As a Pharmacy Resident with CareOregon, I fully understand the responsibilities and obligations presented to me and will confer with any and all stipulations of Pharmacy Residency Programs Policies and Procedures. I understand that rotations/schedules are subject to change but will remain in compliance with ASHP Standards and required competency areas.

_________________________________________  __________
RESIDENT  DATE

_________________________________________  __________
RESIDENCY PROGRAM DIRECTOR  DATE
Residency Standard Operating Procedure

Three Part Assessment Strategy

1. **Purpose**

   Assessments are performed to provide feedback to help the resident maximize his or her potential and to provide the best possible program to the resident. There are several different aspects to the assessment.

2. **Scope**

   CareOregon Pharmacy Leadership, Pharmacists, Representatives of Contracted Entities, current and prospective PGY1 and PGY2 residents.

3. **Prerequisites**

   Preceptor and Resident Residency Program Orientation, Preceptor Development Training & Plan, PharmAcademic Orientation & Training, Residency Assessments as specified in sections 4 & 5 of this SOP document.

4. **Responsibilities**

   An initial assessment of the resident’s competencies is performed by the resident and reviewed by the Residency Program Director. Strengths, experiences and opportunities for growth are identified with the resident. The resident’s strengths and weaknesses, as well as his/her interests are used to develop an individualized program for the resident to facilitate the accomplishment of program goals and objectives.

   PharmAcademic will be used to the extent that it meets the needs of the program.

   To assist the resident in meeting the goals, objectives and requirements of the program, formal summative evaluations will occur on a scheduled basis. A scheduled evaluation will be associated with all rotations of 2 weeks or longer (“summative” evaluations). All longitudinal experiences will be evaluated at least quarterly. Longitudinal experiences may be evaluated in combination with other longitudinal experiences as appropriate.

   Informal formative feedback will be given on an ongoing basis during the normal course of the day. On selected occasions, formative feedback will be documented through use of criteria-based formative evaluation (“snapshots”), comments documented on assignments, use of evaluation forms, etc. The same rating scale will be used for all rotations by all preceptors and residents when performing “criteria based formative evaluations”. “Snapshots” may be most useful in areas where the resident’s performance needs more improvement. “Snapshots” may be documented by the preceptor using PharmAcademic as these needs are identified.

   Preceptor and self-evaluations will be conducted and documented for rotations and for the selected occasions where formal formative feedback is provided. The same rating scale will be used for all rotations by all preceptors and residents when performing summative evaluations. Preceptors are also encouraged to engage the resident in self-evaluation on an informal basis throughout the normal course of the day. The purpose of both preceptor and resident self-evaluation is to teach the resident self-evaluation skills that he/she will need throughout his/her career when frequent feedback is no longer provided by others. Therefore, formal resident self-
evaluation and preceptor evaluation will be done independently, both for formative and for summative evaluations, and then compared through verbal discussion and review of the written evaluations. Once the resident has achieved the goals for self-evaluation, resident self-evaluation may be used as the primary method of evaluation and documentation of evaluation. However, the preceptor still has a role in reviewing and discussing the self-evaluation and resident performance. In all evaluation, the preceptor should strive to provide constructive comments that will help the resident improve as well as reinforce positive actions/results that the resident has achieved.

In addition to rotation evaluations, quarterly assessment of the resident's achievement of his/her goals will be done by the resident and the Residency Program Director with input from all preceptors. Overall progress in the program is evaluated using the resident's individualized action plan and measuring progress toward the stated goals. As a part of the quarterly overall evaluation, the resident’s individualized development plan for his/her program will be updated as appropriate.

Resident progress will be discussed at Residency Preceptors Forum (RPF) and Residency Advisory Committee (RAC) meetings where preceptors are present. Resident evaluations will also be available in PharmAcademic for preceptors to review. Preceptors are encouraged to take advantage of this resource to continue to customize the program and rotations to best meet the needs of the resident.

In any situation where performance is not meeting standards, the assessment process may be enhanced to identify the source of deficiencies and take action to correct them at the earliest possible date. More formal formative feedback will be provided in such instances and documentation will be maintained. Action plans will be developed as needed to assist the resident in meeting the goals and objectives.

Feedback to preceptor’s to improve the individual preceptor’s performance and the rotation experiences is also essential. The resident will complete a preceptor evaluation and learning experience evaluation for every rotation. Part of the learning experience is to teach the resident how to give objective feedback. Therefore the resident is expected to discuss the feedback with the preceptor. If the resident feels that he/she cannot discuss the feedback with the preceptor, the resident can discuss the issues with the residency program director. The program director will give the resident guidance regarding how to approach the preceptor. If the resident still feels unable to discuss the issues with the preceptor, the residency program director will determine how the issue is best addressed.

5. Procedure
A. All residency programs follow the ASHP Residency Learning System (RLS) for resident evaluations. The resident will be oriented to Residency Learning System, PharmAcademic, and the evaluation forms.

Evaluations include:
1. Criteria Based or formative feedback “Snapshots” as determined by resident & preceptor (uploaded into PharmAcademic), such as
   a. Clinical presentations (cases, CE, journal clubs, posters)
   b. P&T reviews
   c. Prior authorization reviews
2. Summative Evaluations after completion of each rotation block
3. Self (formative and summative)
4. Preceptor and Learning Experience Evaluations
5. Other assignment evaluations as determined to be appropriate by program faculty, RPD or designee.

B. All goals and objectives for the residency program must be completed as specified by the Residency Program Director.

C. Evaluations must be completed in a timely manner in order to successfully complete the residency program and receive a certificate. **They must be submitted to the RPD NO LATER than 7 days after the completion of the learning experience.**

D. All scholarly work must be evaluated by the residency program director or lead preceptor prior to submitting to the Residency Advisory Committee (RAC) or external stakeholders as specified by lead preceptor of the learning experience.

E. All projects must be saved under the appropriate "Residency Program" network folder on ShareFile. The resident will be oriented on navigating the ShareFile network folders by the Residency Program Director or designee.

F. The resident is responsible for configuring their ShareFile account during orientation so that all Program Faculty may access required documentation of their work as it applies to their learning experience involvement.
   i. The resident is responsible for configuring their ShareFile account during orientation so that all Pharmacy Residency Leadership may access required documentation of their work as it related to Portfolio Maintenance as well as Accreditation Standards related to Residency Documentation and Recordkeeping.
   ii. Failure to share work as specified in ShareFile with Program Faculty and Residency Leadership by the RPD may result in an incomplete assessments and/or corrective action planning to remediate missing projects, requirements etc.

G. Residents are responsible to review their evaluations with the preceptors and ask for written narrative comments on their summative evaluation. These comments should focus on specific strengths and weaknesses of residents' performance on the knowledge, skills and attitudes assigned to each learning experience. Strategies for residents to improve should be included and emphasized to address each identified weakness or area for improvement.

H. Preceptor and Resident must schedule time the last day of the rotation to review the evaluation. The preceptor should not sign the evaluation until reviewed with the resident and if needed the RPD. **The preceptor must submit the evaluation to RPD NO LATER than 7 days after the completion of the rotation.**

I. Residents are responsible for all evaluations to be completed and signed by their preceptor in a timely matter. Residents may be asked to give up project time or any free time in order to complete evaluations. Failure to comply with completing timely evaluations may lead to disciplinary action by the RPD.

J. Residents are asked to evaluate the preceptor and the learning experience. If confidentiality is of concern, the RPD will assist in the process.
Preceptor designation of “ACHR” for Residency program objectives

A. In order to successfully complete the PGY1 program, residents must complete all required learning experiences and achieve the following by the end of their residency year:

- Receive “Achieved for Residency” for all PGY1 Learning Goals and Objectives determined to be required for graduation by the Residency Program Director or designee.
  - Reference current T/TE grid for required objectives in bold.
- Receive “Achieved” for ≥ 50% of the remaining required residency objectives
- Goals not classified as “Achieved” must be classified as “Satisfactory Progress.”

B. More than 50% of “Needs Improvement” on a learning experience at the discretion of the preceptor is considered a failure of the rotation and the resident will receive an unsatisfactory performance for that learning experience. The rotation must be repeated using elective time.

C. Please refer to Resident Assessment Scale Definitions at the end of this document for further detail.

D. In order to successfully complete the PGY2 program, residents must complete all required learning experiences and achieve the following by the end of their residency year:

- Receive “Achieved” for all patient care and project related objectives determined to be required for graduation by the Residency Program Director or Desigee.
- Receive “Achieved” for ≥ 75% of the remaining required residency objectives
- Goals not classified as “Achieved” must be classified as “Satisfactory Progress.”
- In order to successfully complete the PGY2 program, the resident MAY NOT have any goals deemed “Needs Improvement” by the end of the residency year.

Resident Development Plans and Self-Evaluations

A. Residents are asked to prepare quarterly progress reports as assigned in the ASHP PharmAcademic system and review it with the RPD during 1:1s and quarterly meetings.

B. The RPD will evaluate the resident quarterly based upon the resident’s progress in their projects, teaching, and overall performance. This evaluation will also take into account the rotation evaluations from prior preceptors. This report should evaluate the progress toward meeting goals and objectives established by the resident and RPD at the start of the residency year and all comments will be reflected in the Resident’s Development Plan.

