manuscript, that meets guidelines for submission to a journal, must be reviewed and approved by RPD/RPC
 3. Prepare and present a pharmacist continuing education program
 4. Complete longitudinal residency project, platform presentation at Residency Conference
 5. Prepare and present one poster presentation at the Vizient or ASHP Midyear Clinical Meeting
 6. Prepare and present one pain management, palliative care or hospice related drug monograph or MUE for the Pharmacy & Therapeutics Committee or PGY2 Pain Management and Palliative Care RAC meeting
 7. Prepare and present at least three educational presentations related to pain management, palliative care, or hospice to various interdisciplinary members (students, residents, fellows, pharmacists, medical providers, etc.)
 8. Submit a Flip project proposal for the next residency class
 9. Resident must serve as a co-preceptor for no fewer than 2 learning experiences for pharmacy students and/or PGY1 residents
 10. Resident must obtain 'achieved for residency' for at least 90% of all program objectives. In addition, resident must obtain 'achieved for residency' for all fundamental objectives in R 1.1
 11. Resident must complete 100% of disease state appendix tracker

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Postgraduate Two (PGY2) Psychiatric Pharmacy Residency Program (Candidate Status)

Residency Program Director:
Chelsea Markle, PharmD, BCPP

Program Description

This is an ASHP candidate status PGY2 specialized residency in psychiatric pharmacy at UW Medicine. The primary practice sites for this program are Harborview Medical Center and the University of Washington Northwest Campus. The program provides 52 weeks of training, aimed at developing and refining the skills necessary to design, implement, and monitor effective therapeutic interventions for a broad range of patients diagnosed with neurologic and behavioral health disorders.

Residents have opportunities to provide direct patient care to a diverse patient population in multiple settings across the health system, with guidance and mentorship from experienced preceptors. Upon completion of the program, residents are equipped to obtain a position as a psychiatric clinical pharmacy specialist or faculty member and are prepared for board certification in psychiatric pharmacy.

PGY2 Psychiatric Pharmacy Residency Program Aims

- Provide experiences and mentorship to support personal and professional growth
- Cultivate the resident into skilled practitioners who provide evidence-informed, patient-centered care to individuals diagnosed with psychiatric illness
- Ensure continuity of care during patient transitions between care settings
- Manage and design medication regimens to support safe and effective drug therapy for patients with acute and chronic conditions
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Successfully collaborate and effectively communicate with all members of the healthcare team
- Demonstrate ability to critically evaluate and assimilate scientific evidence in order to improve patient care and/or the medication-use system
- Demonstrate personal leadership qualities essential to operate effectively within a behavioral health system in order to advance the pharmacy profession and work towards health equity
- Provide effective medication-related education and counsel to patients and caregivers
- Effectively employ appropriate preceptor roles when engaged in teaching students, residents, and fellow health care professionals
- Develop and participate in research activities of the Medical Center

PGY2 Psychiatric Pharmacy Residency Program Structure & Requirements

<p style="text-align: center;">Required Rotations: <i>(1 month each at Harborview Medical Center, unless otherwise specified)</i></p> <ul style="list-style-type: none"> • Orientation & Training (July) • Project Month (December) • Inpatient Adult Psychiatry – Acute Care (Mood and Personality Disorders) • Inpatient Adult Psychiatry – Acute Care (Bipolar Disorder and Dual Diagnosis) • Inpatient Adult Psychiatry Intensive Care Unit • Inpatient Addiction Medicine Consult Service • Outpatient Mental Health – VA Puget Sound @ Seattle VA Medical Center (shuttle service available) • Inpatient Geriatric Psychiatry @ UWMC-NW campus (accessible via public transportation) • Inpatient Psychiatric Consult Liaison 	<p style="text-align: center;">Elective Rotations: <i>(Resident to choose 3 from the following month-long experiences)</i></p> <ul style="list-style-type: none"> • Advanced Psychiatric Pharmacy Practice – Acute Care • Ambulatory Clinic Rotation - Family Medicine • Ambulatory Clinic Rotation - Chronic Pain Clinic • Ambulatory Clinic Rotation - HIV at Madison Clinic • Inpatient General Medicine • Inpatient Neurology • Long-term Inpatient Treatment at Western State Hospital (resident must provide transportation and will not be reimbursed for mileage or parking) <p style="text-align: center;">Additional elective opportunities may be available upon request</p>
<p style="text-align: center;">Required Longitudinal Research Project:</p> <ul style="list-style-type: none"> • Complete a research project relevant to behavioral health • Present a poster at Vizient Midyear and/or ASHP Midyear • Deliver a platform presentation at the NWSRC (residency conference) • Submit a final project manuscript in publication format • Submit a “flip” project proposal for the next residency class 	<p style="text-align: center;">Required Longitudinal Experiences:</p> <ul style="list-style-type: none"> • Prepare and present a pharmacist continuing education presentation • Complete a drug therapy committee assignment related to behavioral health • Teaching experience at UW School of Pharmacy • Complete all longitudinal integrated service hours (32 hours/4 weeks = 4-hour weekly evening clinical shift + 8-hour outpatient shift every other Saturday)

