

PGY-1 PHARMACY RESIDENCY

Providence Alaska Medical Center

PGY-1 Match Number: 135413

Program Description and Requirements



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Providence Health System

Providence Alaska Medical Center (PAMC) in Anchorage consists of 394 acute care beds and is part of an integrated health system including Providence Kodiak, Valdez and Seward Medical Centers, Providence Extended Care and Mary Conrad Center (310 long-term care beds), Family Practice Clinic, assisted living and drug abuse rehabilitation facilities. In addition, PAMC operates an Outpatient Infusion Center and an outpatient pharmacy. The Health System supports a Family Practice Physician Residency program and provides training sites for the University of Alaska at Anchorage Nursing Program. Major service lines include Cardiovascular/Critical Care, Medicine/Oncology, Surgery/Rehab/Neuro, Behavioral Health and the Children's Hospital. Pharmacy services are supported by an electronic medical record with physician order entry and bedside barcoding. Formulary, clinical and operational systems and services are integrated with the other Providence Health and Services ministries.

PAMC Pharmaceutical Care Services Department

The Pharmaceutical Care Services Department employs over 70 FTEs of pharmacists, technicians and support personnel with 24 hour per day services including:

- Centralized unit dose distribution, Order Verification and Centralized IV Admixture program
- Decentralized Clinical Services including an Antimicrobial Stewardship Program
- ICU Satellite
- IV Infusion and Cancer Therapy Center
- Antimicrobial Stewardship

The department is committed to providing and expanding pharmacy's role in the delivery of quality pharmaceutical care. This includes:

Routine Focused Medication Use Review - Routine order screening and medication use trouble shooting, patient profile review, dosing and monitoring of aminoglycosides, vancomycin, warfarin, parenteral nutrition, drugs in renal impairment, and other target drugs: antibiotic use review, adverse drug reaction monitoring, therapeutic exchange program, medication reconciliation.

Interdisciplinary Rounds - Family Practice, Hospitalist, Critical Care, Coronary Care, Pediatrics, Pediatric Intensive Care, Neonatal Intensive Care, Oncology, Tumor Board

Patient Education - Warfarin, Chemotherapy, Cardiac and Pulmonary Rehabilitation, Consults, Precept student discharge counseling

Consults - Vancomycin, Aminoglycoside, Anticonvulsants, Parenteral Nutrition, Warfarin inpatient management, Pain, Drug Information, etc.

Medication Use Quality Improvement Activities - Medication Use Guidelines and Policy Development, Drug Use Evaluation and Benchmarking, Newsletters, Core Measures and National Patient Safety Goal Initiatives, Providence Health and Services Quality Initiatives

Drug Formulary Management - Pharmacy and Therapeutics Committee monograph development and presentations

Code 99 Attendance

Investigational Drug Program in Oncology

Staff Education - Staff Meetings, Weekly Clinical Meetings, Invited Speakers, Nursing Inservices, Competency Program

Teaching Opportunities: Pharmacists, Pharmacy Interns, Medical Residents, Nurses, Public, Pharmacy Association Presentations

Residency Program Mission

The PGY 1 Pharmacy Residency Program builds on the Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for post graduate year two (PGY 2) pharmacy residency training.



Providence Health & Services is an equal opportunity employer.

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Program Goals and Objectives

The Providence Alaska Medical Center Residency Goals are as follows:

- Provide Pharmaceutical care in multiple environments
- Work independently in all areas assigned.
- Integrate all aspects of Pharmacy Practice.
- Supervise/coordinate work.
- Educate others well.
- Research, analyze and present information in an organized manner.
- Possess Maturity in the professional role and represent the profession, department and hospital positively.

The resident will demonstrate competencies in four core areas:

- Direct Patient Care
- Advancing Practice and Improving Patient Care
- Leadership and Management
- Teaching, Education, and Dissemination of Knowledge

Successful completion of the residency program involves meeting the Residency Program Goals and Objectives as defined by ASHP for PGY1 residencies and identified at the beginning of the residency year. An assessment of the resident's knowledge, skills, experiences and interests will be performed prior to the beginning of the residency year. Learning experiences will be individualized based on their skills and interests.

Resident Evaluation

Two-way verbal exchange regarding progress will occur regularly, at minimum weekly, during rotations. Formative evaluation will occur during experiences and summative at the end of each learning experience. Residents will self-evaluate throughout the residency and their self-evaluation skills will be assessed. Residents will evaluate preceptors formally at the end of each learning experience.

Project

The resident is required to complete a major project during the twelve month program. The project shall be on some aspect of pharmacy practice. The project may involve:

- Program development
- Interdisciplinary Medication Use Quality Improvement Project
- Original clinical or administrative research

or another aspect of pharmacy practice approved by the Residency Program Director. The project will be presented at the ASHP Clinical Midyear Meeting and the Western States Residency Conference held each spring and must be submitted in written manuscript form prior to the completion of the residency year. In addition, the resident is encouraged to present their projects at the Alaska Pharmacists Association Annual Meeting

Residency Learning Experiences (Rotations)

Learning Experiences are subject to change from year to year depending on preceptor and resident suggestions, and department and organizational needs (services provided by Pharmacy).