C. Residents must write narrative comments on summative self-evaluation forms that demonstrate their ability to self-evaluate and reflect upon their performance adequately.

Periodic Progress Assessment: Quarterly Evaluations
A. Residents will complete a Quarterly Assessment Report detailing their residency activities for the designated time period to submit to the Residency Advisory Committee (RAC) for quality oversight of the residency program.
   i. The report should address progress made toward goals and objectives established at the beginning of the residency year and a summary of the rotations completed to date.
   ii. The resident must submit the quarterly assessment to the RPD electronically two weeks before the scheduled time for RAC review and discussion.

**Resident Self-Evaluation Expectations**

A. Self-evaluation is a learned skill you have begun to master in pharmacy school. You will find rich opportunities to add to that skill during this year. Follow these self-evaluation steps.
   1. Establish criteria of a successful performance.
   2. Collect data on your performance.
   3. Compare your data with your performance.
   4. Make a judgment on how well you did.
   5. Make a decision about how to make the next performance better.
   6. Try the change you decide upon in your next performance.

B. As you begin to work at the skill of self-evaluation, the first step is most likely to cause you difficulty. This step requires that you know what constitutes successful performance. Most residents just entering residency training tell us that they can't recite the 12 criteria that constitute an appropriate monitoring plan or the 16 criteria that should be met by a patient's drug therapy problem list. The RPD will give you the criteria for all of your educational goals and objectives at the beginning of the residency year. With the criteria lists as references, you can move through the rest of the steps: collect data on your performance (for instance, pull out a monitoring plan you have designed for a particular patient and compare your plan with the criteria), make a judgment (everything okay, except I didn't account for toxicity), decide what to do about it (better make myself a little checklist of areas I need to take care of every time I do a monitoring plan, and refer to it until it becomes automatic), and do it (make the checklist and put it in your pocket notebook.)

C. Practice will make you better and better at evaluating your own work. The ultimate goal is to get so good that you no longer need the preceptor to tell you what's what. This skill is just like the others you are working to master this residency year. You need feedback on how you are doing in order to shape your performance. You will grow better and faster if you share your self-assessments with your preceptors and ask them to assess the same situations so you can compare your judgments with theirs.

**Precetor Responsibilities regarding self-evaluation skills**

A. Prepare and discuss a program of self-evaluation for the learning experience. The program may include the use of criteria-based checklists for the educational objectives.
B. Provide feedback during the learning experience on your self-evaluation progress.

**Resident Responsibilities in self-evaluation**

A. Accept personal responsibility for learning and improving self-evaluation skills and make a commitment to pursue self-evaluation throughout your career.
B. Over time, work on internalizing the criteria for successful performance and work at making increasingly accurate judgments.
C. Request feedback from your preceptor whenever you feel it is needed.

6. **References**
SOP #103 Graduation Requirements & Termination Policy  
SOP #105 Licensing & Credentialing  
SOP #106 Leave of Absence and Program Attendance Requirements  
SOP #107 Academic Integrity & Grievance  
SOP #108 Residency Advisory Committee Charter  
ASHP Assessment Strategy Guidance Document  

7. **Abbreviations & Definitions**
LE- Learning Experience  
RAC – Residency Advisory Committee  
RLS – Residency Learning System  
RPC - Residency Program Coordinator  
RPD – Residency Program Director  
PAF – Residency Preceptors Forum

**Evaluation Definitions**
The PGY1 &PGY2 residency programs utilize the ASHP standardized assessment scale (needs improvement, satisfactory progress, achieved, and achieved for residency) as part of the resident evaluation process tracked in the PharmAcademic system. The definitions provided here are intended to be used as a guideline for preceptors and residents during the evaluation process.

**Resident Assessment Scale**

<table>
<thead>
<tr>
<th>Assessment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needs Improvement</strong></td>
</tr>
<tr>
<td>Resident displays ≥ 1 of the following characteristics:</td>
</tr>
<tr>
<td>• Requires direct &amp; repeated supervision/ guidance/ intervention/ prompting</td>
</tr>
<tr>
<td>• Makes questionable / unsafe / not evidence-based decisions</td>
</tr>
<tr>
<td>• Fails to incorporate or seek out feedback</td>
</tr>
<tr>
<td>• Fails to complete tasks in a time appropriate manner</td>
</tr>
<tr>
<td>• Acts in an unprofessional manner</td>
</tr>
<tr>
<td><strong>Satisfactory Progress</strong></td>
</tr>
<tr>
<td>Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.</td>
</tr>
<tr>
<td><strong>Achieved</strong></td>
</tr>
<tr>
<td>Resident displays all of the following characteristics:</td>
</tr>
<tr>
<td>• Independently and competently completes assigned tasks</td>
</tr>
<tr>
<td>• Consistently demonstrates ownership of actions and consequences</td>
</tr>
<tr>
<td>• Accurately reflects on performance &amp; can create a sound plan for improvement</td>
</tr>
<tr>
<td>• Appropriately seeks guidance when needed</td>
</tr>
<tr>
<td><strong>Achieved for Residency</strong></td>
</tr>
<tr>
<td>Resident demonstrates continued competency of the assessed goal. Resident can effectively model and/or teach goal to a new learner.</td>
</tr>
</tbody>
</table>
**Formative Evaluation:** Formative evaluations can be both verbal and written and maybe formal or informal. Often this type is represented as criteria-based snapshot, performed throughout the rotation but prior to the final summative evaluation.

**Summative Evaluation:** Written criteria based summative assessment to evaluate the resident’s achievement of objectives at the end of a learning experience.

**Quarterly Formative and Summative Evaluations:** Longitudinal learning experiences written criteria based summative assessments are completed quarterly to evaluate the resident’s achievement of objectives performed.

**Learning Experience Evaluation and Preceptor Evaluation:** Each is performed by the resident at the end of the rotation. Also longitudinal learning experiences require these evaluations are completed quarterly in addition to end of the rotation.

**Summary of Learning Experience Evaluations**

<table>
<thead>
<tr>
<th>Type</th>
<th>How</th>
<th>Evaluator(s)</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative</td>
<td>Verbal</td>
<td>Preceptor + Resident</td>
<td>Daily</td>
</tr>
<tr>
<td>Formative</td>
<td>Care Plan</td>
<td>Preceptor + Resident</td>
<td>Weekly</td>
</tr>
<tr>
<td>Formative</td>
<td>Snapshot TBD</td>
<td>Preceptor + Resident</td>
<td>Weekly</td>
</tr>
<tr>
<td>Quarterly Formative and</td>
<td>Summative</td>
<td>Preceptor + Resident</td>
<td>Quarterly for longitudinal rotation</td>
</tr>
<tr>
<td>Summative</td>
<td>PharmAcademic™</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summative</td>
<td>Summative</td>
<td>Preceptor + Resident</td>
<td>End of Rotation</td>
</tr>
<tr>
<td></td>
<td>PharmAcademic™</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor</td>
<td>Standard</td>
<td>Resident</td>
<td>End of Rotation + Quarterly if longitudinal rotation</td>
</tr>
<tr>
<td></td>
<td>PharmAcademic™</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Evaluation</td>
<td>Standard</td>
<td>Resident</td>
<td>End of Rotation + Quarterly if longitudinal rotation</td>
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<td>PharmAcademic™</td>
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</table>
Standard Operating Procedure
Residency Graduation Requirements & Termination Policy

1. **Purpose**
   To ensure that each resident is aware of all graduation requirements and performance standards when applying for our residency programs prior to accepting a position if offered. All residents accepted into CareOregon Pharmacy Residency programs were judged prior to that acceptance as capable of successfully completing the residency based on their application, letters of reference and interview. CareOregon Pharmacy leadership, Residency Program Directors and program faculty are committed to helping the resident have a successful year in the residency program. Situations may arise however that would require disciplinary action and/or termination of a resident from their residency program.

2. **Scope**
   All CareOregon PGY-1 and PGY-2 Pharmacy Residents, Residency Program Faculty and Pharmacy Leadership, Pharmacy Residency Leadership (RPC’s and RPD’s), All Residency Advisory Committee (RAC) Committee Members.

3. **Prerequisites**

4. **Responsibilities**
   Our PGY1 and PGY2 pharmacy practice residents are expected to fulfill all the objectives of required and elective rotations and to satisfactorily complete all other requirements outlined in CareOregon Pharmacy Residency SOP/P&P. Professionalism, high quality and timeliness are expected. The goal is for the resident to successfully meet the expectations and to grow professionally. Preceptor and self-evaluations will be conducted and documented for every rotation. In addition, quarterly assessment of the resident’s achievement of his/her goals will be done by the resident and the Residency Program Director with input from all preceptors.

