



# PGY1 Community-based Pharmacy Residency Program Manual & Policies 2018-2019

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In collaboration with:

Salud Medical Center,  
Community Health Centers of Benton and Linn Counties &  
Oregon State University Student Health Services



Oregon State University College of Pharmacy  
PGY1 Community-based Pharmacy Residency Program

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## **CHAPTER 1: OVERVIEW**

### RESIDENCY PURPOSE

#### Program Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

#### Program Description

The PGY1 Community-based Pharmacy Residency Program at Oregon State University College of Pharmacy (OSU COP) in collaboration with, OSU Student Health Services (SHS), Salud Medical Center (SMC) and the Community Health Clinics of Benton and Linn Counties (CHC) will focus on developing pharmacists as leaders within the profession with an emphasis on the role of pharmacy in community health centers.

The intent of the program is to prepare independent pharmacy practitioners to practice in a rapidly changing healthcare environment. This program offers the opportunity for a pharmacist to:

- Provide direct patient care in ambulatory settings, participate in team based health care, and provide clinical pharmacy services in a patient-centered primary care home;
- Serve as an educator of patients and health care providers, as well as instruct and precept pharmacy students in various settings;
- Gain the skills and experience needed to operate and manage a community pharmacy;
- Facilitate interrelationships between, and within, the healthcare systems in our community to deliver high quality, culturally appropriate care and to improve patient transitions between care settings.

Mission Statements of Partnering Organizations



*Student Health Services provides leadership for health on campus and contributes to the success of students and the university community.*

*To accomplish our mission, we:*

- Provide excellent medical and health promotion services*
- Create a safe environment for all individuals*
- Honor diversity and practice civility*
- Meet community and individuals needs in an ever-changing environment*



*At Salud- Together we are dedicated to lead, with the courage to care, the determination to promote personal growth, and the compassion to champion the cause of those who have no voice*



*Community Health Centers of Benton and Linn Counties provide a medical home that promotes and supports health and wellness.*

*We accomplish this by;*

- Bringing together medical, dental, mental health, and addiction services*
- Offering care that is inclusive and available to anyone regardless of insurance status, economic status, language, age or health status*
- Providing services at clinic locations in Benton and Linn Counties*
- Working together with patients/consumers/clients to have them involved in decisions and actions to improve their health*
- Coordinating community partnerships to provide a broader range of services than can be offered by the health center alone*
- Intentionally committing to being a leader in changing health care delivery by modeling an integrated health home that provides access to quality care*

## DESCRIPTION OF RESIDENCY PROGRAM

The OSU COP Community-based Residency Program (CBRP) is a multi-site residency program. Each resident will be assigned to a primary practice site at either OSU Student Health Services in Corvallis, OR, Salud Medical Center in Woodburn, OR, or the Community Health Centers of Benton and Linn Counties located in Corvallis, Lebanon, Monroe, Alesea and Sweet Home, Oregon.

### Details of OSU Student Health Services and Pharmacy Services Provided

The resident assigned to this location will spend ~50% of their time at the OSU Student Health Services Clinic which provides comprehensive health and wellness services to the students of OSU with over 40,000 office visits per year. SHS employs a range of medical providers: 15 physicians and advanced care practitioners, two psychiatrists, 20 nurses and eight medical assistants, as well as a full-service laboratory and X-ray. The clinic offers specialized consultations in women's medicine, endocrinology, sports medicine and dermatology. SHS staff specializes in occupational medicine, travel medicine, allergies and asthma, eating disorders, and staff organizes various specialty clinics around campus. SHS @ Dixon offers physical therapy, sports medicine, massage, acupuncture, chiropractic, nutrition and health coaching services. The Health Promotion department provides health and wellness services to students, including sexual health, nutrition and tobacco cessation. Specialized staff and graduate students oversee comprehensive efforts related to alcohol and other drug abuse and violence prevention

Our pharmacy has complete access to the electronic medical record (Point and Click) and provides clinical services to our patients. Our services include Tb direct observation therapy, oral contraceptive consultation and follow-up, and travel consultation. The pharmacy resident will be involved in all aspects of the clinical pharmacy programs.

The resident will also participate in pharmacy management and clinic leadership by attending SHS meetings that the require attendance by the Director of Pharmacy or PIC.

### Details of Salud Medical Center and Pharmacy Services Provided

Salud Medical Center prides itself on making a difference for families living in Oregon's mid-Willamette Valley. Salud Medical Center is a Federally Qualified Health Center(FQHC) that is part of Yakima Valley Farm Workers Clinic. Our health care team is committed to providing quality health services and has received a Patient Centered Health Home certification.

With an on-site pharmacy, medical laboratory, as well as dental, and WIC nutrition services, makes healthcare as convenient as possible. The clinic is staffed with 12 medical providers, 2 dentists, and 2 pharmacists. The pharmacy at Salud provides patients with 340(B) prices making the cost of prescriptions affordable for our ambulatory care patients at that use our clinic. We also provide pharmacy services for our Pacific Pediatric Clinic that is close to the clinic. The pharmacy fills over 40,000 prescriptions per year

Our pharmacy has complete access to the electronic medical record (Epic) and provides clinical services to our patients. Our services include medication synchronization, medication refill collaborative practice, therapeutic interchange collaborative practice, medication reconciliation, medication therapy management, anticoagulation services, and diabetes management. The pharmacy resident will be involved in all aspects of the clinical pharmacy programs.

The resident will also participate in pharmacy management leadership by attending Yakima Valley Farm Workers Clinic and Salud Medical Center meetings that the require attendance by the pharmacy manager.

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*Details of the Community Health Centers of Benton and Linn Counties and Pharmacy Services Provided*

The Community Health Centers of Benton and Linn (CHCBL) Counties provide patient-centered primary medical care that focuses on the whole person. CHCBL are Federally Qualified Health HealthCare Clinics (FQHC). CHCBL's team of doctors, nurses, behavioral specialists and others work together and are devoted to patient care. The Community Health Centers of Benton and Linn Counties serve over 9,200 patients in 6 clinics. Four of our locations are accredited as a patient-centered care home at the highest level.

The pharmacy at Benton provides patients with 340(B) prices making the cost of prescriptions affordable to the most vulnerable patients in our community. In addition to the pharmacy, pharmacists provide clinical services that include but are not limited to diabetes, hypertension, anticoagulation and pain management. The pharmacy resident will be involved in all aspects of the clinical pharmacy programs.

*Details of Oregon State University College of Pharmacy*

Oregon State University's College of Pharmacy is passionate about helping individuals and communities stay healthy. For more than 100 years, the College has prepared world-class pharmacists to serve Oregon and beyond, educating patients to make sure they receive the best possible medical care. Cutting edge research at Oregon State and Oregon Health & Science University addresses some of the world's most critical health challenges. Through the four-year didactic curriculum leading to the PharmD degree, Oregon State is training tomorrow's pharmacists to be collaborative, innovative and passionate about advancing patient care and continuing ground breaking research throughout the industry.

*Resident's Role at the College and Teaching Opportunities*

The resident will participate in the longitudinal Citywide Residency Conference and will complete the Oregon Pharmacy Teaching Certificate Program that is jointly offered by the two schools of pharmacy in the state. Completion of the teaching certificate may include a focused learning experience with a faculty member at Oregon State University College of Pharmacy. Residents will facilitate student learning in the Pharmacy Practice course through small groups and lecture opportunities. Additional /alternative teaching opportunities may be available upon agreement with the preceptor.

The resident will also be involved with IPPE and APPE students from Oregon State University College of Pharmacy initially as a co-preceptor and then as a primary preceptor if they meet the state legal requirements to precept. They will gain precepting experience as a supervising pharmacist of any learners rotating through their work sites. Precepting skills are a focus of the teaching certificate program. Didactic coursework to assist residents in providing formative and summative feedback and in the design of learning experiences will be completed during the residency year.

## **CHAPTER 2: RESIDENT INFORMATION**

### ORIENTATION

Residency orientation to the program will occur during the first 2 weeks of the program. The resident will spend time with the Residency Program Director discussing expectations for the residency year and the proposed calendar.

Orientations for each rotation and each site will occur during the month of July. Each orientation will vary between 1 and 3 weeks depending on the location. This time is dedicated to understanding the processes of each practice site including the computer programs, workflow, and responsibilities.

The resident will be responsible for completing the Oregon State University New Employee Orientation, and other required orientations for the OSU Student Health Center, Salud Medical Center and the Community Health Clinics of Benton and Linn Counties.