Other Program Requirements:

- Completion of 100% (16 out of 16) of required disease states and conditions as outlined in the ASHP PGY2 Psychiatric Pharmacy Residency Appendix
- Obtain "Achieved for Residency" on a minimum of 28 out of 31 (90%) of all program objectives
- Completion of all Quarterly Self-Reflection and Self-Evaluations as part of the resident development plan (initial and quarterly thereafter)

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Postgraduate Two (PGY2) Investigational Drugs & Research Pharmacy Residency Program (Candidate Status)

Residency Program Director:

Anneliese Schuessler, PharmD, BCOP, BCPS

Residency Program Coordinator:

Julia Lewin, PharmD, BCOP, BCPS

Program Description

The PGY2 Investigational Drugs and Research Residency Program is an ASHP candidate residency at UW Medicine. This program provides 52 weeks of training designed to develop and refine expert skills necessary in the pharmacist's provision of care for patients enrolled in clinical trials. The primary practice sites include Fred Hutchinson Cancer Center (FHCC) and University of Washington Medical Center Montlake Campus (UWMC-ML). The Investigational Drug Services Pharmacy department currently manages over 350 clinical trials, providing residents with opportunities in a wide variety of research areas including Oncology, non-Oncology, COVID-19, Industry-sponsored, Investigator-initiated and NCI funded Phase I-III clinical trials. Residents work independently as an integral member of the healthcare team under the supervision of preceptors with extensive experience in their respective practice areas. The aim of this program is to provide the specific skills and competencies to the resident that are needed to assume advanced practitioner and leadership roles in Pharmacy Research practice. After completion of this PGY2 program, the resident will be proficient in managing the regulatory requirements that dictate clinical research, providing advanced and specialized care for research participants, and successfully managing the pharmacy operations required to support the evolving field of clinical research.

PGY2 Investigational Drugs and Research Residency Aims

- Provision of pharmaceutical care services to patients enrolled in clinical trials
- Prepare, dispense, and manage research medications to support safe, accurate, and effective drug therapy for patients on clinical trials
- Manage the medication-use processes for investigational drug services, as applicable to the organization
- Serve as an authoritative resource on the optimal use of investigational products used in clinical research
- Provide effective medication and protocol-related education to patients, caregivers, health care professionals and students
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Demonstrate leadership skills for successful self-development in the provision of care for research participants

PGY2 Investigational Drugs and Research Residency Structure & Requirements

Resident must complete all required learning experiences for the 52 week program. Please note that rotations are subject to change/modification:

1. Monthly Rotations
 - a. Orientation/Training
 - i. CITI Good Clinical Practice/Human Subject Research Training
 - ii. Training in FHCC IV room (July)
 - iii. Training in FHCC IDS dispensing (Fall/Winter)
 - b. Project Weeks
 - c. Core Rotations:
 - i. FHCC Investigational Drug Services (8 weeks)