   Upon completion of the residency and all goals and objectives to the satisfaction of the program director, a residency certificate will be awarded. **Following are Resident performance & documentation requirements for completion of the residency:**

1. Meet all ASHP PGY1 or PGY2 residency requirements including achieving all the required goals & objectives as specified by the Residency Program Director as specified in the Three Part Assessment Strategy SOP.
2. Satisfactory completion of all learning experiences. If a learning experience is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and Residency Program Director. All evaluations must be completed and signed.
3. Completion of all assignments and projects as defined by the preceptors and RPD.
4. Attendance at professional meetings as determined by the RPD, such as ASHP Meeting, Northwestern States Conference, & Citywide Residents Meetings.
5. Successfully completion of CareOregon Pharmacy Residency staffing requirements.
6. Completion of all Credentialing Requirements as specified in Residency as well as Learning Experience Site SOP when applicable.
7. Completion of Lean Green Belt certification before the end of the residency year.
8. Completion of any other training as assigned by the Residency Program Director.
9. Compliance with all institutional and departmental processes at CareOregon as well as any other assigned contracted entities.
10. Formal presentations completed, including research project presented at Northwestern States or other meeting deemed appropriate by RPD.
11. Co-author and edit the CareOregon MEDSEd newsletter as assigned by the appropriate preceptor.
12. Completion of a residency project with a manuscript draft that is ready for publication
13. Successfully serve as Chief Resident, block length at the discretion of the RPD.
14. Sustained adherence to all CareOregon P&P and SOP and CareOregon Residency Program P&P and SOP.
15. Electronic Portfolios are uploaded as specified by the RPD. Any portfolios not uploaded in the requested format will not be considered complete.

RESIDENCY PORTFOLIOS/BINDER (Standardized format will be provided)

To facilitate review of resident progress, it is imperative that the resident maintain a portfolio. The portfolio can be organized in a binder but must be saved electronically on the pharmacy shared folders. Pertinent projects and assignments will be uploaded by the resident to Sharefile as specified by the RPD. Separate Research & Teaching Certificate Portfolios are required. The resident’s portfolio will be reviewed by the RPD or designee on a quarterly basis during 1:1’s and/or the quarterly resident’s development planning. The following must be included in the electronic portfolio:

Application Materials
___ Resume/CV
___ Letter of Intent
___ Professional Academic Record
___ Orientation & credentialing documents
___ Signed Offer Letter

Strategic Plan and Updates
___ Learning Experience Goals/objectives
___ Initial Entering Interests Survey
___ Customized Development Plans
___ Exit Assessments & Surveys
___ Signed P&P Acknowledgement

Rotation Schedules
___ Orientation
___ Quarter 1: July 1st- Sept 30th
___ Quarter 2: Oct 1st-Dec 31st
___ Quarter 3: Jan 1st- March 30th
___ Quarter 4: April 1st- June 30th

RAC Quarterly Reports
___ 1st report due October 1st
___ 2nd report due January 1st
___ 3rd report due March 1st.

Pertinent Names & Roles
___ Attendings, Students, Preceptors, Content Experts etc.

Quarter One Evaluations
___ Summative
___ Self-assessment
___ Preceptor-assessment
___ Formatives

Quarter Two Evaluations
___ Summative
___ Self-assessment
___ Preceptor-assessment
___ Formatives

Quarter Three Evaluations

Quarter Four Evaluations
___Summative ___Summative ___Self-assessment ___Self-assessment ___Preceptor-assessment ___Preceptor-assessment ___ Formatives ___ Formatives

**Presentation Handouts & Evaluations**

Such as:

___ Case Presentations for each LE
___ Journal Club for each LE
___ MEDS Ed (CE Programs)
___ Other

**Staffing, P&T, ADE, Quality**

Such as:

___ DUE and Drug Class Reviews
___ Documentation of 2 QI Initiatives
___ Drug Information Q&A for each LE
___ ADE reports/projects for each LE

**Practice Learning Experiences**

Such as:

___ Sample Deidentified EMR Notes
___ Medical Privileging Documentation (PGY-2)
___ PGY-1 Residency Certificate (PGY-2)
___ Clinic Meetings/ Committees Agenda/Minutes (PGY-2)
___ Visual Management Board PDSA cycle documentation for each LE

**Evidence of Training & Certificates**

Such as:

___ BLS, Lean, Motivational Interviewing

**Resident Responsibilities**

In the event that performance does not meet these expectations, the resident will be given ample opportunity to improve. Elective time may be used to extend required rotation(s) to permit the resident additional time to meet the objectives of the rotation. Written documentation of feedback, evaluations and discussions will be maintained. The resident’s performance will be assessed based on terminal competency, not an average of the evaluations in all the experiences. The goal of the residency is to teach, not to discipline. A pharmacy resident may be placed on a performance improvement plan, removed from the program, or may voluntarily withdraw from the program should there be evidence of inability to completion graduation requirements within the residency cycle, unsatisfactory performance, unacceptable performance and/or unprofessional conduct (Please review Definitions Section 7 of this SOP for details). However, if the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued.

**Preceptor Responsibilities**

1. Documenting unsatisfactory performance of a pharmacy resident in writing and reviewing it with the resident in a timely fashion and at the summative evaluation conference for the learning experience.
2. Documenting in writing any unprofessional conduct or unacceptable performance and any actions the resident may have taken that puts the patient’s health at risk or causes endangerment to any patient or personnel.
3. Submitting above documentation to RPD after reviewing with the resident and providing guidance to the RPD regarding residency development and/or corrective action plan if necessary for the resident.

**The Residency Program Director will:**

1. Meet with preceptor and resident to discuss documented incidences.
2. Notify the resident and work with preceptor and resident on a performance improvement plan or Corrective Action Plan if needed or as necessary.
3. Monitor resident’s progress through the development plan as well as the corrective action plan if needed or as necessary.
4. Review the incident with the preceptor and Pharmacy Director to decide on the resident’s status and corrective actions, in the event of documented unprofessional conduct or unacceptable performance.
5. Notify the resident verbally and in writing of dismissal, in the event that removal from the residency program is required.

5. Procedure

1. Unsatisfactory Performance Assessment
   a. First unsatisfactory performance assessment
   The preceptor will provide the RPD with a written evaluation and documentation of an unsatisfactory performance assessment. The resident will receive counseling on how to improve performance.
   b. Second unsatisfactory performance assessment
   Upon receipt of a second documented instance of unsatisfactory performance, the RPD will meet with the resident’s preceptor(s) to update their residency development plan and if/when necessary create a corrective action plan. Completion of the updated development plan and corrective action plan will be documented by the resident and reviewed by the RPD and preceptor.  
   c. Completion of the resident’s development plan and corrective action plan if/when necessary 
   The resident will provide documentation to the RPD upon completion of the updated development plan and corrective action plan, as evidence they have satisfied all requirements. The RPD and preceptor will review the documentation and determine if the resident has successfully completed the plan(s). If it is determined that the resident has successfully completed the plan(s), they will be able resume typical residency responsibilities.
   d. Additional reports of unsatisfactory performance or failure to successfully complete corrective action plan
   If the resident receives additional unsatisfactory evaluations, demonstrates continued unacceptable performance, unprofessional conduct, or absent without leave (AWOL) behavior(s) during the performance improvement plan-period OR if the resident fails to successfully complete the prescribed development and corrective action plans, the RPD will meet with the resident’s preceptor(s) to discuss appropriate actions. Possible actions include removal from the residency program, a revised development plan and/or corrective action plan.
   e. Communication of disciplinary decision to resident
   Decisions will be communicated to the resident both verbally and in writing by the RPD.

2. Unacceptable Performance
   Upon receipt of documentation of an unacceptable performance (including repetitive unsatisfactory performance), the RPD will meet with the resident’s preceptor(s) to review available documentation and determine appropriate action. Actions include placing the resident on a corrective action plan or removal from the residency program. The following situations may be considered as grounds for immediate removal from the residency program:
   a. Absent Without Leave (AWOL)
   If the resident demonstrates excessive/consistent tardiness according to CareOregon Residency SOP/P&P and pharmacy policies and procedures and/or does not follow
CareOregon Pharmacy Residency policy regarding leave, the resident will be removed from the program.

b. Failure to Receive Pharmacist Licensure
   Failure to receive pharmacist licensure in Oregon by August 31st.

3. **Unprofessional Conduct (Removal from Residency)**
Upon receipt and review of documentation of unprofessional conduct by a resident, the RPD will meet with the resident’s preceptor(s) to determine course of action. If immediate removal from the residency program is supported by the documentation, the RPD will report such evidence to the Pharmacy Director. If the Director of Pharmacy concurs, they and the RPD will work with CareOregon Human Resources to have the resident removed, pursuant to CareOregon Human Resource and Pharmacy Residency Programs SOP/P&Ps. ASHP Residency Services will be notified. If the documented conduct violates federal or state law, or state board of pharmacy regulations, the RPD and Director of Pharmacy may be obligated to report such activity to the appropriate authority.

4. **Summary of Grievance Procedures**
If the resident does not agree with the evaluation of a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution. If the resident is not satisfied with the resolution, the resident may submit a written request to present his/her justification of performance to the Residency Program Director within 7 days of the evaluation. The Program Director will review the evaluations and investigate the situation. The Program Director will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the resident in writing. If the resident is not satisfied with the resolution, they may submit a written request for review by the Residency Advisory Committee (RAC) within 7 days of notification of the Program Director’s decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident’s performance. The RAC will review all written documentation of performance and discussions. The RAC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident’s performance in this circumstance. Criteria-based evaluation forms (snapshots) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used. The RACs decision with the concurrence of the Residency Program Director is final. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the RAC committee will select another preceptor to coordinate the process.