The following are learning experiences among those offered in the PAMC Residency. Descriptions of each experience and the corresponding preceptors can be found in the Appendix.

Required Rotations

- Internal Medicine Hospitalist
- Family Practice Medicine Inpatient
- Progressive Care (renal, cardiovascular and intermediate care emphases)
- Critical Care
- Pediatrics
- Infectious Disease



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Elective Rotations

- Oncology – Inpatient or Pediatric
- Adult Outpatient Infusion Center
- Neonatology
- Surgery
- Pharmacy Operational or Clinical Management
- Adult and Pediatric Outpatient Infusion Centers

Longitudinal

- Advancing Practice and Improving Patient Care
- Leadership and Management
- Teaching, Education, and Dissemination of Knowledge
- Staffing

Residency Hours

A minimum of 2000 hours (1 year), are required for completion of the residency program. The expectation of the residency program is that the residents will put in the time and effort necessary to effectively complete the program objectives. More than a 40-hour workweek is required to obtain the maximum benefits of the program and accomplish all goals. The preceptors are responsible for ensuring that the residents understand the time requirements for each learning experience. Staffing responsibilities should not detract from the residents learning experience. The resident positions are considered “exempt” (salaried) positions by PAMC and not paid per hour. Presentation of the Residency Certificate is contingent upon completion of all program objectives.

Staffing Responsibilities

In order for the resident to adequately gain the understanding and confidence necessary to provide pharmaceutical care, it is necessary that the resident spend some time performing pharmacist staffing. This takes the form of staffing in non-clinical and clinical areas on weekends, unit dose or critical care satellite evenings, and in various clinical service areas (each for a week at a time). As part of this requirement, the resident staffs the final week of the medicine, critical care and pediatrics rotations. As stated above, the staffing responsibilities are not to detract from the residents’ learning experiences.

Licensure

The resident must become licensed as a pharmacist in the state of Alaska by August 31 of the residency year. The Board requires 1500 intern hours for licensure, 500 non-academic. Questions regarding licensing should be directed to the Alaska Board of Pharmacy by calling (907-465-2534). Application materials may be found at www.dced.state.ak.us/occ. **An Alaska intern license is required by the first day of orientation (this means the process must be started early after receiving your acceptance letter) if you do not already have an AK pharmacist license by then. You may not start without it. Delays sometimes occur in the process for the intern license and the pharmacist license, so start ASAP!**

Dismissal from the Residency Program

Dismissal from the residency program can occur as a result of gross misconduct as defined by PAMC’s Employee Disciplinary Action Policy, two successive unsatisfactory learning experience evaluations, lack of competency to fulfill staffing obligations, greater than five goals with unsatisfactory learning by the end of the residency, or lack of completion of program requirements. Failure to obtain an Alaska Intern License by the first day of orientation or an Alaska Pharmacist License by August 31 may result in dismissal from the residency at the discretion of the Residency Program Director, the Pharmacy Department Director and the Residency Advisory Council.

Competency Programs

Completion of several basic competency programs and self-instructional modules is required prior to completion of orientation. The programs include:

- Aminoglycoside and Vancomycin Pharmacokinetics
- Warfarin Management – Monitoring, documenting and reversal agents
- Parenteral Nutrition Management
- Pharmacy and Therapeutics Committee approved clinical services
- Computer System
- Aseptic Technique and Hazardous Materials Handling
- Basic Life Support
- Code Blue Adult and Peds
- Policy Review
- Staffing Unit Dose and IV areas



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Miscellaneous Requirements

The following are additional requirements of the residency program:

- Completion of a Medication Use Evaluation (DUE)
- Participation in the Pharmacy and Therapeutics Committee
- Preparation of a drug class review, monograph, treatment guideline or protocol
- Identification of opportunities and changes needed for improvement of patient care and/or the medication use system
- Planning, implementation and assessment of the impact of changes to improve patient care and/or the medication use system
- Development and presentation of a final project report
- Participation in additional miscellaneous projects involving safety, clinical practice quality, core topic presentations, formal case presentation, drug information reviews, journal club
- Participation in medication event reporting and monitoring
- Student preceptorship
- Pulmonary and Cardiac Rehab Teaching
- Pharmacy staff and interdisciplinary education
- Leadership and management skill development

Health Screening

Health screening, including a urine drug screen, is required by the Human Resources department prior to the beginning of the residency program. This is arranged through Human Resources prior to starting the position. **Providence does not hire nicotine (any source including nicotine replacement/cessation products) users.**

Employee Benefits

The Pharmacy Residents qualify for employee benefits consistent with staff level positions at PAMC. Vacation: 10 working days. Work one major holiday and 2 minor. Paid leave is available for interviews and ASHP Mid-Year and Western States Residency Conference meeting attendance. There is a moving allowance. Residents may work as staff pharmacists for pharmacist wages outside of residency requirements, once licensed as a pharmacist, competent in all pharmacist duties, and meeting other residency requirements, as long as this does not detract from the residency experience - **The department must have a need to fill a budgeted position.**

Hospital Orientation

Residents are required to attend hospital and service area orientation.