### **Items to Bring on Day 1**

- Completed ASHP Entering Interests Form and Entering Goal-Based Self-Evaluation (please complete in PharmAcademic two weeks prior to the 1<sup>st</sup> day)
- NPI Number
  - <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>
    - Make sure you pick type 1- individual, not type-2 organization.
    - Enter address for your home site and select student as provider type
- Laptop/Tablet- whatever you plan to use to access your OSU email/shared drives, etc so IT can set this up for you.
- Notebook/Planner- or whatever you plan to use to write down assignments & take notes
- Passport or Drivers license
- Oregon Intern or Pharmacist License
- Current Healthcare Provider CPR and BLS card
- Immunization Certificate and Hep B documentation
- Pharmacy School Diploma
- Documentation of completion of pre-orientation assignments
- Emergency contact (address, phone, etc)
- Google voice number (if you wish- see below)
  - I suggest for you to request/apply for a google voice phone number. It can take a week for it to be assigned (depending on your area code). You can set it up so when someone calls the google voice number it calls your regular cell phone without the caller knowing your actual cell number. It is great to have this service if you need to give out your number to people that you do not really want to have your personal phone number (ie. Patients) so that they reach you regardless of your practice site for the day.  
<https://support.google.com/voice/answer/115061?hl=en>

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**Orientation Requirements**

**Oregon State University**

- Residency
  - Overview of key residency documents and schedule
  - Review pre-assessment forms and initial resident development plan with Residency Program Director
- Organization
  - New Hire Orientation/Training (1-2 days)
  - Complete OSU PGY1 Community Pharmacy Residency (Clinical Fellow) Orientation Checklist
    - Mandatory OSU Employee Training (2 hours)- IT, Ethics, Mandatory Reporter, FMLA/OFLA
    - FERPA training (1 hour)
    - Safety Instructions and Emergency Preparation Trainings listed on form (5 hours)
    - Safety Training listed on Identification Worksheet (1 hour)
    - CITI- IRB training (4 hours)
    - FWA (1 hour)
    - ALERT- IIS (30 min)
- Curriculum
  - Discuss teaching interests
  - Canvas or other software used to interface with classroom assignments.

**OSU Student Health Services**

- Residency
  - Overview of key residency documents and schedule
  - Review pre-assessment forms and initial resident development plan with primary preceptor
- Organization
  - Complete OSU SHS Pharmacy Orientation Checklist
- Clinic
  - Tour and introduction
  - Orientation to computer systems, access codes, and clinical pharmacy services manual
- Pharmacy
  - Tour and introduction
  - Orientation to computer systems, access codes and helpful handbook
  - Post copy of license
  - Add information to board of pharmacy self-inspection form

**Salud Medical Center**

- Residency
  - Overview of key residency documents and schedule
  - Review pre-assessment forms and initial resident development plan with primary preceptor
- Organization
  - Orientation to computer systems and access codes
- Clinic
  - Provider orientation with clinic staff
  - Orientation to computer systems, access codes and clinical pharmacy services which will include completing competencies and trainings on various disease states and MTM platforms.

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- Time sheet requirements
- Pharmacy
  - Tour and introductions
  - Orientation to computer systems and access codes
  - Post copy of license
  - Add information to board of pharmacy self-inspection form

Community Health Centers of Benton and Linn Counties

- Residency
  - Overview of key residency documents and schedule
  - Review pre-assessment forms and initial resident development plan with primary preceptor
- Organization
  - Tour of facilities and introduction
  - New employee paperwork
- Clinic
  - Provider orientation with clinic staff
  - Orientation to computer systems, access codes and clinical pharmacy services
- Pharmacy
  - Orientation to QS1, GSL and Epic
  - Other orientation activities as assigned
  - Post copy of license
  - Add information to board of pharmacy self-inspection form

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**Locations and Maps of Practice Sites**

*Oregon State University College of Pharmacy*

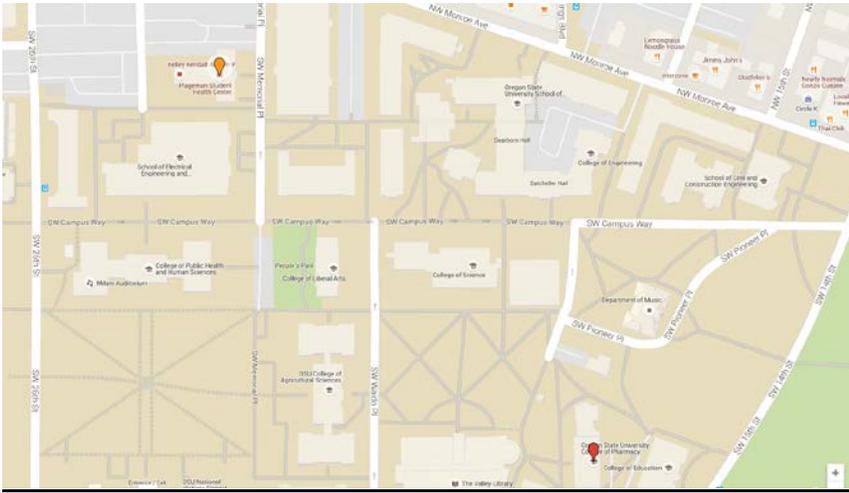
Pharmacy Building, 1601 SW Jefferson Way, Corvallis, OR 97331

*OSU Student Health Services Pharmacy*

Physical Address= 109 Plageman Bldg, Corvallis, OR 97331

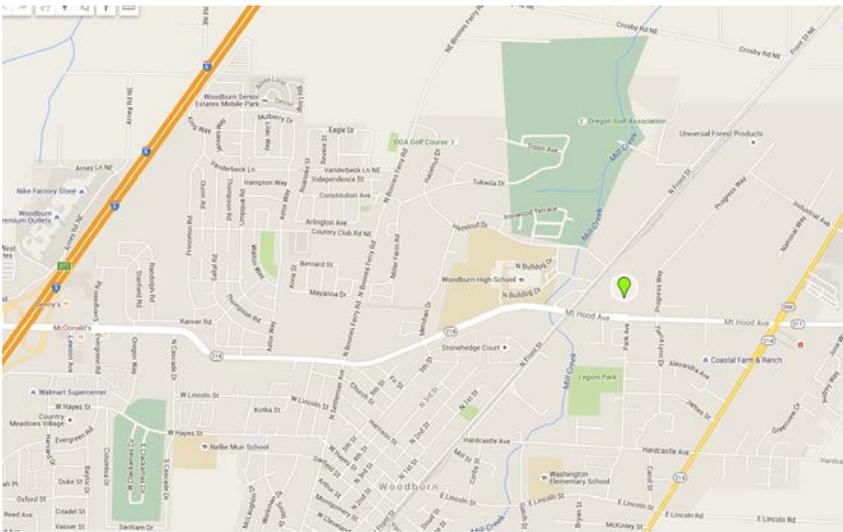
Mailing address= 108 SW Memorial Place, Suite 108, Corvallis, OR 97331

Interactive Campus Map= <http://oregonstate.edu/campusmap/>



*Salud Medical Center*

1175 Mt Hood Ave, Woodburn, OR 97071

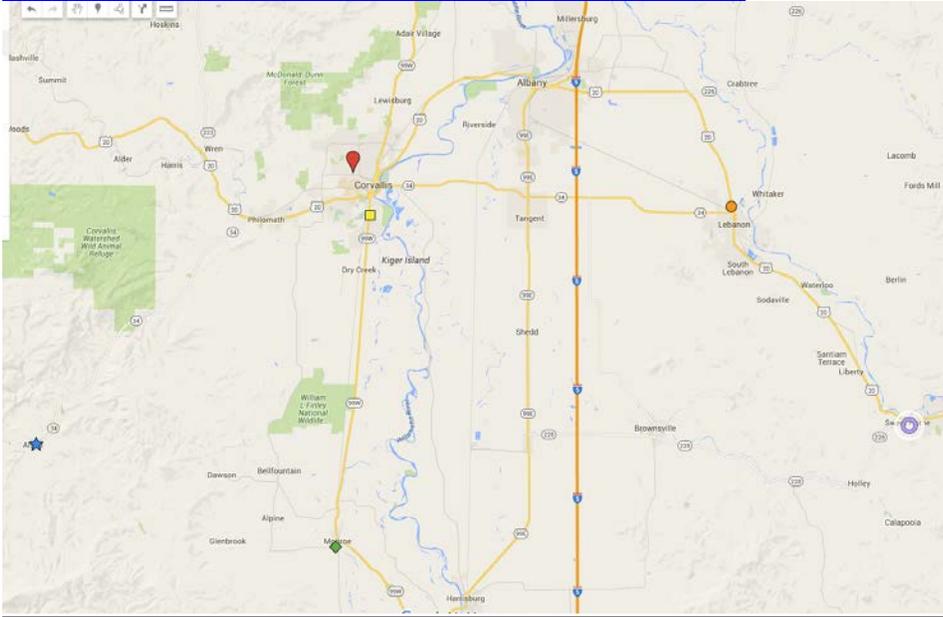


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*Community Health Centers of Benton and Linn Counties*

Addresses of individual clinic sites can be found at:

<http://bentonlinnhealthcenters.org/find-your-clinicprovider/>



## POSITION RESPONSIBILITIES

### General Responsibilities

Daily responsibilities during the residency program will vary based on the rotation site of practice. The rotation learning descriptions provide details regarding the specific responsibilities of the residency at different practice sites.

Year-long residency requirements are outlined in the learning descriptions for the longitudinal rotations including: Ambulatory Care, Community Pharmacy and Operations, Teaching, Practice Management and Professional Development (PMPD), and Project.

### Specific Responsibilities

In addition to rotation related duties, the resident will also complete specific tasks to track work completed during the year. The resident will be responsible for recording strengths and weaknesses of each aspect of the residency program design so as to strengthen the program for subsequent years.