5. **Withdrawal/Resignation in Writing**
At any time, a resident may withdraw from the residency program by submitting a written, two-week notice of resignation to the RPD.

6. **References**
SOP #101 Three Part-Assessment Strategy  
SOP #105 Licensing & Credentialing  
SOP #106 Leave of Absence and Program Attendance Requirements
7. Definitions

1. Unsatisfactory Performance

Unsatisfactory performance is regarded as an early sign that the resident may be unable to meet the requirements of the PGY1 or PGY2 residency program, as established by the ASHP Accreditation Standards for Residency Programs and set forth in CareOregon Residency Policy P&P. Early recognition and correction is necessary, and not to be disciplinary in nature. However, if unsatisfactory performance is repeated, the behavior becomes unacceptable and performance improvement actions will ensue. Examples of unsatisfactory performance include, but are not limited to the following:

- Failure to complete an assignment by the designated due date
- Unsatisfactory attendance, including Absent Without Leave (AWOL)
- Failure to complete an evaluation form as scheduled and by the assigned due date
- Failure to improve towards proficiency in the skills necessary to clinical pharmacy practice
- An unsatisfactory performance evaluation on a rotation (greater than 50% “Needs Improvement” or “Does not Know or Knows Some” on a learning experience at the discretion of the preceptor is a failure of the rotation and rotation must be repeated.)

In the event that performance does not meet these expectations, the resident will be given ample opportunity to improve. Elective time may be used to extend required rotation(s) to permit the resident additional time to meet rotation objectives. The resident will be required to satisfactorily complete all required learning experiences by June 30th. Extended time needed to complete assignments and projects due to unforeseen or unexpected circumstances may be considered on a case-by-case basis and approved at the discretion of the RPD and Pharmacy Director. If the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If there are severe deficiencies or if no improvement occurs with feedback from the preceptors, the resident will be terminated prior to the end of the one year residency period.

2. Unacceptable Performance

If a resident fails to meet the requirements of the PGY1 or PGY2 residency program, as established by the ASHP Accreditation Standards for PGY1 Residency Programs and as set forth by their Residency Program Director in Residency P&P/SOP, performance improvement action will be taken. Repeated failure to meet the requirements as established in the residency manual will lead to a performance improvement plan or removal. This includes, but is not limited to the following:

- Repetitive failure to complete assignments
- Repetitive unsatisfactory attendance, including AWOL
- More than one failure to complete evaluation forms as scheduled
• Failure to develop proficiency in the skills necessary to clinical pharmacy practice
• More than one unsatisfactory performance evaluation on rotations (more than 50% of “Needs Improvement” or “Does not Know or Knows Some” on a learning experience at the discretion of the preceptor is a failure.)

If any of the above failures continue and performance plan goals are not achieved, the resident will be terminated prior to the end of the one year Residency period.

3. Unprofessional Conduct
Residents are responsible for participating in the care of patients at CareOregon as part of a multi-disciplinary team. The residents will be held to a high standard of conduct, cooperation, and service. Any resident who violates these standards in such a manner which jeopardizes patient welfare, the safety of patients and/or staff, or which impairs the medical center's ability to provide essential care will be immediately removed. This includes, but is not limited to the following:

• Patient abuse, possession of a firearm, explosives, or other weapon on station
• Possession of illegal drugs or under the influence of alcohol during duty hours
• Theft of CareOregon and/or Contracted Entity Property
• Providing false information on application or during an official investigation
• Abandonment of duty
• Behavioral misconduct or unethical behavior that may occur on or off station premises
• Violating CareOregon and CareOregon Pharmacy department policies and procedures
• Violating ethics or laws of pharmacy practice
• Providing false information on evaluation forms
• Failure to receive pharmacist licensure
• Does not present in a professional manner

Resident deficiencies or misconduct not resolved by discussion will result in counseling. The specific problem(s) and specific corrective action(s) will be discussed with the resident. A timeframe for correction will be established. If the counseling is not successful in resolving the resident's deficiency or misconduct, then a written warning will be given. Repeated offenses will lead to removal from the residency program and dismissal as an employee from CareOregon.
POLICY
Residents are expected to work in the CareOregon office and/or assigned clinical site during regular business hours unless otherwise agreed upon by the resident and RPD. CareOregon PGY1 and PGY2 pharmacy residents are eligible to telecommute or work from home as outlined in the CareOregon Telecommuting Guidelines and Procedures. Residents may attend offsite meetings with their preceptor as determined by the lead preceptor of their current learning experience. When a resident’s preceptor is working from home, the resident is expected to work in the CareOregon office and/or assigned clinical site unless approved by RPD. Preceptors and residents are responsible for agreeing on communication and coordination during times when the preceptor is telecommuting.

Residents are expected to be able to access the CareOregon network remotely and to follow the HIPAA compliance guidelines outlined in the CareOregon Telecommuting Guidelines and Procedures. Residents are responsible for obtaining remote access from the IS Dept by the last day of orientation. Residency Program Directors are responsible for initiating the approval process and ensuring that residents have remote access.

PROCEDURE
A. Residency Program Directors
   1. Initiate process to approve resident remote access.
   2. Ensure residents are able to access the CareOregon network remotely by the last day of orientation.

B. Residents
   1. Complete forms to receive remote access to the CareOregon network.
   2. Work in the CareOregon office or respective clinic, even if preceptor is telecommuting, unless otherwise agreed upon.
   3. Follow all guidelines and procedures as outlined in the CareOregon Telecommuting agreement.

RELATED CAREOREGON POLICIES AND PROCEDURES
CareOregon Telecommuting Guidelines and Procedures
Residency Standard Operating Procedure
Licensure & Credentialing

1. **Purpose**
   CareOregon Pharmacy Residency PGY1 and PGY2 Programs are designed to be a rigorous learning experience to develop a strong foundation in the operation of managed care pharmacy and ambulatory care pharmacy services. The ASHP/AMCP accreditation standards for managed care and ambulatory care residency programs set a high expectation for the outcomes that residents must achieve.

   Rotations and learning activities have been developed to meet the outcomes of the program and missing these activities due to non-licensure will compromise the resident’s ability to complete the program during the training year. The required outcomes for this program must be achieved in 12 months. If the resident is unable to achieve the program outcomes, they will not receive a certificate of completion.

2. **Scope**
   CareOregon Pharmacy Leadership, Pharmacists, Representatives of Contracted Entities, current and prospective residents, Residency Advisory Committee (RAC), Residency Program Directors, Residency Program Coordinators.

3. **Prerequisites**
   PGY-1 and PGY-2: CareOregon Preceptor and Residency Program Orientation, current BLS Certification, and required health screenings as specified by CareOregon as indicated upon acceptance of employment.

   PGY-2 only: Oregon State Practitioner Credentialing Application (OPCA), National Provider Identifier (NPI) registration, Registration with the Oregon Drug Monitoring Program (ODMP), and any additional health screenings or requirements required by the clinical practice site (contracted entity).

4. **Responsibilities**
   The resident is required to obtain a pharmacist license as defined by CareOregon. The resident will be licensed upon entry into the residency program if at all possible. If the resident is not licensed upon entry into the program, the resident is required to become licensed no later than 90 days after the start of the program. Failure to obtain a license to practice pharmacy by the end of the date set forth in the offer letter, the resident will be dismissed from the program.

   Failure to attempt to become licensed at the earliest possible date is a serious violation of the intent of this policy, and may also result in immediate dismissal. If the resident fails to obtain a license by the deadline through no fault of his/her own, individual circumstances may be considered. Extenuating circumstances will be evaluated on a case by case basis. Under no circumstances will the extension go beyond 120 days from the start of the program.

   PGY-2 residents will become credentialed with CareOregon as a pharmacist provider no later than August 31st. If the resident fails to obtain credentialing by the deadline through no fault of his/her own, individual circumstances may be considered. Extenuating circumstances will be evaluated on a case by case basis. Under no circumstances will the extension go beyond September 30th.
However, the residency program director (RPD) and CareOregon may still terminate the resident for failure to obtain a license and/or required credentialing by the stated deadline based on the needs of the facility and the residency program.

5. Procedure
PGY-1 and PGY-2:
1. NAPLEX Passing Score
2. Oregon State Board of Pharmacy Intern and Pharmacist Application(s) [http://www.oregon.gov/Imports/Intern_Application.pdf](http://www.oregon.gov/Imports/Intern_Application.pdf)
3. Oregon MPJE Passing Score
4. BLS Certification

PGY-2 only:
1. NPI Registration
2. ODMP Registration
3. Oregon State Practitioner Credentialing Application (OPCA)
4. Any credentialing and HR processes required by contracted entities outside of CareOregon who are sites for your required and/or elective learning experiences.