1. Site Initiation Visit Training
 2. Protocol Update Training
 3. Start-up/Clinical readiness/Protocol implementation
 4. Monitor visit training
 - ii. UWMC-ML Investigational Drug Services (4 weeks)
 - iii. HMC Investigational Drug Services (4 weeks)
 - iv. Repeat UWMC-ML or HMC IDS Service rotation in second half of year (4 weeks)
 - v. Clinical Informatics (2 weeks)
 - vi. FHCC Phase 1 clinic (Longitudinal experience)
 - vii. Investigational Review Board/Human Subject Protection (2 weeks and longitudinal experience)
 - d. Electives and focused learning opportunities:
 - i. Seattle Children's Investigational Drug Services (4 weeks)
 - ii. Clinical Care with Research Patients (2-4 weeks each)
 1. Bone Marrow Transplant/Immunotherapy
 2. Outpatient General Oncology clinics (Breast, GI, Thoracic/Head/Neck, Heme Malignancies)
 - iii. Drug development/Pharmaceutical Industry
 - iv. Regulatory operations
 - v. COVID-19 Clinical Research Center
 - vi. Repeat any of the core rotations
 - e. Other elective rotations and changes to the required core rotations may be discussed with the program director as part of development plan
2. Longitudinal Experiences:
- a. Integrated Service Experience: 32 hours per 4-week schedule period
 - i. FHCC IV room (6 months)
 - ii. FHCC IDS dispensing (6 months)
 - b. Research Project: complete a longitudinal residency project, present a platform presentation (Northwest States), and submit a final project manuscript in publication format
 - c. Prepare and present one pharmacist Continuing Education presentation
 - d. Prepare and submit one writing project for journal publication
 - e. Prepare and present one University of Washington School of Pharmacy (UWSOP) Lecture (optional)
 - f. Completion of 1 of following: medication use evaluation, drug class review, or drug monograph as assigned by the Pharmacy & Therapeutics Committee or other hospital committee
 - g. Complete and submit online residency binder to RPD
 - h. Submit a Flip project proposal for the next residency class
3. Achieve for residency (ACHR) 90% of the objectives for the residency program in PharmAcademic
4. Multidisciplinary Committee Involvement:
- a. Investigational Review Board
 - b. Pharmacy and Therapeutics Committee
 - c. Clinical Readiness/Clinical Trials implementation
5. Present initial training on new studies and pertinent protocol updates to IDS Pharmacists (weekly Friday meetings)
6. Other teaching opportunities (optional): UWSOP Teaching Certificate, Virtual Research Pharmacy Summit hosted by McCreddie Group

PGY2 Investigational Drugs and Research Residency Aims

- Provision of pharmaceutical care services to patients enrolled in clinical trials
- Prepare, dispense, and manage research medications to support safe, accurate, and effective drug therapy for patients on clinical trials
- Manage the medication-use processes for investigational drug services, as applicable to the organization
- Serve as an authoritative resource on the optimal use of investigational products used in clinical research
- Provide effective medication and protocol-related education to patients, caregivers, health care professionals and students
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals
- Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization
- Demonstrate leadership skills for successful self-development in the provision of care for research participants

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Resident Assessment and Evaluation Process

DEVELOPMENT PLAN ([Appendix C](#))

Each resident will meet with the RPD or primary preceptor initially and quarterly to complete/update his/her personal development plan. The initial development plan will be submitted in PharmAcademic at the end of the orientation month. Subsequent quarterly updates will be uploaded in PharmAcademic in October, January, and April.

Resident responsibilities include:

- Residents will contact their RPD/RPC/primary preceptor 2-3 weeks in advance of development plan due date to schedule an agreeable time to discuss (typically takes about 30 minutes).
- Prior to each quarterly update, the resident will complete the required self-assessment form in PharmAcademic and reflect on his/her progress and identify 2-3 goals for the next quarter to discuss with primary preceptor/RPD/RPC.
- For PGY1 residents, the resident will update the development plan each month with a summary of the feedback provided from the rotation just completed and share with his/her next preceptor at the beginning of the rotation.
- The residents (both PGY1 and PGY2) will update their development plan following the quarterly meeting with primary preceptor/RPD/RPC and detail progress with goals from last quarter, new goals for the next quarter, and changes to be made in his/her rotation schedule, and teaching opportunities.