Assessment will include:

- Orientation
  - o Throughout the orientation weeks, the resident will keep a list of completed forms, meetings, processes and learning activities performed.
  - o The resident will compare this list with that included in the orientation outline.
  - o At the end of orientation, the resident will type a schedule and list of completed activities to include in the manual for next year.
  - o The resident will recommend additional activities to address any deficits in the orientation process.
- Rotation evaluation
  - o The resident will review and critique learning experience descriptions with rotation preceptor(s) at quarterly evaluation meetings with a focus on the following questions:
    - Did the learning experience description accurately describe the overall rotation, expectations, schedule, and communication frequency?
    - Did the resident complete all learning activities listed? If not, why not?
    - Were additional learning activities or responsibilities performed during the rotation that are not included in the description? If yes, should they be added?
    - Were the goals and objectives evaluated appropriate for the rotation?
    - Should additional goals and objectives be included that were taught and evaluated on the rotation?
  - o The resident will edit the learning description and send a proposed update to the preceptor to review.
  - o At the end of the year the resident will edit the learning description and send a final proposed update to the preceptor and RPD to review.
  - o The resident will be responsible for compiling completed projects and tracking allocation of time throughout the residency program.
- Portfolio
  - o To make it easy to locate documents, you must follow this naming structure: Initials, Name of Document, DRAFT #/FINAL, Date
    - Example: JD Business Plan DRAFT 1 070618.docx
  - o All completed projects including presentations, lectures, teaching activities, project manuscripts, written drug information questions (formal and informal), formative evaluations of patient care activities, etc will be collected by the resident.
  - o The portfolio will be maintained in several locations:

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- Network- all completed work will be saved in an organized way on the OSU SHS network under the resident's public folder to be accessible to the RPD, preceptors and future residents.
  - Binder- all completed work will be printed and maintained in a 3-ring binder, organized by the resident at the end of the year to be available during the accreditation survey.
  - Additionally, documents may be uploaded to PharmAcademic.
- Weekly log/ Tracking of duty hours
- In order to compare the anticipated work load and distribution of activities to actual residency design, the resident will keep a weekly log of time spent on different activities.
  - The log will include estimated time spent on-site (on rotation) and off-site on residency related work.
  - Time breakdown between activities will be estimated (hours or half-hours).
  - The log will include any off-site work hours (moonlighting).
  - The log should be completed at least weekly to improve recall of information.
  - The log-sheet template and weekly updates to the log are maintained online through google drive. Below is an example of the online log.

**Residency Tracking Time Log**

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## SALARY AND BENEFITS

### **Stipend**

OSU will pay the Resident a stipend of \$3,957.00 per month (\$47,484 if annualized) for a 1.0 FTE appointment. As a professional employee of OSU, the Resident will not be entitled to overtime pay for his/her services.

The resident will be paid on the OSU calendar, on the last business workday of the month.

### **Benefits**

The Resident will be eligible for medical and dental coverage, as well as other benefits offered to OSU employees including life insurance and retirement savings. Benefits will be reviewed with the resident by Human Resources during OSU New Employee Orientation/Training.

### **Paid Leave**

Each pharmacy resident accrues leave at the rate of 8 hours per month for a maximum of 96 hours (12 days) of paid leave during the residency year. Paid Leave time may be used for vacation leave, sick leave, bereavement leave, career development leave, or educational leave. Paid leave requests must be approved by the RPD and primary preceptor.

Earned but unused leave may not be carried over from one residency year to another. No additional payment will be made for unused leave upon completion of residency training. Leave without pay is possible contingent upon recommendation and approval by the Program Director.

### **Vacation Leave**

Paid Leave requests for vacation leave shall be approved and signed by both the Site Coordinator and the Residency Program Director (see Leave Request Form) with appropriate lead-time of at least four weeks (exceptions may be considered due to extenuating circumstances, etc).

- An appropriate staff/faculty member must cover resident rotation responsibilities during the resident's absence for vacation, career development or educational leave. This should be documented on the Leave Request Form. Residents may not cover clinical responsibilities for each other.
- A resident may not be absent from a single rotation for more than five (5) days, except during educational leave, without prior approval from the Rotation Preceptor and Residency Program Director.
- There is a legitimate need to limit the number of residents who are absent at any one time and to otherwise assure continuity of quality patient care, so leave for multiple residents simultaneously may not be feasible.
- Early planning for leave (e.g. at the beginning of the residency year) between residents, program director, site coordinators, and preceptors is encouraged so that leave is distributed appropriately throughout the residency year.
- Paid leave for vacation, career development or educational leave should not be scheduled during required professional meetings or between June 10th and June 30th of each year. In addition, consideration should be given to scheduled activities including lectures, important trainings and meetings, incoming candidate interview days and other notable events that cannot be rescheduled. Exceptions may be considered due to extenuating circumstances on a case-by-case basis, but approval of leave during this time is not guaranteed.

### ***Educational Leave***

Residents may request educational leave for educational meetings. The request should be submitted at least six to eight weeks prior to the requested leave date. The meeting can be no more than one week in duration and must be within the USA. Approval is granted solely at the discretion of the Program Director, who also determines the travel reimbursement policy for the individual residency program.

### ***Career Development Leave***

Residents may request administrative leave for interviewing purposes. The request should be submitted at least two weeks prior to the requested leave date, and approval is granted solely at the discretion of the Program Director. A maximum of 5 days of Career Development Leave time per residency year may be granted without counting against the resident's Paid Leave hours. If the maximum 5 days is exceeded, the additional days will require additional Residency Program Director approval and be deducted from the resident's paid leave. There is no travel reimbursement for Career Development Leave.

### ***Court Leave***

Court leave during your residency program is discouraged due to the high demands of the program within a limited training period. Residents are encouraged to request deferment of jury duty requests, however, should you wish to participate, you must notify the RPD as early as possible.

### **Holidays**

Oregon State University observes the following holidays: July 4<sup>th</sup>, Labor Day, Veterans Day, Thanksgiving and the Friday after, Christmas, New Years, MLK day, and Memorial Day. (<http://hr.oregonstate.edu/benefits/time-protected-leaves/holiday-schedule>). If the residents assigned primary practice site observes different holidays, the resident should discuss the discrepancy at least four weeks in advance with the Site Coordinator to determine an alternate work schedule (i.e. Salud Medical Center has President's Day off, but OSU has Veteran's day off).

### **Appointments for Personal Issues**

Appointments for personal issues (MD, DMD, banking, etc...) must be cleared with the rotation preceptor and RPD. Make up time will be determined by preceptor and RPD.

### **Calling in Sick**

Residents must contact the Residency Program Director and the preceptor for the learning experience that will be missed if they are going to be out sick. Calls (no texts or emails) should be placed to the RPD's cell phone and to the preceptor's cell phone prior to 8 a.m. Make-up may be required for missed rotation time or activities, which will be determined by the rotation preceptor and/or the RPD.

If the resident is sick and will not be present for days scheduled in the community pharmacy, the resident must contact the Pharmacy Manager/PIC and the supervising pharmacist by phone, prior to 8 am, in addition to contacting the Residency Program Director. The Pharmacy Manager/PIC and RPD will coordinate make-up time for missed community pharmacy days.

### **Emergencies**

Preceptors and the Residency Program Director are aware that certain life emergencies or life events may occur and that residents may request time away from work. Attempts will be made to accommodate should this situation arise during the residency year. Approval must be granted by the Residency Program Director and make up activities may be assigned by the RPD and/or preceptor.

### **Extended Leave of Absence**

The residency program must be completed in 12 months. Extended leaves of absence will prevent the resident from completing the program outcomes, which will result in an inability of the resident to receive a certificate of residency completion. The resident may reapply for the following year and will be considered against the total pool of applicants for the position(s).

The purpose of the extended leave policy is to establish policy and procedures for extended leave due to extenuating circumstances during the residency year. A pharmacy resident may encounter extenuating circumstances during the year that would require the use of extended leave. In the event that a resident would request/require extended leave the following policy would be utilized:

The residency program is a minimum of 48 weeks in duration, with approximately the first 3 – 4 weeks as orientation/training. In the event of a serious medical or personal condition requiring extended leave, residents may take any accumulated vacation and sick time, and still complete the residency program on schedule. Any additional required time off may result in extending the program. Each extension is reviewed on a case-by-case basis.

A proposed plan for the individual resident will be developed by the Residency Program Director to assure that requirements for the residency are successfully met and that the individual resident and all other residents are treated fairly. This plan will be developed in conjunction with the Residency Advisory Committee. The extended leave may result in the individual resident extending his/her residency program in order to meet program requirements. If the program is extended, the resident will participate in Pharmacy Practice Experience and other assignments just as any other resident at the time.

It is important to note that while efforts will be made to work with the individual resident to resolve issues in completing the program in a timely manner there is the potential that the request will not be able to be granted dependent upon the regulations of the organization. The Family Medical Leave Act or Disability will be administered in accordance with organizational policy in cases where these acts would apply.

#### ***Family Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA)***

The University complies with the Family Medical Leave Act (FMLA) and the Oregon Family Leave Act.

The Family and Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA) were enacted to assist employees and employers in balancing the demands of the workplace with the needs of employees and their families when leave is needed for serious health conditions.

Whether you need to take time off work because of your own serious health condition or because you need to care for an eligible family member with a serious health condition you may be eligible for unpaid, job-protected leave during the leave year. Leave may be taken all at once or intermittently, as the medical condition requires. The leave laws define who is eligible, what absences qualify, and how much leave time you may take.

You must provide the University with appropriate notice for your need for leave if possible.

- You must generally give 30 calendar days advance notice for planned absences (paid or unpaid).
- If you learn of your need for leave less than 30 days in advance, you must give your notice as soon as you can. Generally, within two working days after you learn of the need for leave.
- If you need FMLA and/or OFLA leave unexpectedly (an emergency), you must inform the

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University as soon as possible.