6. References & Definitions
CareOregon HR Manual
CareOregon P&P Initial Credentialing for Healthcare Providers 142
CareOregon Initial Credentialing Application Coversheet
OPCA Application
SOP #103 Graduation Requirements
SOP #106 Leave of Absence & Program Attendance
SOP #108 Residency Advisory Committee Charter
SOP # 117 Credentialing & Vetting
SOP # 118 Scope of Practice
SOP # 119 Privileging
**Policy & Procedure**

*Academic Integrity and Grievance Procedures*

1. **Purpose**

**Academic Integrity**
Fundamental to working at CareOregon is an expectation that you will make choices that reflect integrity and responsible behavior. Our Pharmacy Residency Programs are rigorous. Occasionally, you may feel overwhelmed by the amount of work you need to accomplish. Residents may feel they are short of time, working on several assignments due the same day, or preparing numerous presentations etc. The pressure can be intense. However, no matter what level of stress a resident may experience, CareOregon expects residents to approach their work with honesty and integrity. Honesty is the foundation of quality. Engaging in plagiarism, unauthorized collaboration, cheating, or facilitating academic dishonesty may result in termination of the Resident from the Pharmacy Residency Program and employment with CareOregon.

**Grievance**

*If a preceptor has reasonable concern regarding possible plagiarism or concerns for academic integrity within their learning experience, they with the RPD determine what action is appropriate to take. Such action may include:*

- Requiring the resident to redo the assignment for a revision of applicable evaluations.
- Assigning the resident a Needs Improvement for the assignment.
- Assigning the student a Needs Improvement or unsatisfactory for the learning experience.

*For a research project, the supervisor determines what action is appropriate to take. Such action may include:*

- terminating the resident’s participation in the research project and removal from all project related publications.

“The Preceptor or RPD may also submit documentation to the Residency Advisory Committee in the form of a letter to file or a formal grievance.”

2. **Scope**

All CareOregon PGY-1 and PGY-2 Pharmacy Residents, Residency Program Faculty and Pharmacy Leadership, Pharmacy Residency Leadership (RPC’s and RPD’s), All Residency Advisory Committee (RAC) Committee Members.

3. **Prerequisites**

Acceptance of all associated CareOregon Human Resources and Pharmacy Residency Programs SOP/P&P during Orientation of the PGY-1 and/or PGY-2 Residency year.

4. **Responsibilities**

**Grievance**

In the event that the resident’s performance does not meet these expectations, the resident will be given ample opportunity to improve. Elective time may be used to extend required rotation(s) to permit the resident additional time to meet the objectives of the rotation. Written documentation of feedback, evaluations and discussions will be maintained. The resident’s performance will be assessed based on terminal competency, not an average of the evaluations in all the experiences.
The goal of the residency is to teach, not to discipline. However, if the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one year period according to the Residency Graduation Requirements and Termination SOP. Immediate dismissal may occur for violation of CareOregon or assigned contracted entity regulations, policies and procedures or for unethical or unprofessional conduct.

5. Procedure

Grievance

Any problems that may arise during the residency should first be discussed directly by the resident of concern with the appropriate preceptor(s). If the attempts to resolve the problem are unsuccessful, it should be brought to the attention of the Residency Program Director and Pharmacy Director. Next steps will be at the discretion of the Residency Advisory Committee (RAC).

If the resident does not agree with the grievance and/or evaluation of a preceptor, the resident is encouraged to discuss the evaluation with the preceptor to achieve a satisfactory resolution. If the resident is not satisfied with the resolution, the resident may submit a written request to present his/her justification of performance to the Residency Program Director within 7 days of the evaluation. The Program Director will review the evaluations and investigate the situation. The Program Director will attempt to resolve the situation within 14 days of the request. The resolution will be presented to the resident in writing. If the resident is not satisfied with the resolution, they may submit a written request for review by the Residency Advisory Committee (RAC) within 7 days of notification of the Residency Program Director’s decision. This request must include a written justification demonstrating why the resident feels the evaluation should be changed, including objective information about the resident’s performance.

The RAC will review all written documentation of performance and discussions. The RAC may also ask the resident to demonstrate the ability to perform functions in question through case presentation and questions or other appropriate means based on the skills involved in the evaluation. All preceptors will be permitted to participate in the evaluation of the resident’s performance in this circumstance. Criteria-based evaluation forms (snapshots) may be used as applicable. The resident will be informed in advance of the criteria-based evaluation forms that will be used.

The RAC’s decision with the concurrence of the Residency Program Director is final. This entire process will be coordinated by the Residency Program Director. In the case that the Residency Program Director is the preceptor involved in the evaluation in question, the RAC committee will select another preceptor to coordinate the process. A pharmacy resident may be placed on a performance improvement plan, removed from the program, or may voluntarily withdraw from the program should there be evidence of unsatisfactory performance, unacceptable performance and/or unprofessional conduct.

6. References

SOP #103 Graduation Requirements & Termination Policy
SOP #105 Licensing & Credentialing
SOP #106 Leave of Absence and Program Attendance Requirements
SOP #108 Residency Advisory Committee Charter
7. **Definitions**

Identify and define frequently used terms or acronyms. Provide additional and/or relevant information needed to understand this SOP.

**Residency Advisory Committee (RAC)**
The Residency Advisory Committee is established in accordance with the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Residency Programs.

A. Purpose: The purpose of the RAC is to guide CareOregon pharmacy residency program(s) with respect to the established ASHP Accreditation Standards. This includes maintaining standards with respect to qualifications of the training site, residency program directors and preceptors, and resident selections, as well as the residency training program and pharmacy service, resident and program evaluations, and certification.
| Committee: Residency Advisory Committee (RAC) | P&P Number: Ph-144-R01-108 |
| Department: Pharmacy |  |
| Author: Kara Shirley | Approver: RAC |
| Effective Date(s): 7/1/16 | Review Frequency: annual |
| Revision Date(s): 6/16/2016 | Revision Author(s): Kristen Benkstein |
| Revision Approver(s) & Date: 6/16/2016, 5/26/17, 3/21/18 |  |

### DESCRIPTION

**Program Description:**
The purpose of the RAC is to guide CareOregon pharmacy residency program(s) with respect to the established ASHP Accreditation Standards. This includes maintaining standards with respect to qualifications of the training site, residency program directors and preceptors, and resident selections, as well as the residency training program and pharmacy service, resident and program evaluations, and certification. The RAC will provide guidance to Pharmacy & Residency Leadership in:

1. Aligning daily work to deliverables for Pharmacy Residency Program(s).
2. Providing a framework for planning, monitoring, and sharing residency program progress.
3. Supporting accountability and ownership within our Pharmacy Residents, Preceptors and Residency appointed Leadership.

**Business Purpose:**
Ensure residency program regulatory requirements are operationalized and effective.
Ensure programmatic sustainability.
Ensure quality outcomes for Residents, Residency Faculty and Leadership.
Ensure quality outcomes for CareOregon clinical partners and their patients.

**Organizational Goal:**
Attain and maintain ASHP Accreditation of our PGY-1 Managed Care Pharmacy and PGY-2 Ambulatory Care Pharmacy residency programs.
| Governance: | The RAC is comprised of CareOregon pharmacists and non-pharmacist clinicians appointed yearly by the Pharmacy Director and Residency Program Director. The RAC functions as a neutral third party to govern and provide quality assurance for our pharmacy residents, residency program faculty and pharmacy residency programs. Any member deemed by themselves and/or the Residency Program Director to have a conflict of interest in a proceeding will abstain from voting.

RAC Members who are currently directly involved with the Pharmacy Residency Program as Residency Leadership and/or a preceptor of a learning experience, are assessed by the residents and therefore are considered to have a conflict of interest in voting matters serving only as non-voting members. The Current Chief Resident, Residency Program Graduate(s), Medical Directors and ANY other committee member lacking a conflict of interest as described above will have voting membership in the RAC.

The RAC must have a membership capable of achieving a 51% majority vote to eliminate the possibility of an inability to reach a quorum. In cases where RAC membership will not be present for formal committee proceedings, an alternative delegate will be chosen by said member to attend as a replacement and/or an email vote will take place; with the most appropriate option determined by RAC co-chair(s) (Residency Program Director & Pharmacy Director).

The RAC co-chair(s) (Residency Program Director & Pharmacy Director) may also elect to hold executive working groups in order to expedite the governance of Pharmacy Residency Programs where expedited response and/or action is required for the well-being of the programs. RAC Executive working group members and meeting frequency are by RAC co-chair(s) (Residency Program Director & Pharmacy Director).

Minimum of one Wednesday per quarter and as needed determined by RAC co-chair(s) (Residency Program Director & Pharmacy Director).