Dress Code

Residents are expected to dress professionally. Name tags identifying you as a Pharmacy Practice Resident should be worn at all times. White coats are not necessary depending on the site of the learning experience.

Business Cards

Business cards for residents may be ordered by contacting the Administrative Assistant of the Pharmacy.

Voicemail, E-mail, Internet Access

A voice mailbox, e-mail, internet and remote access will be established for each resident. Contact the department manager to set-up the processes. Rules regarding confidentiality and PAMC business only uses must be followed. Residents have remote access to the computer system.

Photo ID

A photo ID is required of all PAMC employees. Photographs are taken at hospital orientation.



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Residency Learning Experience Descriptions

The following include required (R) and elective (E) rotations. These are subject to change from year to year dependent on needs of the organization.

Centralized and Decentralized Pharmacist Staffing (R)

Central Preceptors: Adam Baxter, Pharm.D. Mike Wollan, Pharm.D., Jana Church, Pharm.D.; **Decentralized preceptors vary**

The longitudinal rotation encompasses Decentralized Clinical, Central Pharmacy and IV Admixture services. The rotation includes the resident's initial orientation to support learning to provide comprehensive pharmacy services from a central pharmacy setting. The resident will orient in the IV admixture area, spend one week in the order verification area and several weekends shadowing clinical pharmacists. Additional time is spent throughout the year providing services independently on the Patient Care Units, in the Central Pharmacy and in the Adult Critical Care Satellite Pharmacy.

Internal Medicine (R)

Preceptors: Emily Thomas, Pharm.D., BCPS, Katie Kijima, Pharm.D.

The pharmacy resident rounds with the Hospitalists and Inpatient Family Practice teams. The resident is responsible for developing and monitoring pharmaceutical care plans for the patients on their team, medication reconciliation, other transition of care services, patient education, etc.

Pediatrics (R)

Preceptors: Connie Reyes, Pharm.D., Tim Boehmer, B.S. Pharm.

Pediatrics is a rotation in the Pediatric and Pediatric Intensive Care areas, serving patients from 1 week of age through adolescence.

Critical Care (R)

Preceptors: Roberto Iaderosa, Pharm.D., BCPS & Cindy Bueler, R.Ph.

Critical Care consists of a rotation with the decentralized pharmacists covering the Intensive Care Unit. Rounding occurs daily with the various disciplines covering the critical care unit. The resident will respond to Codes during the rotation. Completion of ACLS is strongly encouraged as part of this rotation.

Leadership, Management and Improving Practice (R)

Preceptors: Elaine Reale, Pharm.D. & Management Team

This will be provided as a longitudinal experience. Objectives will be completed through weekly staff and clinical meetings, assignment of resident projects, participation in interdisciplinary activities, P&T activities, and group sessions throughout the year with the pharmacy management team.

Drug Information (R)

Preceptors: Elaine Reale, Pharm.D. & Rotation Preceptors

Experience in provision of drug information will occur longitudinally. Objectives will be completed through core topic discussions, journal club, group meetings and drug information assignments. In addition, drug information is incorporated as part of the requirements of most rotations and through the assignment of projects.

Infectious Disease (R)

Preceptor: Ryan Stevens, Pharm.D. BCPS, Dr. Ben Westley

A rotation rounding with the antimicrobial stewardship pharmacist and an infectious disease physician. Review of drug therapy, recommendations to physicians, and pharmacokinetic and drug information consultations are components of this rotation.

Progressive Care with Renal, Cardiac and Intermediate Care Emphases (R)

Preceptor: Leah Twohy, Pharm.D., Dyan Fleming, Pharm.D., BCPS

A rotation on the Progressive Care Unit with renal, cardiovascular and intermediate care emphases. The resident will be responsible for developing pharmaceutical care plans for cardiology and renal patients on their service.

Oncology (E)

Preceptor: Teresa Slagle, Pharm.D., BCOP

An elective rotation during which the resident is responsible for providing comprehensive pharmacy services to inpatients on the inpatient or outpatient oncology unit.



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Infusion Center (E)

Preceptor: Elizabeth Jackson, Pharm.D. BCOP

The Infusion Center Rotation consists of an elective rotation providing comprehensive pharmacy services to outpatients receiving chemotherapy or other infusions.

Neonatology (E)

Preceptor: Timothy Boehmer, Pharm.D.

Neonatology consists of an elective rotation in the Neonatal Intensive Care area providing services to patients in the neonatal unit and OB unit. Interdisciplinary rounds will be attended in NICU.

Surgery Orientation (E)

Preceptor: Katie Kijima, Pharm.D.

Surgery orientation prepares the resident for clinical service provision on weekends in the areas of orthopedics and general surgery.

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