For more information, please visit:

<http://hr.oregonstate.edu/sites/hr.oregonstate.edu/files/benefits/fmla/fmla-handbook.pdf>

If a resident must take an extended leave of absence beyond the allotted amount of paid leave, the resident will be expected to complete the missed time so that the total of 48 weeks of training is completed as well as the program's established requirements for demonstrated competence and completed work (see Graduation Requirements).

### **Required Residency Travel**

Educational leave is provided for attendance at the state/national professional meetings.

#### **Meeting attendance**

Residents are required to attend the following meetings:

ASHP Midyear Clinical Meeting	~ 1st week of December
APhA Annual Meeting (optional)	~ Late March/Early April
Regional Residency Conference	~ Early- Mid May
At least two state meetings	
OSPA Annual Meeting <i>or</i>	~ Mid-October
OSHP Fall Seminar	~ Early November
OSHP Annual Seminar <i>or</i>	~ Mid-Late April
OSPA Lane County Seminar	~ Mid-Late February

In addition, the resident is expected to attend all resident functions (including, but not limited to, Citywide and residency receptions) and attend continuing education programs as required by the preceptors. The resident must serve on one state organization committee or workgroup and attend scheduled meetings. Other meetings may be required by the residency program for recruitment purposes.

### **Travel Reimbursement**

Reimbursement for travel to required professional meetings will be reimbursed according to the following College of Pharmacy policy. Note reimbursement is only provided for registration and transportation. Lodging and meals are the resident's responsibility.

1. Pre-Approval of Travel: Travel to in-state professional meetings, must be pre-approved (before registering for the meeting) in writing by both the Residency Program Director and the Dean by submitting the OSU Travel Authorization Form. Travel to out-of-state professional or business meetings, must be pre-approved (before purchasing tickets or registering for the meeting) in writing by both the Residency Program Director and the Dean by submitting the OSU Travel Authorization Form.

- Residents should complete an OSU Travel Authorization Form and submit to the RPD for signature. The RPD will forward the form to the College of Pharmacy support staff for signature by the Dean.

2. Airfare: OSU COP support will handle airfare arrangements in order to maximize reimbursement potential per OSU policy. The OSU COP support staff must book commercial air travel through approved travel agencies. In the "Event or Purpose of Trip" section of the Travel Authorization Form please provide your preferred flight times/date/airport. Also include your name as it appears on your driver's license or passport, your date of birth and your cell phone number.

- If traveling from Eugene (EUG)- When fares from Eugene exceed the fare from Portland by more than \$100, reimbursement will be limited to the fare from Portland. However, a one

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night hotel stay at a hotel offering park and ride services near the Portland Airport will be reimbursed up to \$100 total for flights departing before 9 am.

3. Meeting Registration: Registration will be reimbursed at a rate not to exceed the early registration fee. The difference between early and late registration fees will be the responsibility of the traveler. If the traveler is not attending the entire meeting, registration should be for daily rate if this results in cost savings. Conference registration should be paid in advance by the traveler and reimbursed after the conference.

4. All original receipts must be maintained for reimbursement, and forms must be submitted to the OSU College of Pharmacy support staff prior to the 5<sup>th</sup> of the month after expenses are incurred.

### **Local Travel**

Travel to work sites for rotation, staffing duties, or other required residency program meetings (i.e. Citywide) will not be reimbursed.

Transportation expenses associated with official college travel between the Corvallis and Portland campuses for teaching, committee assignments, advising, or administrative duties will be reimbursed at a rate not to exceed the cost associated with Enterprise car rental on the university contract (~ \$35 per day) plus gasoline and parking. If parking at the CHH building in Portland, check with OSU COP support staff to see if you are on the CHH Contract Parking list or, use street parking. If you decide to use your personal car, the maximum reimbursement will be \$65.

Faculty will NOT be reimbursed for the following:

- Mileage less than 30 miles round trip
- Attendance at faculty meetings
- Attendance at the Graduate Student retreat

### **External Employment / Moonlighting**

External employment, if sought, should be carefully chosen to accommodate variation in service responsibilities to the residency program. The resident is aware that the Community-based Pharmacy Residency Program is his or her primary responsibility and successful completion of the program is a result of successful completion of all the program requirements, which dictate the primary schedule of the resident. Practice, teaching and service requirements take precedence over scheduling for external employment.

If the Residency Program Director or preceptor observes that the external employment, either by hours or demand, is taking precedence over the residency program, the residency may be asked to decrease or terminate the external employment. If the resident does not accommodate the request, the resident's continuation in the residency program will be evaluated by the Residency Advisory Committee.

Moon-lighting hours must be included in hours tracking log and reported to the RPD to ensure that the pharmacy specific duty hours requirement is not exceeded. (Review *Pharmacy Specific Duty Hours* document discussed during orientation).

### **Duty Hour Requirements**

The PGY1 Community-based Pharmacy Residency Program complies with the Accreditation Council for Graduate Medical Education (ACGME) duty-hour minimum standards. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the residents) and minimization of risks of sleep deprivation. Pharmacy resident duty hours are limited to 80 hours per

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week, averaged over a four-week period. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four-week period and inclusive of on-call shifts. Duty hours do not include reading and preparation time spent away from the duty site.

Residents will be asked to document hours spent in their residency programs in an effort to assure that ACGME requirements are met.

- Hours worked must be documented by each resident on the Residency Tracking Time Log. This document will be reviewed by the RPD on the first of each month and addressed immediately if the ACGME requirements are not being met.
- Postgraduate year 1 (PGY1) residents will document compliance with these standards through utilization of the PharmAcademic evaluation and self-assessment forms during rotations.
- False documentation of compliance will result in the progressive disciplinary procedure (warning, suspension, termination).

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LEAVE REQUEST FORM

Leave Information		
Employee Name		
Department		
Manager/Superior Reporting to		
Type of Absence Requested (Please choose the relevant reason)		
<input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> Bereavement <input type="checkbox"/> Time Off Without Pay	<input type="checkbox"/> Personal Leave <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Others – Please Specify: _____	
Dates of Absence (____) Hours	From : _____	To : _____
Reasons for Absence:		
Rotation Coverage Plan (Please indicate which staff/faculty will cover your clinic during leave):		
<i>You must seek approvals for leaves as follows: Vacation (4 weeks), sick (upon need), bereavement leave (upon need), Career Development (4 weeks), Educational (4 weeks), Jury Duty (upon notice).</i>		
_____ Employee's Signature	Date : _____	
Residency Director Approval		
<input type="checkbox"/> Discussed with Site Coordinator <input type="checkbox"/> Discussed with Preceptor	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Comments:		
_____ Manager/Supervisor's Signature	Date: _____	

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Pharmacy residency *policy* regarding inter-agency agreement

An agreement between Salud Medical Center, and Oregon State University outlines specific expectations of the resident while on site for rotations. Copies of this agreement can be requested from the Residency Program Director.

Pharmacy residency *policy* regarding inter-agency agreement

An agreement between the Community Health Centers of Benton and Linn Counties, and Oregon State University outlines specific expectations of the resident while on site for rotations. Copies of this agreement can be requested from the Residency Program Director.

Pharmacy Residency *Policy* Regarding Personal Time

This PGY1 Community-based Pharmacy Residency Program is designed to be a rigorous learning experience to develop a strong foundation in the operation of pharmacy and clinical pharmacy services. The ASHP/APhA accreditation standards for Community-based Pharmacy 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 will compromise the resident's ability to complete the program during the training year. Therefore, missed time may need to be made-up per the preceptor's and Residency Program Director's discretion.

The required outcomes for this program must be achieved in 12 months. If the resident is unable to achieve the program outcomes, he/she will not receive a certificate of completion.

## EXPECTATIONS AND OBLIGATIONS OF THE RESIDENT:

### **Degree Completion**

The pharmacy resident must have graduated from an ACPE-accredited school or college of pharmacy.

### **Licensure**

Due to the program's design and intent to develop the skills necessary to work as an independent pharmacist in the provision of patient care, licensure is required for a majority of the year to achieve the outcomes, goals and objectives for the residency training program. Therefore, the resident must be eligible to be licensed as a pharmacist in the state of Oregon.

- If the resident does not already hold a valid Oregon pharmacy intern license, then the resident must obtain a Pharmacy Intern license from the Oregon State Board of Pharmacy by July 1<sup>st</sup>.
- The resident should schedule licensure examinations (NAPLEX and MPJE) by August 1<sup>st</sup>.
- Obtain proof of Oregon Pharmacist licensure by September 1<sup>st</sup>. If not obtained by October 1<sup>st</sup>, the resident will be dismissed from the program.
- A copy of the licensure must be presented to the Residency Program Director, and certified copies will be posted at all work sites (SHS, Salud, CHC, etc).

### **Dress Code**

During the residency, the resident is to comply with the dress code policy at each rotation site. It is the expectation that the pharmacy resident will dress professionally at all times, including during professional meetings. It is required that nametags be worn for identification. If the resident wears attire that is deemed unprofessional by the RPD or residency preceptors, the resident will be asked to leave and change into professional attire before returning for duty.

### **Recruitment**

The resident will be actively involved in the marketing, recruitment and interview process for all incoming residents. Activities include, but are not limited to, creation and distribution of residency materials (brochure, application, poster, signage), follow-up from local and national meeting recruitment events, application screening, and interview scheduling.

### **Completion of Program Requirements**

Residents are expected to satisfactorily complete all requirements of the Residency Program. Only those residents who satisfactorily complete all the requirements will receive their Residency Certificate as evidence of program completion (See Chapter 3 for specific graduation requirements).