The RAC will maintain a permanent record of its proceedings and actions. Minutes of each meeting will be prepared by a designated member and be maintained by the RPD. |
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<td><strong>Scope</strong></td>
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<td><strong>In conjunction with the residency program director:</strong></td>
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<td>1. Reviews, maintains, and assures that each residency program is in compliance with current ASHP accreditation standards.</td>
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<td>2. Maintains, reviews, and approves the residency policies and standard operating procedures.</td>
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<td>3. Annually reviews each incoming resident’s individualized plan for residency, training schedule, and learning objectives. Reviews each resident’s progress in the residency on a quarterly basis.</td>
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<td>4. Reviews and follows potential residency research proposals for feasibility, research design, oversight risk and unique contribution to the literature.</td>
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<td>5. Oversight of Clinical Quality Assurance regarding services provided by CareOregon Pharmacy Residents.</td>
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<td>6. Conducts corrective actions and dismissals as necessary.</td>
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<td>7. Confirms successful completion of Residency Program graduation requirements under advisement from residency program faculty, Residency Program Director and Pharmacy Director. Confers a vote regarding graduation for each resident the week prior to the scheduled graduation date.</td>
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Standard Operating Procedure
Expectations of Residency Program Director (RPD) and Residency Program Coordinators (RPC’s)

1. Purpose
ASHP Pharmacy Residency Accreditation Standards require each residency program to have a single RPD who must be a pharmacist from a practice site involved in the program or from a sponsoring organization. A single RPD must be designated for multiple-site residencies or for a residency offered by a sponsoring organization in cooperation with one or more practice sites. The responsibilities of the RPD must be defined clearly, including lines of accountability for the residency and to the residency training site. Further, the designation of this individual to be RPD must be agreed to in writing by responsible representatives of each participating organization.

2. Scope
PGY-1 Managed Care Pharmacy Residents, PGY-2 Ambulatory Care Pharmacy Residents, Residency Program Director(s), Residency Program Coordinator(s), Residency Advisory Committee (RAC), Pharmacy Leadership, Pharmacy Director

3. Prerequisites
The residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

RPDs must be licensed pharmacists who:
1. Have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
2. Have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

RPDs serve as role models for pharmacy practice, as evidenced by:
1. Leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
2. Demonstrating ongoing professionalism and contribution to the profession;

The RPD serves as the leader of the program, responsible not only for ensuring appropriate training overall and for precepting residents, but also for the evaluation and development of all other preceptors in the program. Therefore, the RPD must have documented evidence of his/her own ability to teach effectively in the managed care practice environment (e.g., through student and/or resident evaluations).

The RPD must have demonstrated ability to direct and manage a pharmacy residency program (e.g., previous involvement as a preceptor in an ASHP-accredited residency program, management experience, and previous academic experience as a course coordinator).

The RPD must have a sustained record of contribution and commitment to pharmacy practice that must be characterized by a minimum of four of the following:
1. Documented record of improvements in and contributions to pharmacy practice.
b. Appointments to appropriate drug policy and other committees of the organization.
c. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
d. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
e. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
f. Demonstrated leadership in advancing the profession of pharmacy through active service in professional organizations at the local, state, and national levels.
g. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).

4. Responsibilities

The RPD is responsible to the Pharmacy Director. In addition, the RPD will:

1. Appoint and provide delegation oversight to Resident Program Coordinators (RPC) who will meet ASHP requirements and CareOregon Residency Program requirements.
2. Work with Pharmacy Leadership to assess pharmacists in their role or potential role as a preceptor.
3. Work with Pharmacy Leadership and facility leadership to provide for the administrative, budgetary, environmental, legal, and human resource needs of the residency program.
4. Coordinate and perform activities to ensure compliance with the ASHP Accreditation Standard for Postgraduate Year One [PGY1] and Postgraduate Year Two [PGY2] Pharmacy Residency Programs.
5. Evaluate residency applicant qualifications through established formal procedures including assessment of the applicant’s ability to achieve the educational goals and objectives of the program. The RPD has ultimate responsibility to assess the applicant’s baseline knowledge, skills, attitudes, and abilities to determine that the applicant meets the qualifications for admission to the residency program.

7. Work with CareOregon Human Resources to provide residents who are accepted into the program with a letter outlining their acceptance into the program in a manner consistent with that provided to pharmacists hired within the organization.
8. Work with CareOregon HR to provide direct 1:1 oversight of all residents in the Resident Program Director’s program.
9. Award a certificate of residency to those pharmacists who satisfactorily complete the program requirements in accordance with the ASHP Accreditation Standard for PGY1 & PGY2 Pharmacy Residency Programs.
10. Work with the residents to assess baseline knowledge, skills and interests and to customize the training program.
11. Work with the residents, preceptors and Pharmacy Leadership to schedule and coordinate rotations.
12. Work with preceptors and Pharmacy Leadership to track the resident’s progress toward achievement of the educational goals and objectives of the program, conduct quarterly assessments and make any necessary adjustments to the customized resident plan [including documentation and implementation].
13. Work with Pharmacy Leadership to evaluate preceptors/potential preceptors based on the criteria for preceptors and their desire to teach and their aptitude for
teaching that includes mastery of the four preceptor roles involved in teaching clinical problem solving (direct instruction, modeling, coaching and facilitating)

14. Work with preceptors and Pharmacy Leadership to devise and implement a plan for assessing and improving the quality of preceptor instructor and overall quality of the residency program.

15. Chair and/or Co-Chair the Residency Advisory Committee (RAC) to provide governance and quality assurance for CareOregon Residency Programs

16. Develop and precept Resident Orientation and Resident Mentoring Program for their Residency Program(s).

17. Develop and provide delegation oversight with the Residency Advisory Committee (RAC) and Western Institutional Review Board (WIRB) of all Residency Research Projects for their Residency Program(s).

18. Meet ASHP requirements for preceptors and Residency Program Director.

5. **Procedure**

1. Residency Program Director(s) will be appointed by the Pharmacy Director with subsequent vetting and approval by ASHP Accreditation Services.

2. Residency Program Coordinator(s) will be appointed by the Pharmacy Director in coordination with the Residency Program Director(s).

3. Delegation of Responsibilities from RPD’s to RPC’s will be clarified during Residency Orientation and all Residents will be provided with a resource document to reference regarding Residency Administration e.g., “Who to go to for what, etc.”

4. When a change in RPD occurs ASHP Accreditation Services must be notified within 90 days.

5. Residency Advisory Committee (RAC), Program Preceptors and Residents must be notified as soon as possible of any Residency Leadership changes in personnel or delegation of responsibilities which may impact their endeavors in the Residency Program and place their successful completion at risk.

6. **References**

1. **Purpose**
   This standard operating procedure serves to establish a protocol to initiate and conduct research and/or quality improvement projects. The federal definition of research is "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes." Quality improvement is a formal approach to the analysis of performance and systematic efforts to improve it. The intent of a quality improvement project is to improve a practice or process within a particular institution or ensure it conforms with expected norms. The distinction between research and quality improvement projects is an important distinction because it may assist in determining whether WIRB review and oversight of a project are needed.

2. **Scope**
   This policy pertains to research and scholarly work conducted by CareOregon pharmacy residents. Quality Improvement projects or initiatives that are not presented or published in a peer-review forum do not require WIRB approval.

3. **Prerequisites**
   A. Completion of CareOregon HIPAA & PHI training during orientation and update the training as required by CareOregon Human Resources.

   B. Completion of NIH research training: Protecting Human Research Participants.

   C. Research staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.

4. **Responsibilities**
   Residency Program Directors (RPD) and the Residency Advisory Committee (RAC) will project development and ongoing research oversight. Each resident is required to complete a major project of primary importance to this institution, the subject of which must be approved by the Residency Advisory Committee (RAC). The finished project will be of publishable quality and will be submitted to an appropriate journal for publication prior to the completion of the residency. Failure to complete this aspect of the residency project could result in an incomplete residency and a withholding of the resident certificate until completed.

   **Outcome Objective**
   The purpose of doing a major project is for the resident to attain the necessary skills to investigate a clinically relevant problem in a scientific manner. In addition, the data obtained should contribute to the development of the department or the profession as a whole. This project may be in the form of original research, a problem-solving exercise, or development, enhancement, or evaluation of some aspect of pharmacy services. All such projects shall be directed toward useful outcomes and should not merely be academic exercises for the sole purpose of satisfying this requirement.
Pharmacy residents will be the Principal Investigator on their research project. A full-time CareOregon pharmacist, CareOregon Medical Management and Medical Director(s) from pertinent contracted entities are to serve as project mentors and Co-Investigators where appropriate.

**First Stage: Idea Creation**
The first stage involves idea formation. The resident with or without assistance from the clinical staff must identify questions, which are relevant and amenable to scientific investigation. The research project must be approved by the CareOregon Residency Program Director, CareOregon Director of Pharmacy as well as CareOregon Residency Advisory Committee.

**Preparation of the Abstract**
The second stage involves defining the clinical problem in a one-page abstract. The resident is obligated to focus and refine the question in such a way that it is clear exactly what is being investigated, what the scope of the project is, and what information can hoped to be gained. The synopsis of the project is to be initially presented Pharmacy Leadership Meetings for initial approval of concept. Outside funding sources such as ASHP grants and industry sponsorship may be obtained when appropriate.

**Prepare Protocol**
The third stage involves preparation of a typed protocol detailing the study design, statistical analysis, including sample size calculation and the research methods. The format for the project abstract and protocol can be found in the appendix to this contract. The resident also presents and defends this protocol to the co-investigators, pharmacy residency advisory committee, clinical pharmacy staff, and the city-wide residency group and modifies it according to their recommendations. The Research proposal must be reviewed and approved by the co-investigator’s, residency program director, pharmacy director and practice site chief medical officer if applicable prior to submitting to the Western Institutional Review Board. All proposals will be submitted to the Western Institution Review Board (WIRB) as a WIRB research exemption request, or either an expedited or a full board review prior to study initiation.