RPD/primary preceptor responsibilities include:

- Review the resident's rotation evaluations and development plan in PharmAcademic and – identify things to discuss at the quarterly meeting with the resident,
- Review the resident's goals from the previous quarter and discuss progress with the resident and agree upon resident specific goals for the next quarter.
 - Ask residents how they are doing and coping with stress. Remind the residents of the Resiliency Program and other wellness resources.
- Assist the resident in setting reasonable and meaningful goals for the next quarter.
- Discuss with RPD any suggestions for changes to the resident schedule to optimize resident learning and achievement of goals/objectives for the residency. RPD/Coordinator will assess and update as necessary.
- Participate in primary preceptor meetings with coordinators and RPD to review progress of each resident within the program, and address and help residents who may not be making the expected progress succeed. These meetings will be via zoom and will be scheduled three times a year – Oct/Nov, Feb/Mar, and May.
 - Assist RPD and Coordinators on determination of which objectives/goals the resident has demonstrated achievement of and which can be marked achieved for the residency.
- Interact as needed (resident request) to provide career guidance and support.
 - Review and provide feedback on updated CV for Midyear and/or job interviews later in the year.

ROTATION EVALUATIONS

Resident responsibilities:

- Self-reflect on your performance and discuss with your preceptor at least weekly
 - This helps your preceptor provide tips and pearls and maximizes your learning.
- Complete and submit summative evaluation of the learning experience and the preceptor **within 7 days** of the end of the experience.

- Set up a time to meet with preceptor during the last week of the experience to discuss the summative evaluation.
 - Update development plan with preceptor comments regarding strengths and areas for continued development (see details above)
- Cosign preceptor's summative evaluation of resident in PharmAcademic **within 10 days** of the end of the experience.

Preceptor responsibilities:

- Provide on-going formative feedback to maximize resident learning and improvement.
 - Set aside a few minutes each week to ask the resident how he/she is doing and then provide tips and pearls for improvement.
- Schedule a brief meeting with the resident the last week of the rotation to review his/her evaluation verbally.
- Co-sign the resident's evaluation of the learning experience and your precepting **within 10 days** of the completion of the experience.
- Submit the PharmAcademic summative evaluation **within 7 days** of the completion of the experience.
 - Please comment on each objective taught and evaluated during the rotation. Your comments should focus on HOW the resident is doing rather than the specific activities the resident did. ([Appendix E](#) PharmAcademic Evaluation Definitions)

LONGITUDINAL LEARNING EXPERIENCE EVALUATIONS

- For longitudinal learning experiences such as integrated service, projects and longitudinal clinic experiences, the resident will have quarterly evaluations in PharmAcademic. These must be submitted in PharmAcademic **within 2 weeks** of the due date.

YEAR END ASSESSMENT

The resident will complete the end-of-year survey and close out any open IRB applications or transfer the principal investigator and contact info with the IRB to the appropriate individual if the study is to be continued. The resident is also responsible for cleaning out his/her desk and file cabinets on or before the last day of the residency and returning keycards, pagers, husky card, and lab coats.

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Appendices

Appendix A – Project Proposal & Sample Project Timeline

AW Medicine Pharmacy Project Proposal Form

Project Preceptor(s):
Title of the Project:
Description of the Project:
Study Questions:
1. 2. 3.
Purpose (aims and/or objectives):
Proposed Endpoints:
Primary: 1. Secondary: 1. 2.
Study Design (i.e., retrospective chart review, open label cohort study, descriptive evaluation, etc.):

How will Study	Subjects be Identified/Selected?
Data Collection Points (optional):	
Resident's Role in the Project:	
Potential Challenges of the Project:	
1. 2.	

References:

Sample Project Timeline

Project Task	Due Date
Upload top 5 project choices to Teams	August 10th
RPC/Ds to notify residents of assigned project/preceptor	August 19th
Project kickoff Meeting for residents/preceptors	August 29th
Project proposal due (upload to Teams folder)	Sept 23rd
Presentation of project proposal summary to Residency Project Workgroup	Sept 27-29th
Develop data collection tool and prepare IRB application	Mid September-Mid October
Final project proposal due (upload to Teams folder)	October 14th
IRB submission due (email confirmation to Meghann and Janet)	October 14th
Data collection (after IRB approval)	Mid October-March
Vizient Abstract DRAFT due to project preceptor	October 17th
Project preceptor returns abstract feedback to resident	October 25th
Vizient Abstract due on Vizient website	TBD – Late October
PROJECT MANUSCRIPT: Draft of background and method sections to project preceptor	November 4
Practice Poster Sessions for project preceptors and RAC	Nov 7-10th
Vizient Poster due	TBD – Mid November