## CHAPTER 3: TRAINING

### RESIDENCY PROGRAM DESIGN

This program has been designed to meet the requirements set forth in the Accreditation Standard for Postgraduate Year One (PGY1) Community-based Pharmacy Residency Program ("The Standard"). The Standard will be reviewed by the resident during orientation, and throughout the residency, to understand the components of building a residency program, and to evaluate the alignment of the program's structure with the Standard.

### LEARNING EXPERIENCES

Learning descriptions for rotations and experiences can be found in PharmAcademic and will be provided at the beginning of each rotation. Please review learning descriptions prior to starting your rotation in order to clarify any questions or expectations with your preceptor on the first day.

#### **Required rotations include:**

Residency Orientation: 1-2 weeks of residency program orientation, 1-2 weeks of site orientation.

Ambulatory Care: 1 week of clinic orientation

- 1-2 days/week in clinic- chronic disease management & comprehensive medication reviews
- 1 hour a month for interdisciplinary meetings, 1 hour a month for other meetings

Community Pharmacy/Operations:

Community Pharmacy: 1-2 weeks of orientation (depending on experience)

Average of 1 day a week longitudinal rotation

Operations: Half day a month

Attendance at key pharmacy and organization committee meetings (ie. P&T, QI, Safety)

Teaching Rotation- longitudinal

2 teaching workshop days plus 2 hours a month for OPTC meetings August - December

4-6 hours of small group facilitation

1-2 hours of lecture throughout the year

Grading of an assignment

Assisting with Pharmacy Practice course close-outs

Practice Management and Professional Development

Weekly meeting with OSU Residency Conference (RPD, Site Coordinators & Residents)

Weekly log of hours allocated to rotations and tasks (See Chapter 2-specific responsibilities)

Maintenance of portfolio (See Chapter 2-specific responsibilities)

1-2 hours a month for Citywide Conferences

1-2 hours a month serving on a committee for OSHP or OSPA

8 hours OSHP Fall Seminar (Oct/Nov) or 8-16 hours OSPA Convention (Oct/Nov)

2-5 days at ASHP MCM (December, requires travel)

8-16 hours OSHP Annual Seminar (Apr/May) or 8-16 hours OSPA Lane County (Feb)

2-4 days at APhA Annual Meeting (Spring)- Optional

Project (see additional information below)

½ day a week August-September, may have additional time assigned throughout the year

4-6 hours IRB training (July)

#### **Elective rotation possibilities:**

- Anticoagulation
- Mental Health
- Veterinary Medicine
- Public/Community Health
- Pharmacy Management/Advanced Administration

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- Advanced Teaching
- Diabetes
- MTM: Mirixa and Outcomes
- Patient Centered Medical Home
- Other opportunities may be available depending on resident interest and preceptor availability.

## PROJECT OVERVIEW

The resident will be required to complete at least one pharmacy practice-based research project to general original knowledge. This project is a core component of the residency experience and must be started early in the year to ensure successful completion. The resident will prepare and present the results of the project at local, regional, and/or national forums.

The following information will be discussed with residency preceptors during orientation activities:

- Discussion of project ideas and deadlines
- Institutional Review Board (IRB) process
- Information on presentation opportunities of the project

### **Outcomes and Activities**

The project should address the pharmacist's role in improving appropriate medication use. Appropriate focuses include, but are not limited to health care outcomes, health promotion and wellness, drug therapy management, cost-benefit analysis, and evaluation of patient quality of life. The resident, with the assistance of the research project advisor and other stakeholders, should:

1. Develop an research question and specific aims to define or identify the economic, clinical, or humanistic outcomes of a pharmaceutical services
2. Demonstrate an understanding of procedures and safeguards used to protect human subjects and obtain IRB approval
3. Execute all steps of the research project including implementation, data collection, and statistical analysis
4. Prepare and submit manuscript in appropriate format for publication in a professional or scientific journal

### **Research Advisor(s)**

The resident will identify research project advisor(s) that have experience and interest in the proposed research project. The project "preceptor" will be the primary contact for evaluation of the project development process. Once the research proposal is finalized, the resident must make periodic progress reports to the project preceptor and the residency program director as noted on the residency schedule and at quarterly evaluation.

### **Research days**

Days may be assigned to work on developing the major project. These days may be half or full days, or may be developed into an elective rotation, such as a 2 - 4 week block of time to implement a new clinical service. Time requested to be away from rotations to work on project development must be submitted at least 2 weeks in advance and must be discussed with and approved by the rotation preceptor and the RPD. Research days should be included in the initial project proposal time line.

### **Requirements**

To successfully complete the research requirements of the PGY1 residency program, residents will:

1. Comply with all deadlines and major research activities.
2. Present the research project at a Regional Residency Conference.
3. Complete a manuscript of their research project acceptable for publication in a peer-reviewed journal as determined by the project preceptor and the RPD.

Additional activities to promote the project may include:

1. Apply for grant funding for the residency project.
2. Submit research paper/abstract for presentation at a national meeting.
3. Presentation of the project at a local pharmacy meeting or to pharmacy students.

### **Topic Selection**

Research projects are generally selected prior to resident arrival. The resident may propose a different idea; proposed ideas may be considered and approved on a case-by-case basis. Projects must be finalized no later than August 1st.

### **Project Development**

After selecting a project, the resident will write a project proposal. The project proposal will address the important steps outlined by ASHP in their document Tips for New Investigators (<http://www.ashpfoundation.org/TipsforNewInvestigators>). The format of the proposal will be developed by the resident, but must be in line with IRB requirements and include a detailed project timeline (including proposed project times), study question, background and importance of this question, study design, data collection plan, and preceptor/advisor(s).

Additional information and residency research tips can be found at:  
Essentials of Practice-Based Research for Pharmacists (Not for CE)-  
<http://elearning.ashp.org/products/5427/essentials-of-practice-based-research-for-pharmacists-not-for-ce>

### **Funding opportunities**

Funding opportunities for residency projects are available through national organizations such as APhA, ASHP, NACDS, etc. Submitting a grant proposal to receive these funds is optional.

### **Evaluation and Completion**

The project is considered a longitudinal learning experience and will have quarterly evaluations in PharmAcademic consistent with other longitudinal rotations. The project will be completed when a satisfactory manuscript is submitted to the project preceptor/advisors and the RPD. The resident will not receive a certificate of completion for the program until the project has been completed.

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**Important Project Dates**

	<b>General due date</b>
Project discussion meeting	1 <sup>st</sup> week of residency
Select project and meet with project preceptor(s)	August 1
Submit research protocol and complete IRB application. <i>Note: This will require multiple drafts to be reviewed by the project preceptor(s). Residents should coordinate with their research team to ensure this deadline is achieved. It is a hard deadline. Later submissions will require prior approval by the RPD and primary project advisor.</i>	October 1
Submit abstract to ASHP or APhA	Beginning of October (optional)
Start project	Beginning of December (after IRB approval)
Poster abstract to OSHP for annual seminar	March (optional)
Regional Residency Conference	Early May
Present to SHS/Salud/CHC/OSU groups	May
Prepare manuscript for publication	March - June
Final manuscript draft due to project preceptor <i>Note: This will require multiple drafts to be reviewed by the project preceptor(s). Residents should coordinate with their research team to ensure this deadline is achieved. It is a hard deadline. Later submissions will require prior approval by the RPD and primary project advisor.</i>	3 <sup>rd</sup> week of June

## GRADUATION REQUIREMENTS

Evaluation of the resident's progress in completing the requirements is done as part of the quarterly evaluation and review process. The Residency Program Director and preceptors will assess the resident's achievement of the program objectives through evaluation of completed work and assignments within each learning experience. If a resident is failing to make satisfactory progress in any aspect of the residency program, the Residency Program Director and the Residency Advisory Committee will review the resident's status and make recommendations for additional coaching, remediation, or dismissal from the program.

Coaching: *Opportunities for coaching may arise out of summative or formative evaluations in which a resident receives feedback that performance is not at the level expected. Coaching may include increased frequency of formative feedback on specific activities in which the resident is not meeting expectations, or different methods of providing feedback (verbal vs written vs self-reflection/discussion). Some activities may benefit from incorporating additional preceptors/RPD to provide a diversity of feedback and recommendations.*

Remediation: *Plans for remediation will be created by the resident in response to summative or formative evaluations in which a "needs improvement" is received. The resident is responsible for developing a remediation plan within 1 week with preceptor feedback and RPD approval. The resident will develop a remediation plan with specific, actionable items including deadlines and check-ins with preceptors and RPD.*

Dismissal: *Occurs if a resident fails to develop or follow through with an approved remediation plan.*

### **Required Elements for Completion of Residency Program**

Residents are expected to satisfactorily complete all requirements of the Oregon State University PGY1 Community-based Pharmacy Residency Program, as listed in the learning activities for each goal and objective within each learning experience. Additional graduation requirements are as follows:

1. Work as a licensed pharmacist for at least 9 months during the residency year
2. Work at least 48 weeks (including vacation days, personal days, sick days, and other excused absences) during the residency year.
3. By the close of residency year/Quarter 4 Summative Learning Experience Evaluations
  - Receive "Achieved" for all patient care and project objectives (R1, R3- except 3.3.4 may be in progress)
  - Receive "Achieved" for  $\geq 50\%$  of the remaining required residency objectives (R2, R4)
  - Goals not classified as "Achieved" must be classified as "Satisfactory Progress."
  - In order to successfully complete the PGY1 program, the resident **MAY NOT** have any goals deemed "Needs Improvement" by the end of the residency year.