**Conduct Study**
The fourth stages involve conducting the study. The resident collects data, implements plans, and coordinates all aspects of the study.

**Data Analysis**
The fifth stage involves an analysis of the data. The resident performs statistical comparisons, summarization and graphical analysis where appropriate and gives a description and interpretation of the results.

**Project Presentation**
The sixth stage involves a lecture presentation of the project to the Western States Conference for Post-Graduate Pharmacy Education and Training or another Conference as deemed appropriate by the RPD, Resident and Project Co-investigators. The resident will present their project to the pharmacy faculty two weeks before the conference. The Citywide Residents conference is a forum to practice and receive feedback prior to Northwestern States Conference.

**Prepare Manuscript**
The seventh and final stage involves preparing the project in a publishable format. The resident is required to publish their work, or present the project as a poster. The resident is encouraged, to submit research for publication. However, a manuscript with complete project information must be submitted to and accepted by the project preceptor and RPD in order for the certificate of residency completed to be granted. Manuscript guidelines can be obtained from the journal where submission is desired and should be discussed with co-authors and co-investigators prior to determination.

**Data Storage**

Per CareOregon intellectual property policies, all data collected while working at CareOregon is the property of the CareOregon and may not be taken off site. All research data is to be securely stored at the location indicated in research protocol, in a locked file cabinet for hard copy data, and behind the CareOregon firewall on a secure drive only accessible to those working on the protocol or an encrypted HIPPA compliant file-sharing system such as ShareFile. All research data is to be stored indefinitely, and must be stored by the Principal Investigator and Residency Program Director per CareOregon Pharmacy Residency Standard Operating Procedures.

5. **Procedure**

The enormity of this project demand that a timeline be strictly adhered to which is described below.

**Time Frame**

1. **End of second week of residency:** Meet with RPDs & Pharmacy Director: to understand purpose and requirements of research mentors. Obtain list of potential research projects and discuss resident’s ideas for project. Before meeting with the Research Advisory Committee (RAC) residents will discuss the projects of interest with appropriate clinicians/administrators and conduct an initial literature search if appropriate.

2. **End of third week of residency:** Complete all research training as assigned. Report on progress of topic selection; obtain guidance as to appropriate persons to contact, evaluate topics for potential problems and options for resolution.

   - **Complete NIH research training:** Protecting Human Research Participants. Authors and co-authors must complete training and turn in certificate of completion to residency program director.
   - Go to website: [https://phrp.nihtraining.com/users/login.php](https://phrp.nihtraining.com/users/login.php)
   - Complete training by end of onboarding or orientation process.
   - Print out 2 copies of certificate for personal copy and submittal to Residency Program Director.

   - **Project Design:**
     - Go to [http://wirb.com/Pages/DownloadForms.aspx](http://wirb.com/Pages/DownloadForms.aspx) and download and read:
       - WIRB Investigator Handbook
       - Investigator Guidance SOP
       - Request for exemption determination
     - Many guidance tools exist to help determine project type/intention such as:
       - Human Research Worksheet
3. **End of fourth week of residency**: Submit project abstract to RAC for August meeting approval; review requirements for Western Institutional Review Board (WIRB).

4. **Second week of August**
Submit project protocol to Residency Program Director and Pharmacy Director. Before next meeting, incorporate any suggested changes. Submit revised copies to co-investigators, Residency Program Director, Pharmacy Director and practice site Medical Director if applicable.

5. **Fourth week of August**
   - Obtain final approval from RAC for project protocol. Verbal update on progress of WIRB paperwork. Submit copies of research application to co-investigator/s and/or reviewer/program director for final review.
   - Guidance for projects overseen by WIRB (Complete information can be found at [http://wirb.com/Pages/DownloadForms.aspx](http://wirb.com/Pages/DownloadForms.aspx)):
     - **A. Project submission to WIRB for Exemption determination:**
       - Download and complete "Request for Exemption Determination" form and submit to WIRB as instructed on form
         - Attach protocol if necessary
         - Attach Informed consent waiver if necessary
     - **J. Expedited Review Projects**
       - Submit project via: Connexus at [https://connexus.wcgclinical.com/default.aspx](https://connexus.wcgclinical.com/default.aspx)
   - **B. Do not commence research until you have the IRB exemption or approval letter and obtained all other required approvals, such as radiation safety approval, biosafety approval, and approvals of departments or divisions that require approval of the use of their resources.**
     - If there are any questions about whether you are conducting research involving human subjects, contact the IRB before commencing the study.
   - **C. Comply with all requirements and determinations of the IRB.**
   - **D. Ensure that there are adequate resources to carry out the research safely.** This includes, but is not limited to, sufficient investigator time, appropriately qualified research team members, equipment, and space.
   - **E. Ensure that research staff are qualified (e.g., including but not limited to appropriate training, education, expertise, credentials, protocol requirements and, when relevant, privileges) to perform procedures and duties assigned to them during the study.**
   - **F. Personally conduct or supervise the research.**
   - **G. Conduct the research in accordance with the relevant current protocol approved by the WIRB.**
   - **H. Protect the rights, safety, and welfare of subjects involved in the research.**
     - Submit proposed modifications to the IRB prior to their implementation. Do not make modifications to the research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects.

6. **First week of September**
Submit protocol to Western Institutional Review Board (WIRB). Present background information, hypothesis, methods/objectives, outcomes, statistics, data collection tools, timeline for completion to pharmacy clinical staff and City Wide Residents group.

7. **October**
ASHP Abstract Poster Deadline first week of October.
Obtain final approval of project protocol by the October CareOregon RAC meeting.

8. **November/December**
Prepare & Present poster at ASHP Midyear Meeting.

9. **January**
Continue data collection if appropriate.

10. **February**
Continue data collection if appropriate.
Submit project abstract/registration to the Western States Conference.
Start writing manuscript of project.

11. **March**
Poster Week at CareOregon for poster presentation preparation and discussion with RPD, research mentor, co-investigators and plan/clinic stakeholders.

12. **April/May**
Finish data collection and prepare statistical results.
Submit to RPD and preceptors a typewritten draft of project manuscript.
Present project at Northwestern States Conference or an alternate conference as determined by the resident and their RPD.

13. **June**
Resident will submit final project manuscript report, in publishable format to the Residency Program Director, Co-Investigators and Pharmacy Director.
Close out research with Western Institutional Review Board and Residency Advisory Committee. The resident will need to close out their research project and complete an annual update form at the completion of their residency. If the research project will continue after the resident leaves, the forms to remove the resident from the research project are to be submitted to the WIRB.

14. ***December -May:
Analyze study data. Submit project abstract online. Present project to the Pharmacy Department and Residency Advisory Committee two weeks prior to the Northwestern States Conference.

6. **References**
3. [https://connexus.wcgclinical.com/default.aspx](https://connexus.wcgclinical.com/default.aspx)

7. **Definitions**
- HIPAA: the Health Insurance Portability and Accountability Act or the HIPAA was endorsed by the U.S. Congress. The HIPAA Privacy Rule, also called the
Standards for Privacy of Individually Identifiable Health Information, provided the first nationally-recognizable regulations for the use/disclosure of an individual's health information.

- IRB (Institutional Review Board): is a type of committee used in research in the United States that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans.
- NIH (National Institute of Health): An agency of the United States Department of Health and Human Services, it is the primary agency of the United States government responsible for biomedical and health-related research.
1. **Purpose**

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with providing effective services and promoting professional advancement.

2. **Scope**

CareOregon Pharmacy Leadership, Pharmacists, Representatives of Contracted Entities, current and prospective PGY1 and PGY2 residents, Residency Advisory Committee (RAC), Residency Program Directors, Residency Program Coordinators.

3. **Prerequisites**

Preceptor and Resident Residency Program Orientation, Preceptor Development Training & Plan, PharmAcademic Orientation & Training, Residency Assessments as specified in the *Three Part Assessment Strategy* SOP 101 document.

4. **Responsibilities**

*Therefore, programs must comply with the following duty-hour requirements:*

**I. Personal and Professional Responsibility for Patient Safety**

A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.

B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.

D. If the program implements any type of on-call program, there must be a written description that includes:

   1. Level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period; and,
   2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

**II. Maximum Hours of Work per Week and Duty-Free Times**

A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
   a. The type and number of moonlighting hours allowed by the program.
   b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
   c. A mechanism for evaluating residents’ overall performance or residents’ judgment while on scheduled duty periods and affect their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
   d. A plan for what to do if residents’ participation in moonlighting affects their judgment while on scheduled duty hours.

C. Mandatory time free of duty: 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.

D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

E. If a program has a 24-hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

**III. Maximum Duty-Period Length**

A. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

B. In-House Call Programs

1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process to oversee these programs to ensure patients’ safety and residents’ well-being, and to provide a supportive, educational environment. The well-documented, structured process must include at a minimum:
   a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
   b. A plan for monitoring and resolving issues that may arise with residents’ performance due to sleep deprivation or fatigue to ensure patient care and learning are not affected negatively.