Vizient Pharmacy Network Meeting Poster session	TBD – Early December
PROJECT MANUSCRIPT: Final version of background and methods due to folder	December 16th
NWSRC abstract due to project preceptor (PGY1s upload abstract to draft folder)	February 24th
NWSRC abstract due for submission online and upload to Teams	TBD – Mid March
Data Analysis & Preparation of Presentation	March - April
Send in NW States Presentation Slides to project preceptor for review	April 3rd
Project preceptor returns feedback to resident	April 14th
NWSRC Practice Sessions	Week of April 24
Upload Final NW States Presentation to Teams	May 15th
NWSRC	TBD – Mid May
PROJECT MANUSCRIPT: Draft of completed manuscript due to project preceptor	June 5th
PROJECT MANUSCRIPT: Preceptor returns comments/feedback to residents	June 16th
Final project manuscript due	June 26th

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Appendix B. Project Proposal Template

1. Study Title and Investigators
2. Synopsis - Briefly summarize the proposed study (maximum of 1-2 paragraphs)
3. Purpose - Specify the study hypotheses aims and or objectives AND **how it will benefit the institution and the department of pharmacy**
4. Background - Review the published literature and explain the rationale for the proposed study
5. Study Design
 1. General Study Design (i.e. retrospective chart review/open label cohort study/double blind placebo controlled trial/etc)
 2. Where will the study be conducted (UWMC/HMC, hospital, clinics, etc)
6. Subject Selection
 1. Number of subjects necessary (power calculation)
 2. How will the subjects be selected/identified?
 3. Will informed consent be required? If so include a draft of your consent form
7. Data Collection
 1. What data will be collected? Be very specific – you cannot just snoop through the medical record and determine later what is relevant!
 2. Where will that data be found?
 3. Who will collect the data?
8. Data Analysis
 1. How and by whom will the data be analyzed?
 2. What type of statistical analysis will be done?
9. References

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Appendix C. Development Plan Template PGY1 Program



ASHP PGY1 Development Plan Template

Resident Name:

Resident’s Self-Reflection and Self Evaluation Self-Reflection includes Strengths, Opportunities for Improvement, Practice Interests, Career Goals, and Well-being and Resilience. Self-Evaluation is related to the Program’s Competency Areas				
	Initial	Quarter 1	Quarter 2	Quarter 3
Date				
Personal Strengths and Weaknesses:	From initial self-reflection: Personal Strengths: Personal areas of Improvement:			
Practice Interests/ Career Goals	From initial self-reflection: Practice Interest (in order of preference): Career Goals:	Changes to: Practice Interests Career Goals:	Changes to: Practice Interests Career Goals:	Changes to Practice Interests Career Goals:
Well-being and Resilience:	From initial self-reflection: Current well-being strategies from initial self-reflection:	Current well-being:	Current well-being:	Current well-being:
Strengths and Areas of Improvement Related to Competency Areas	R1 From Initial Self-Evaluation Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:

	R2	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R3	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:
	R4	From Initial Self-Evaluation: Strengths: Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:	Progress on Previous Opportunities for Improvement: Strengths: New Opportunities for Improvement:

RPD: Assessment of Strengths and Opportunities for Improvement Related to the Program's Competency Areas

Date				
Strengths:		Progress on Previous Opportunities for Improvement:	Progress on Previous Opportunities for Improvement:	Progress on Previous Opportunities for Improvement:
Opportunities for Improvement:		Strengths: New Opportunities for Improvement:	Strengths: New Opportunities for improvement:	Strengths: New Opportunities for Improvement:

RPD: Planned Initial and Quarterly Changes to the Program*

Initial	Quarter 1	Quarter 2	Quarter 3
Changes Related to Competency Areas:	Changes Related to Competency Areas:	Changes Related to Competency Areas:	Changes Related to Competency Areas:
Changes Related to Resident's Self Reflection:	Changes Related to Resident's Self Reflection:	Changes Related to Resident's Self Reflection:	Changes Related to Resident's Self Reflection:

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***Changes are based on assessment of the resident's strengths and opportunities for improvement related to the program's Competency Areas and well as the resident's self-reflection of personal strengths and opportunities for improvement, practice interests, career goals, and well-being and resilience.**

<p>Completion Requirements Tracker (Note: Must match requirements in other programs materials such as the program’s manual)</p> <p>Completion Requirements MUST include:</p> <ul style="list-style-type: none"> • Required deliverables for each program type’s Competency Areas, Goals, and Objectives (CAGO’s) • The threshold / percentage of objectives that must be Achieved for Residency (ACHR) by the end of the program • Appendix Requirements (if the CAGO’s for the residency type (e.g., PGY2) include an Appendix) 	<p>End of Quarter 1</p>	<p>End of Quarter 2</p>	<p>End of Quarter 3</p>	<p>End of Residency - Final Verification of Completion Requirements</p> <p><i>(Programs using a separate document for the final “completion checklist” will not need to use this column.)</i></p>
<p>ACHR of ___% of required objectives. Note: Program determines specific requirements</p>				

RPD signature

Date

Resident signature

Date

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Appendix D. List of Learning Experience Objectives for PGY1 Pharmacy Residency Program

<i>R1 Patient Care</i>		
	R1.1 Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)	
	R1.1.1 Collect relevant subjective and objective information about the patient.	Cognitive - Analyzing
	R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.	Cognitive - Evaluating
	R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Cognitive - Creating
	R1.1.4 Implement care plans.	Cognitive - Applying
	R1.1.5 Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.	Cognitive - Creating
	R1.1.6 Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.	Cognitive - Analyzing
	R1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.	
	R1.2.1 Collaborate and communicate with healthcare team members.	Cognitive - Applying
	R1.2.2 Communicate effectively with patients and caregivers.	Cognitive - Applying
	R1.2.3 Document patient care activities in the medical record or where appropriate.	Cognitive - Applying
	R1.3 Promote safe and effective access to medication therapy.	
	R1.3.1 Facilitate the medication-use process related to formulary management or medication access.	Cognitive - Applying
	R1.3.2 Participate in medication event reporting.	Cognitive - Applying
	R1.3.3 Manage the process for preparing, dispensing, and administering (when appropriate) medications.	Cognitive - Evaluating
	R1.4 Participate in the identification and implementation of medication-related interventions for a patient population (population health management).	
	R1.4.1 Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.	Cognitive - Applying
	R1.4.2 Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Cognitive - Creating
<i>R2 Practice Advancement</i>		
	R2.1 Conduct practice advancement projects.	
	R2.1.1 Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.	Cognitive - Analyzing
	R2.1.2 Develop a project plan.	Cognitive - Creating
	R2.1.3 Implement project plan.	Cognitive - Applying
	R2.1.4 Analyze project results.	Cognitive - Analyzing
	R2.1.5 Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.	Cognitive - Evaluating
	R2.1.6 Develop and present a final report.	Cognitive - Creating
<i>R3 Leadership</i>		

	R3.1 Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.	
	R3.1.1 Explain factors that influence current pharmacy needs and future planning.	Cognitive - Understanding
	R3.1.2 Describe external factors that influence the pharmacy and its role in the larger healthcare environment.	Cognitive - Understanding
	R3.2 Demonstrate leadership skills that foster personal growth and professional engagement.	
	R3.2.1 Apply a process of ongoing self-assessment and personal performance improvement.	Cognitive - Applying
	R3.2.2 Demonstrate personal and interpersonal skills to manage entrusted responsibilities.	Cognitive - Applying
	R3.2.3 Demonstrate responsibility and professional behaviors.	Cognitive - Applying
	R3.2.4 Demonstrate engagement in the pharmacy profession and/or the population served.	Cognitive - Applying
<i>R4 Teaching and Education</i>		
	R4.1 Provide effective medication and practice-related education.	
	R4.1.1 Construct educational activities for the target audience.	Cognitive - Creating
	R4.1.2 Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Cognitive - Creating
	R4.1.3 Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.	Cognitive - Creating
	R4.1.4 Assess effectiveness of educational activities for the intended audience.	Cognitive - Evaluating
	R4.2 Provide professional and practice-related training to meet learners' educational needs.	
	R4.2.1 Employ appropriate preceptor role for a learning scenario.	Cognitive - Evaluating