Only those residents who satisfactorily complete all the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The resident, in conjunction with the Residency Program Director and the preceptors, shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, the Disciplinary Steps will be taken as outlined in Chapter 4: Evaluations- Disciplinary Action Policy.

Specific assignments that must be completed by the resident and approved by a preceptor and/or RPD are included in the following list: "Required Elements for Completion of Residency"

REQUIRED ELEMENTS FOR COMPLETION OF RESIDENCY  
(*minimum expectations*)

- Direct Patient Care (Ambulatory Care)
  - Patient related written drug information question response (4)
  - Formal interdisciplinary drug information/continuing education presentation (1)
  - Establish a cohort of patients (minimum 20 patients) regularly seen in your practice as both new patients and for follow-up with no more than 33% of time in one disease state
  - Quality indicator data and pharmacist interventions tracked and reported. Summary created at midpoint and end-of-year (1)
  - SHS or Salud or CHC Pharmacy Newsletter article (1)
  - Regularly attend and actively participate in a clinic committee or workgroup (1)
  - Transition plan implemented for all patients (1- June)
- Medication Use System (Community Pharmacy and Operations)
  - Develop new or evaluate and update a pharmacy department policy and/or procedure (1)
  - Complete Pharmacy PIC Self Inspection Form (by February 1st) & report to Pharmacy PIC (1)
  - Organize staff training/development activity (1)
- Project- Complete all elements of a major research project observing deadlines:
  - Identify a potential project and develop implementation plan
    - Obtain IRB submission
    - Execute all steps of the research project including implementation (if applicable), data collection, and statistical analysis.
    - Present project and results
      - ASHP or APhA or OSHP Poster- optional (1)
      - Regional residency conference presentation (1)
    - Write a manuscript formatted for submission to the peer reviewed literature.
- Teaching/Academia
  - Complete Oregon Pharmacy Teaching Certificate program
    - Classroom lecture (1)
    - Facilitation of small group learning (1 week)
  - Precepting APPE students in clinic or pharmacy and provide summative/formative feedback (1 rotation, if available)
  - Co-precepting students at health fair or immunization clinic (1)
  - Service to Oregon State University COP- Participation in residency program interviews/recruitment, COP admissions interviews and /or COP committees (3)
- Practice Management and Professional Development
  - Develop or update collaborative drug therapy management (CDTM) agreement (1)
  - Complete all elements of business plan (development, implementation and evaluation) (1)
  - Complete all elements of a CQI project (development, implementation and evaluation) (1)
  - Actively participate in all required Citywide Residency Conference meetings (4)
  - Complete Continuing Professional Development (CPD) plan, submit mid-point and end of year summary (1)
  - Write/update curriculum vitae (submit to 2 reviewers)

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- Join and actively participate in a community service activity (1)
- Regularly attend and actively participate in a pharmacy organization (ie. OSPA/OSHP, APhA/ASHP) committee or workgroup (1) OSHP or OSPA committee
- Attend and track take-home pearls of sessions attended at ASHP Midyear Clinical Meeting, OSHP or OSPA major meetings, and Regional Residency Conference
- Complete all PharmAcademic evaluations & self-reflections.
- Regularly update and submit Residency Time Tracking Log

## **CHAPTER 4: EVALUATION**

### ASSESSMENT STRATEGY AND EVALUATION

#### **General Information and Compliance with Evaluation Policy**

All evaluations must be completed within a week of the due date (1 week before or after deadline). Residents are expected to coordinate with rotation preceptors to schedule a meeting to discuss evaluation within one week of due date. Copies of the evaluations will be maintained in PharmAcademic. Formative feedback and evaluations will be kept in the residency binder.

Residents must comply with the evaluation policy and complete evaluations as required. This is essential for the advancement of the resident through the residency program. Resident feedback of preceptors and learning experiences will be reviewed and incorporated into preceptor development plans and the design of the residency program. Failure to comply with this policy may result in disciplinary action by the Residency Program Director up to and including failure to receive a certificate of completion for the residency program.

#### **Self-Assessment**

Prior to July 1st, the pharmacy resident will complete pre-assessments including “Entering Objective-Based Self-Evaluation” and “ASHP Entering Interests Form” via PharmAcademic. The purpose of these initial assessments are to assist the RPD in developing the resident development plan for the pharmacy resident that will take into consideration prior experience, program strengths, and personal goals and interests. Program preceptors do not expect the resident to have a high level of proficiency in many of these areas as this is what the residency is designed to provide.

During the orientation learning experience and the final month of residency, the resident will also be required to complete a Self-Reflection. The resident will be provided with prompts to initiate self-reflection. These self-reflections will be stored in PharmAcademic.

Residents will be taught how to perform self-evaluation and formative feedback will be provided to the resident on the quality of their self-evaluation. The Self/Peer Review Form will be utilized to help facilitate understanding of high quality commentary and self-evaluation.

#### **Resident Development Plan**

The Residency Program Director (RPD) and, when applicable, preceptors will customize the training program for the resident based upon an assessment of the resident’s entering knowledge, skills, attitudes, and abilities and the resident’s interests as well as quarterly updates regarding the residents progress, identified needs and changes in interests.

- The initial Resident Development Plan (RDP) template is completed utilizing self-reported interests and pre-residency assessment forms as well as additional information gained through discussion.
- Both the resident and RPD sign the Resident Development Plan.
- The resident and RPD will meet quarterly to review and update the s.

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**Summative Evaluations**

Evaluations for learning experiences (rotations) will occur via the PharmAcademic. The resident will review the PharmAcademic evaluation system during orientation. All evaluations must be completed within one week of the due date.

For each learning experience the following evaluations shall occur via PharmAcademic:

- Resident self-evaluation
- Resident evaluation of the preceptor
- Resident evaluation of the learning experience site
- Preceptor evaluation of the resident

For learning experiences that are rotational/condensed in nature (~<3 months long), evaluations occur at the end of the learning experience, and may include a midpoint evaluation as well. For learning experiences that are extended/longitudinal in nature (~>3 months long) evaluations occur quarterly. The resident and the preceptor are prompted by PharmAcademic in advance of the date the evaluation is to be completed.

The resident will arrange with the preceptor a time to discuss each evaluation at a face to face meeting. The goal is that these meetings will help the resident improve future performance. The RPD will review all evaluations of the residents' performance as they are completed and document such in the PharmAcademic software system.

*PGY1 Summative Evaluation Schedule for Longitudinal Rotations*

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Orientation	S	F										
AmCare		S		x			x			x		F
Staffing/ Admin		S		x			x			x		F
Teaching/ Academia	S		x			x			x			F
PMPD	S		x			x			x			F
Project	S		x			x			x			F

PMPD = Practice management and professional development rotation

S = Rotation Start    x = quarterly evaluation (≤ 3 months apart)    F = Final evaluation

*Summative evaluations are due by residents 7 days before date shown in PharmAcademic and 3 days before date shown in PharmAcademic in an effort to complete all evaluations by due date.*

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**Formative Evaluations**

Preceptors are encouraged to provide additional verbal and/or written feedback to residents for assigned tasks and for specific areas of focus. Formative feedback can be provided using a “snapshots” or may be written feedback on a project, presentation or patient care activity.

At least one formative evaluation will be completed for each learning experience. The resident, with the preceptor’s assistance, is required to identify suitable activities for evaluation. The goal of a formative evaluation is to help the resident improve future performance on specific tasks and activities.

*PGY1 Formative and Self-Evaluation Schedule for Learning Activities*

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Orientation												
AmCare			1				2					
Pharmacy / Admin									3			
Teaching				4			4			4		
				5			5			5		
				6			6			6		
PMPD		7		8	9	10		11				
Project											12	

PMPD = Practice management and professional development rotation

*Formative self-evaluations are scheduled on first of day of the month in which the activity will occur or assignment is due. Actual due date is within one week of activity completion.*

**Formative Self-Evaluation**

1. SOAP note
2. Written DI response
3. Pharmacy staff training/education
4. CE presentation to HCPs
5. Feedback on lecture- Term TBD
6. Feedback on small group facilitation- Term TBD
7. Business plan
8. Health fair/ Immunization clinic
9. CQI project
10. Networking at professional meetings
11. CDTM
12. Research project podium presentation

**Quarterly Evaluations**

Quarterly evaluations will take place for all year-long longitudinal learning rotations. In addition, the RPD and resident will meet quarterly to review and updated the Resident development plan for the resident and to evaluate status of previous goals and progression toward meeting the residency requirements.