C. At-Home or other Call Programs

1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Residency Program directors must have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.
3. Program directors must define the level of supervision provided to residents during at-home or other call.
4. At-home or other call hours are not included in the 80 (clinic/plan) hours a week duty-hour calculation, unless the resident is called into the clinic/plan.
5. 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.
6. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

D. Moonlighting
1. Moonlighting outside of CareOregon is strongly discouraged. However, if the resident chooses to moonlight outside of CareOregon, all activity must be disclosed via the CareOregon Outside Employment (Policy No. 407) and Conflict of Interest (Policy No. 408) disclosure process(es). The extra hours worked must not interfere with residency related activities.
2. ALL work hours must not exceed the 80-hour limit set forth by ACGME. The resident must notify the RPD of all overtime/moonlighting shifts for approval prior to scheduling the shift.
3. Should the resident participate in moonlighting activities, such activities may not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
4. The resident is allowed to moonlight up to a maximum of 10 hours per week. Moonlighting is prohibited during resident duty hours.

5. Procedure

Duty Hours Tracking & Reporting (Appendix C)
1. Residents are responsible for tracking and reporting their Duty Hours on no less than a monthly basis.
2. Duty Hours should be sent electronically to the Residency Program Director on a quarterly basis to be discussed at the quarterly development planning meeting(Appendix C).
3. Residents will maintain their Microsoft Outlook calendars to the best of their abilities to ensure the accurateness of their work on a continuous basis through the residency year.
4. Residents are strongly encouraged to openly discuss any concerns or questions regarding duty hours with their Residency Program Director as well as the lead preceptor of their current learning experience(s).
5. Residents who do not maintain and/or report Duty Hours as required in Residency P&P are subject to possible corrective action planning and with repeated offense possible termination from CareOregon Residency Programs.
6. Residents who choose to willfully neglect Duty Hours P&P are subject to possible disciplinary action and possible termination from CareOregon Residency Programs.

Moonlighting Procedures & Reporting (Appendices A & B)
1. Resident must notify Residency Program Director and the lead preceptor of the current learning experience(s) in advance for any moonlighting activities.

2. Approval for moonlighting by the RPD or designee must be documented in the resident’s binder by completing the Moonlighting Approval Form (Appendix A).

3. The resident must log all moonlighting hours as they occur on the Moonlighting Hours Log (Appendix B).

4. Each week in which a resident moonlights, the lead preceptor of the current learning experience must assess if such activity has impacted the resident’s ability to achieve the educational goals and objectives of the residency program and to provide safe patient care. The rotation preceptor should sign off on the Moonlighting Hours Log (Appendix B) to indicate they have evaluated the resident’s performance. On quarterly evaluations, the RPD or designee will discuss and evaluate the amount of moonlight hours the resident has worked if applicable.

5. Should residents engage in unauthorized moonlighting activities or are noncompliant with the policy, disciplinary action will be taken. Specific disciplinary action will be determined by the RPD.

6. References
Duty Hours Tracking P&P Spreadsheet (ShareFile & DMS)
CareOregon HR Manual
Performance/Graduation Requirements 103
Licensure & Credentialing 105
Duty Hours 112
Staffing 113

7. Definitions
Moonlighting: voluntary, compensated, pharmacy-related work performed outside the organization or within the organization, or any of its related participating sites where the resident is training. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

Duty hours: all scheduled clinical and academic activities related to the residency program. This includes inpatient and outpatient care, administrative duties, conferences, and committee meetings that are required to meet the goals and objectives of the residency program. Duty hours do not include: reading, studying, academic preparation time for presentations and journal clubs, travel time to and from conferences, and hours not scheduled by the residency program director or preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation. Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.
APPENDIX A
Moonlighting Approval Form

Name:______________________________________________________________

Outside Employer: __________________________________________________

Address: __________________________________________________________

______________________________________________________________

Manager: __________________________________________________________

Phone Number: _____________________________________________________

I understand that my primary responsibility is to the CareOregon Pharmacy Residency Program and that outside employment should not interfere with this responsibility. I understand that I must inform my rotation preceptor of any hours I work in addition to my residency duty hours. Should the Residency Program Director or designee deem that moonlighting interferes with my responsibilities, they may take disciplinary action.

Resident Signature ____________________________ Date ______________

RPD Signature ____________________________ Date ______________
APPENDIX B
Moonlighting Hours Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours during Moonlighting Shift</th>
<th>Total Moonlighting Hours/Week</th>
<th>Total Hours/Week (including duty hours)</th>
<th>Current Rotation</th>
<th>Preceptor signature*</th>
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* By signing, the preceptor acknowledges that he/she has reviewed the resident’s performance and agrees that the resident’s moonlighting activities have not impacted their rotation performance and delivery of safe patient care. Review should occur after moonlighting activities have occurred and should be conducted every time the resident moonlights.
POLICY

1. Staffing responsibilities are a required component of the residency program.
2. Specific staffing duties are delegated by the Residency Program Director and may include:
   a. Prior authorizations
   b. P&T committee work
   c. Other staffing as defined by Residency Program Director
3. Staffing will occur once the resident is deemed proficient to perform the specific staffing duties.
4. The residents will not replace regular CareOregon staff members who regularly perform the same staffing duties.
5. PGY-1 Residents will follow the PIC SOPs and PA processing guides.
6. PGY-2 Residents will follow any other SOPs, processing or training guides as deemed appropriate for activity.
7. Staffing will not exceed 8 hours in one week and may be split among the various staffing duties assigned.
8. Residents are not allowed to work on other projects or rotation tasks during the staffing day.
9. Meetings on staffing days are limited to 1 hour and a 1 hour lunch break.

PROCEDURE

1. On the assigned staffing day, PGY-1 residents are required to call into the PIC-RPh Huddle the morning of their assigned PIC shift.
2. Residents will announce any meetings at the Pharmacist Huddle and their plan for coverage of the assigned staffing duties.
3. PGY-2 will report to their Lead Preceptor as assigned at the beginning of their staffing activities.
4. All residents will track hours spent in staffing responsibilities as directed in Residency SOP for Duty Hours PH-144-R01-112.
Policy & Procedure  
Elective Rotations

1. **Purpose**  
CareOregon Pharmacy Residency Programs are designed with a minimum of two elective learning experiences. Elective learning experiences require approval by the Residency Program Director in coordination with the lead preceptor of the elective learning experience as well as the resident. The purpose of elective learning experiences are to allow pharmacy residents to broaden their pharmacy experience in areas that are not covered at all or in less depth in the course of routine practice CareOregon and/or their clinic site(s).

2. **Scope**  
All CareOregon PGY-1 and PGY-2 Pharmacy Residents, Residency Program Faculty and Pharmacy Leadership.

3. **Prerequisites**  
Preceptor and Resident Residency Program Orientation, Preceptor Development Training & Plan, PharmAcademic Orientation & Training, Residency Assessments as specified in sections 4 & 5 of the Three-Part Assessment Strategy SOP document.

4. **Responsibilities**  
Pharmacy residents may progress to elective learning experiences once all goals and objectives as specified by the specific residency program are achieved for the residency year and the resident is on track for graduation as determined by their Residency Program Director. The number of available elective learning experiences precludes residents being able to take all of them or even to take specific ones due to logistical factors such as preceptor time, one time offering, and enrollment limitations that permit the quality of course design and instruction intended for an elective learning experience.

Preceptors as deemed appropriate by the Residency Program Director and Pharmacy Director must make elective learning experiences available to pharmacy residents after achieving all required goals and objectives required for successful completion of the residency program. A limiting factor on this mandate is the demand by pharmacy residents for specific elective learning experiences. If the demand is not sufficient as defined by the lead preceptor of the learning experience, the elective learning experience may not be offered during a given residency cycle.

In addition to the above limitation, the resources to offer an elective learning experience can also be dependent on the availability of preceptor facilitators at the site, which is correlated with the demand for an elective learning experience. If an elective has adequate demand, the Residency Program Director will then recruit the preceptor(s) required to facilitate and/or teach the elective learning experience. If the demand for this experience wanes due to many drops from Resident Development Plans, then the elective learning experience may be discontinued. This outcome is not desired because it results in a waste of time, energy, and financial resources by residency leadership and program preceptors.

5. **Procedure**  
To better control access to and management of elective learning experiences the following procedures will be followed:
1. Resident Development plans will address exploration of potential areas of interest during the first quarter of the residency cycle; Residents must list a minimum of three elective learning experiences for exploration, development and planning.

2. Residency Program Directors will approve all proposed elective learning experiences by the second quarter of the residency cycle (October).

3. Program preceptors will provide available learning experience descriptions by the second quarter of the residency cycle (December).

4. Residents will meet with their RPD to discuss elective learning experiences in relation to their Resident Development Plans no later than mid-point of their residency cycle (December- After Midyear).

5. Residents cannot change electives after the second quarter of the residency cycle (January). After that point in time their elective learning experience options will be limited due preceptor availability and department resources.

6. Specific deadlines for selecting residency elective learning experiences will be posted on DMS and any pertinent VMBs. Residents will be notified by email about these deadlines as deemed as appropriate by the Residency Program Director(s).

6. References

Residency Graduation Requirements 103
Personal Leave of Absence and Program Requirements 106
Academic Integrity & Grievance 107