R1	Patient Care	
	R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients,	
	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	
	R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking	
	R1.1.7 Document direct patient care activities appropriately in the medical record or where	
	R1.1.8 Demonstrate responsibility to patients	
	R1.2 Ensure continuity of care during patient transitions between care settings	
	R1.2.1 Manage transitions of care effectively	
	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	
	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	
	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	
	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,	
	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	
	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	

Appendix E. Standardized Definitions of Resident Performance Evaluations for use within PharmAcademic

<p>Standard definitions of progress toward achieving goals and objectives will allow for consistent interpretation and help provide consistent assessment and subsequent feedback for all UW Medicine pharmacy residents in all residency programs. The following definitions for needs improvement (NI), satisfactory progress (SP), achieved (ACH), and achieved for residency (ACHR) will be used in all PharmAcademic evaluations.</p>		
Evaluation Terms	Definitions	Examples
Needs improvement (NI)	Resident is not meeting expectations/objectives and performing below the level that would be expected of a resident at this point in their training program	<ol style="list-style-type: none"> 1. Resident is not able to complete assignments on time. 2. Resident requires significant/constant preceptor oversight. 3. Resident acts in unprofessional behavior 4. Resident makes unsafe, questionable decisions, or demonstrates significant clinical knowledge deficits. 5. Resident is not demonstrating progression after criteria-based feedback is provided.
<p>Preceptor actions: Must include narrative criteria-based comment specifically addressing concerns and criteria/activities that the resident is or is not achieving. The preceptor should provide examples why “NI” was assigned. The preceptor and resident should develop strategies and plan on how the resident may improve their performance. Contact RPD/RPCs to address concerns early on to provide guidance. Resident progress should be communicated with the next rotation preceptor and formulate a plan to assist resident in achieving their goals and objectives.</p>		

Satisfactory Progress (SP)	Resident is meeting expectations/objectives and performing at the level that would be expected of a resident at this point in their training program. Consideration should be given to the timing of the experience (August vs. May), practice setting (e.g., ambulatory vs. critical care), previous evaluation of that objective on other learning experiences, and upcoming experiences where that objective will be evaluated	<ol style="list-style-type: none"> 1. Resident is able to complete assignments on time. 2. Resident does NOT require constant supervision/ guidance, intervention, or prompting. The resident's independence increases over the course of the experience. 3. Resident acts in a professional manner 4. Resident makes safe, appropriate recommendations, and seeks preceptor guidance as appropriate. Increased ability to identify drug related issues, major guidelines, and answer drug questions with some assistance. 5. Incorporates feedback from preceptors
Preceptor actions: Must include narrative criteria-based comment including resident's skill progression throughout the experience. Preceptor should provide constructive feedback on areas of improvement that are specific and actionable.		
Achieved (ACH)	Resident is consistently meeting expectations/objectives and independently performing at or above the level of a resident at the conclusion of the residency.	<ol style="list-style-type: none"> 1. Resident appropriately seeks guidance when needed. 2. Resident completes assignments independently with appropriate guidance. 3. Resident acts in a professional manner. 4. Resident consistently makes safe, med therapy recommendations with minimal guidance, but appropriately consults with preceptor for unique/complex situations. 5. Resident demonstrates ownership of actions and consequences.
Preceptor actions: Must include narrative criteria-based comment to justify ACH in PharmAcademic. Preceptor should provide specific examples and comments.		

<p>Achieved for Residency (ACHR)</p>	<p>Resident’s performance meets what is expected of a graduate of the residency program over multiple learning experiences (as applicable) with consistency, independence, and professionalism.</p>	<ol style="list-style-type: none"> 1. Core clinical objectives & integrated service (taught and evaluated in > 3 experiences) may be marked ACHR when the objective has been achieved on 2 learning experience and no subsequent NI ratings on thereafter. 2. For objectives which are taught and evaluated in < 3 experiences, they may be marked ACHR if the objective has been achieved at least once.
<p><i>Note: Once goal is marked as ACHR, further evaluation within the goal is optional. Each goal will be automatically marked as ACHR if all objectives within the goal are marked as ACHR.</i></p>		