**Evaluation Definitions**

The PGY1 residency program utilizes 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**

	<b>Assessment Description</b>
Needs Improvement (NI)	Resident displays $\geq 1$ of the following characteristics: <ul style="list-style-type: none"> <li>• Requires direct &amp; repeated supervision/ guidance/ intervention/ prompting</li> <li>• Makes questionable / unsafe / not evidence-based decisions</li> <li>• Fails to incorporate or seek out feedback</li> <li>• Fails to complete tasks in a time appropriate manner</li> <li>• Acts in an unprofessional manner</li> </ul>
Satisfactory Progress (SP)	Resident performs at the level expected for their training. The resident responds to feedback and requires limiting prompting and guidance to complete tasks appropriately.
Achieved (ACH)	Resident displays all of the following characteristics: <ul style="list-style-type: none"> <li>• Independently and competently completes assigned tasks</li> <li>• Consistently demonstrates ownership of actions and consequences</li> <li>• Accurately reflects on performance &amp; can create a sound plan for improvement</li> <li>• Appropriately seeks guidance when needed</li> </ul>
Achieved for Residency (ACHR)	Resident demonstrates continued competency of the assessed goal. Resident can effectively model and/or teach goal to a new learner. <ul style="list-style-type: none"> <li>• NOTE: "Achieved for Residency" status is determined during the Residency Advisory Committee quarterly meetings with input from program preceptors.</li> </ul>

**Exit Evaluation**

At the end of the residency, the pharmacy resident shall complete a final assessment in PharmAcademic "Final Objective-Based Self-Evaluation" and exit survey which the resident will discuss with the Residency Program Director. The resident may be requested to attend a meeting of the Residency Advisory Committee to discuss his / her experience throughout the residency. The purpose of this evaluation and meeting is to provide feedback to the Residency Program Director and the members of the Residency Planning Group to allow for improvements to be made in future years of the program.

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SELF/PEER REVIEW FORM

REVIEWER: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_ EVALUATION DATE: \_\_\_\_\_

**1<sup>st</sup> OBJECTIVE # REVIEWED:** \_\_\_\_\_ (ie. R1.1.1)

EVALUATOR SCORE (Circle One): NI SP ACH NA

	YES	NO	COMMENTS
Comments are in alignment with Scale (NI, SP, ACH, N/A)? <ul style="list-style-type: none"> <li>- NI clearly states behavior or activities needed to progress</li> <li>- SP clearly states behavior or activities completed and areas that need to be addressed to achieve objective</li> <li>- ACH states what was done to achieve the objective</li> <li>- N/A states why N/A to better design evals for future rotations</li> </ul>			
Feedback is clear about performance <ul style="list-style-type: none"> <li>- Comments about achievement or action needed are clear to reviewer</li> </ul>			
Feedback is actionable? <ul style="list-style-type: none"> <li>- Change in behavior, additional activity, etc included in feedback</li> </ul>			
Feedback includes positive behavior/actions for resident to continue?			

**2<sup>nd</sup> OBJECTIVE # REVIEWED:** \_\_\_\_\_ (ie. R1.1.1)

EVALUATOR SCORE (Circle One): NI SP ACH NA

	YES	NO	COMMENTS
Comments are in alignment with Scale (NI, SP, ACH, N/A)? <ul style="list-style-type: none"> <li>- NI clearly states behavior or activities needed to progress</li> <li>- SP clearly states behavior or activities completed and areas that need to be addressed to achieve objective</li> <li>- ACH states what was done to achieve the objective</li> <li>- N/A states why N/A to better design evals for future rotations</li> </ul>			

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Feedback is clear about performance - Comments about achievement or action needed are clear to reviewer			
Feedback is actionable? - Change in behavior, additional activity, etc included in feedback			
Feedback includes positive behavior/actions for resident to continue?			

**3<sup>rd</sup> OBJECTIVE # REVIEWED:** \_\_\_\_\_ (ie. R1.1.1)

EVALUATOR SCORE (Circle One): NI SP ACH NA

	YES	NO	COMMENTS
Comments are in alignment with Scale (NI, SP, ACH, N/A)? - NI clearly states behavior or activities needed to progress - SP clearly states behavior or activities completed and areas that need to be addressed to achieve objective - ACH states what was done to achieve the objective - N/A states why N/A to better design evals for future rotations			
Feedback is clear about performance - Comments about achievement or action needed are clear to reviewer			
Feedback is actionable? - Change in behavior, additional activity, etc included in feedback			
Feedback includes positive behavior/actions for resident to continue?			

## DISCIPLINARY ACTION

All residents accepted into the Oregon State University PGY1 Community-based Pharmacy Residency Program were judged prior to that acceptance as capable of successfully completing the residency based on their application, letters of reference and interview. The program director and preceptors are committed to helping the resident have a successful year in the residency program. Situations may arise that would require disciplinary action or dismissal of a resident from the program.

### **Policy and Procedure**

If a resident fails to make satisfactory advancement in any aspect of the residency program disciplinary steps shall be taken. Items for which disciplinary steps may be taken include, but are not limited to:

- Being absent without leave (AWOL).
- Inability of the resident to become licensed as a pharmacist in Oregon
  - The resident must obtain a Pharmacy Intern license from the Oregon State Board of Pharmacy by July 1st.
  - The resident should obtain an Oregon Pharmacist license by September 1<sup>st</sup>.
  - If an Oregon pharmacist license is not received by October 1st, the resident will be dismissed from the program.
  - A copy of the licensure should be submitted to the residency director.
- Decisions or actions that are unsafe for patient care, practice outside of OSU SHS/Salud/CHC policies & procedures, or violation of Oregon Board of Pharmacy rules.
- Unprofessional conduct; including, but not limited to:
  - Refusal to work with other health care providers.
  - Mistreatment or disrespect of patients and/or co-workers.
  - Practicing in a manner without regard for patient safety/concern.
  - Inappropriate response to supervision
- Failure of the resident to reliably complete the assigned number of hours of work per week
- Failure of the resident to reliably complete the assigned tasks as determined by the preceptors and program director
- Continued unsatisfactory performance of duties despite repeated informal and formal feedback from preceptors and program director
- Conviction of any felony
- Failing to complete any mandated substance abuse program or drug testing program and/or drug/alcohol abuse
- Violation of any rules or regulation that would require termination of employment
- Any other situations that inhibit the resident's progress in the program.
- For personal circumstances, the resident requests termination of the program.

When the need for disciplinary action arises, the involved preceptors and the RPD will first discuss the issue with the resident. In cooperation with the resident, the preceptors and the RPD will determine an appropriate remediation plan to address the specific behavior or deficiency. The remediation plan must include specific and measurable goals with a timeline for achievement. Documentation of the discussion and remediation plan will be placed in the resident's file and shared with all program preceptors. If the resident is not able to complete the remediation plan, continues to progress unsatisfactorily or if other deficiencies or behaviors are identified, the involved preceptor(s), residency director, and pharmacy director will determine a plan and course of action, which may include dismissal from the program.

**DISCIPLINARY STEPS**

1. Residents shall be given a **verbal warning** by their preceptor and the Residency Program Director will be notified. In cooperation with the resident, the preceptors and the director will determine an appropriate solution to rectify the specific behavior, deficiency or action. A follow-up plan and specific goals for monitoring progress will be determined and, outlined. This will be documented in the resident's file by the Residency Program Director.
2. The resident will be given a second **verbal warning** if there has been no improvement within one week. In cooperation with the resident, the preceptors and the director will determine an appropriate solution to rectify the specific behavior, deficiency or action. A follow-up plan and specific goals for monitoring progress will be determined and outlined. This will be documented in the resident's file by the Residency Program Director.
3. If the resident continues to fail in their efforts rectify the specific behavior, deficiency or action, the Residency Program Director will meet with both the preceptor and resident. The resident shall be given a **written warning**. In cooperation with the resident, the preceptors and the director will determine an appropriate solution to rectify the specific behavior, deficiency or action. A follow-up plan and specific goals for monitoring progress will be determined and outlined. This will be documented in the resident's file by the Residency Program Director.
4. If the resident fails to progress satisfactorily as outlined in steps 1-3, or if additional shortcomings are identified, the involved preceptor(s) plus the Residency Program Director will determine a plan and course of action, up to and including dismissal from the program. When and if dismissal is recommended by the Residency Director, the Residency Advisory Committee will be convened. No action shall be taken against the resident until the Residency Advisory Committee has reviewed the report and recommendations concerning any action unless the offense requires immediate termination by Oregon State University.
5. If the Residency Advisory Committee feels that the action recommended by the preceptor / Residency Program Director is appropriate, the action will be implemented and the resident will be placed in a probationary/progressive discipline period.

Action may include remedial work or termination. When and if dismissal is recommended, the resident will be given seven days advance notice in writing from the Residency Program Director if circumstances permit. When a resident is dismissed, the financial obligation of Oregon State University ceases.

In the event of a decision to dismiss, the resident will have the right to an appeals process as established by Oregon State University.

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I have reviewed and understand the resident's responsibilities and responsibilities of the program/preceptors/RPD to the resident as outlined in this manual.

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Resident's Signature

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Date

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Residency Director Signature

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Date

## POSITION DESCRIPTION

*A position description describes the purpose, duties, decision-making, working conditions (if position is outside of a typical office environment), and qualifications of the position.*

### Position Summary

Briefly summarize the purpose position exists and its role in achieving program/project objectives. As appropriate, include information on the university, college, department/ school, program, project, and position.

The Clinical Fellow: PGY1 Community-based Pharmacy Resident is a participant in a one-year Pharmacist training program offered by the OSU College of Pharmacy. The Pharmacy Resident is expected to fulfill satisfactorily, and to the best of his/her ability, the academic requirements of the training program in which Resident is enrolled:

- General and Program Requirements are defined by the American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association (APhA) PGY1 Community-based Residency Program Standards.
- Specific educational goals, objectives, and activities for residency training as defined in the Program Manual, Learning Experience Descriptions and the Resident's Customized Development Plan.
- Additional program requirements as established by the Program Director.
- Participate in and complete all graduation requirements as listed in the training program manual and learning experiences of Ambulatory Care, Community Pharmacy/Operations, Academia/Teaching, Practice Management & Professional Development, and Research.

### Position Duties

Describe the major or most important duties performed by this position. Be clear about both the overall function and specifics of work performed. Include % for each duty; all duties must add to 100%.

#### 60% DIRECT PATIENT CARE- AMBULATORY CARE

The Direct patient care experience is a longitudinal training experience taking place August through June. The learning experience encompasses pharmacist-driven outreach for medication adherence, diabetes, anticoagulation, and other patient care services. The resident will collaborate with health care professionals to improve health literacy in culturally diverse and underserved/unique patient populations. The resident will work directly with providers to assure that patients' medication lists are reconciled and therapy is adherent to disease state guidelines and work with patients' to address medication adherence.

#### 15% DIRECT PATIENT CARE- STAFFING

The Community Pharmacy/Operations rotation is a required, yearlong longitudinal learning experience taking place August through June. The learning experience allows the Pharmacy Resident to develop and maintain proficiency in operating a community pharmacy. Residents provide patient care by counseling, preparing medications for dispensing, DUR, drug therapy dose checking, medication reconciliation and recommendations. Residents build skills in utilizing the pharmacy dispensing software and will be responsible for taking on pharmacist tasks including performing final check on prescriptions (ensuring correct drug, dose, interactions and appropriateness of therapy). The resident will also be responsible for counseling patients on prescriptions, OTC recommendations, calling prescribers for clarification, and answering patient and provider questions. Throughout the year resident will assume greater responsibilities in the pharmacy including participating in operations and management tasks, and supervising/directing technicians and students on APPE rotations. The pharmacy resident is responsible for becoming familiar with the daily requirements needed to maintain the outpatient pharmacy and a clinical pharmacy service. The resident will develop skills to perform various operational management duties such as scheduling, developing policies and procedures and working with others on the executive team.

#### 5% PRACTICE MANAGEMENT/PROFESSIONAL DEVELOPMENT

Practice management and professional development is a required, longitudinal learning experience taking place July through June. Discussions and activities are designed to address issues pertaining to application of clinical knowledge and development of clinical practice; pharmacy and formulary decision making; professional involvement in local, state and national pharmacy affairs; inter-professional education; performing as a role model for pharmacy students; and continuous professional development through self-assessment and goal setting. Successful completion of the learning experience will require active participation in weekly OSU Residency Conference meetings and Citywide Residency Conference meetings and as well as involvement in professional organizations including student health fairs.

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**2.5% ACADEMIA/TEACHING:**

The teaching rotation is a required, longitudinal learning experience to familiarize the resident with the Oregon State University College of Pharmacy and the role of the pharmacy practice faculty member. The pharmacy resident will complete the required courses and assignments for the Oregon Pharmacy Teaching Certificate. The resident will have the opportunity to practice small group facilitation while paired with a faculty member for a course in the P1 or P2 year. The resident will also gain precepting experience with APPE students on rotation when available. The resident may also have the opportunity to gain insight into faculty development and life in academia including managing services, scholarship, and teaching through discussions with faculty members and administrators.

**2.5% RESEARCH:**

The major project is a required, longitudinal learning experience to provide the resident with an opportunity to apply project management, research, leadership, and communication skills while conducting practice based research. The Primary Preceptor is required by Oregon State IRB to be the Principal Investigator (PI); however, the resident will be in control of all major aspects of the project including developing the study design and methodology, implementing the intervention and data collection, analyzing the collected data, and disseminating the knowledge gained from the scholarly work. Successful completion of this learning experience will require the resident to present a podium presentation, and write a final manuscript on the project.

**Decision Making/Guidelines**

Identify the breadth and scope of decisions, the level of autonomy/authority and review, and any specific guidelines or reference materials used to make those decisions. As appropriate, include the result of failing to use guidelines or make appropriate decisions.

The breadth and scope of decisions, level of autonomy/authority to review will change over the course of the training year.

Quarter 1: All activities to be performed at an intern level. Develop proficiency in computer software, workflow, and counseling processes. Review pharmacy procedures and apply to workflow. Collect demographic information, perform data entry and prepare medications for final check. Release/administer prescriptions and consult patients to pharmacy standard. Begin to provide DUR and provider recommendations. Proactively identify and resolve medication issues/errors. Recognize patients in care transition. The resident is expected to bring knowledge of various disease states and therapeutic guidelines to the resident. The resident will work to improve upon his/her knowledge base. Focus of the first quarter is to complete patient care evaluations, develop clinical decision-making skills, and begin documenting patient care activities.

Quarter 2: All activities to be performed at a staff pharmacist level. Conduct DUR and perform final check of prescriptions. Research and provide recommendations to providers. Resolve medication related prescribing problems including but not limited to patients in care transitions. Update patient medication list in pharmacy software. The resident will begin to provide oversight of workflow, pharmacy technicians and student activities in the pharmacy. Focus on applying clinical documentation standards for patient care activities, building/maintaining patient panel and providing appropriate patient education.

Quarter 3: All activities to be performed at a pharmacy manager level. Perform DUR on complicated patients with multiple comorbidities. Identify drug interactions and make appropriate clinical decisions to resolve or minimize risk to patients. Demonstrate appropriate delegation skills. Provide staff training and assist with staff evaluation. Focus on improving quality of patient care documentation, provider and team communication, and assessing patient progress toward clinical goals.

Quarter 4: All activities to be performed at a director of pharmacy level. Independently perform all responsibilities of a pharmacist in this setting, including prioritizing tasks to complete work in a timely manner. Resident responsible for implementing/revising best practices and making workflow modification suggestions. Focus on evaluating patient achievement of goals, developing transition plan for panel patients, and training others in the provision of pharmacy care.

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**Supervisory/Lead Work Duties**

For *professional faculty and classified* positions, include a section in the Position Duties that describes the lead work (classified) / supervisory (professional faculty) duties to be performed and percentage of time spent performing the duties. Must be included in 100% total.

**Will this position supervise or provide lead work? (Mark the applicable selection below with an X)**

x	No
	Yes

**Supervisory/Lead Work Responsibilities** (mark those that apply with an X)

	Plans work
	Assigns work
	Approves work
	Disciplines/rewards
	Responds to grievances
	Hires/fires (or effectively recommends)
	Prepares/signs performance evaluations/reviews

**How many and what type of employees does this position provide supervision / lead work for?** (e.g. 2 student employees)

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**Minimum/Required Qualifications**

Education: Graduate of an ACPE-accredited School or College of Pharmacy

Licensure/Certification: Licensed or eligible for pharmacist licensure in Oregon. Eligible for certification in immunizations and oral contraceptive prescribing and obtained within 3 months of hire. CPR for Healthcare Provider obtained by date of hire. Excellent communication skills.

**Additional Criteria:** Must meet the selection criteria for his/her residency program as defined by the accreditation authority for that residency program and as defined by the Program Director for that residency. Keyboard skills and ability to navigate electronic systems applicable to job functions.

This position requires a clear and unambiguous commitment to compliance of all National Collegiate Athletic Association (NCAA) regulations for Division I (FBS) universities.

This position is designated as a critical or security-sensitive position; therefore, the incumbent must successfully complete a Criminal History Check and be determined to be position qualified as per OSU Standard 576- 055-0000 et seq. Incumbents are required to self-report convictions and those in Youth Programs may have additional Criminal History Checks every 24 months.

This position requires driving a University vehicle or a personal vehicle on behalf of the University; therefore, the incumbent must successfully complete a Motor Vehicle History Check, possess and maintain a current, valid driver's license in their state of residence, be determined to be position qualified and self-report convictions (as per Voluntary and Compulsory Driver Standards OSU Standard 125-155-0200) as per OSU 576-056-0000 et seq.

**Preferred Qualifications**

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Education: Doctor of Pharmacy  
Licensure/Certification: Valid Pharmacist (RPh) license

**A demonstrable commitment to promoting and enhancing diversity is:** (Mark the applicable selection below with an X)

	Required	x	Preferred
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**Working Conditions/Work Schedule:** (briefly describe if outside of typical office environment)

**Physical Demands:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee must be able to stand for long periods of time; frequently stand and walk; use hands to feel; reach with hands and arms; and talk or hear. The employee must lift and move up to 10 pounds.

**Work Environment:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to biohazard materials. The noise level in the work environment is usually moderate.

**Work Schedule;** Clinic/Pharmacy operating hours will vary by site. Varying work schedules may be required based on coverage and business needs. Business needs routinely require work both before and after Clinic/Pharmacy operating hours. Some trainings and meeting may be outside of normal business hours. Evening and weekend hours required. The PGY1 Community-based Pharmacy Residency Program complies with the Accreditation Council for Graduate Medical Education (ACGME) duty-hour minimum standards. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the residents) and minimization of risks of sleep deprivation. Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four-week period and inclusive of on-call shifts. Duty hours do not include reading and preparation time spent away from the duty site.

**Criminal History Checks/Motor Vehicle History Checks**

All categories of unclassified employees, classified employees, graduate assistants, student employees, volunteers and job applicants may be subject to these checks.

To assist you with determining if your position will require a Criminal History Check and/or a Motor Vehicle History check, download the HSBC Special Conditions of Employment Worksheet located at this [link](#) and answer the clarifying question under each access type.

*For more information regarding Criminal History Checks, please visit <http://hr.oregonstate.edu/manual/criminal-history-check>.*

*For more information regarding Motor Vehicle History Checks, please visit <http://hr.oregonstate.edu/manual/motor-vehicle-history-check>.*