### **KPNW PGY2 Ambulatory Care Residency Overview**

Visit: pharmacyresidency.kp.org

#### Kaiser Permanente Northwest

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of the leading health care providers and nonprofit health plans in the United States. Caring for our communities for over 70 years, our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Kaiser Permanente Northwest serves approximately 630,000 members in the Portland metro area, Salem, Eugene, and Southwest Washington. The region includes 34 medical offices, 20 dental offices, 11 administrative offices, 26 outpatient pharmacies, and 2 hospitals. Our 17-primary care medical offices are National Committee for Quality Assurance (NCQA) certified Patient-Centered Medical Homes.

#### Purpose:

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both in to the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

#### **Residency Overview:**

- ASHP Accredited PGY-2 Ambulatory Care Residency
- 12 month program starting early July
- 2 resident positions
- Based in Portland, Oregon

#### **Program Requirements:**

- ACPE accredited School of Pharmacy graduate
- PGY-1 residency completion
- Licensure requirements:
  - o Oregon pharmacist intern license at the start of the residency
  - Pharmacist licensure in Oregon by 90 days from the start of the residency and Washington by December 31<sup>st</sup>
- Attendance at Professional Conferences:
  - o ASHP Midyear Clinical Meeting (pending regional approval) if presenting a poster
  - Northwestern States Regional Conference (Portland, OR)

#### Benefits:

- Stipend: \$56,490
- Insurance
  - o Allowance to purchase comprehensive medical, dental and vision coverage for residents and dependents
  - Allowance also includes the option for covered basic life insurance and short-term disability, with the option to pay for long-term disability
  - o Domestic partner coverage
- Time Off
  - o 2 weeks paid vacation
  - 7 paid holidays: New Year's Day, Martin Luther King Jr, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas
  - o Accrued sick time and family leave
  - Professional leave for conferences approved by the Residency Program Director



### **KPNW PGY-2 Required Experiences**

#### Primary Care 1

The ambulatory care resident will work as part of an integrated healthcare team within our National Committee for Quality Assurance (NCQA) accredited medical home to optimize patient care with a population-based approach. Primary Care (PC) 1 focuses on solidifying clinical knowledge and skills through direct clinical interventions for diabetes, dyslipidemia, and hypertension. Learning opportunities include pharmacist-run blood pressure clinics, decentralized telephonic communication for disease state management, and drug consultations for primary care clinicians.

#### Primary Care 2

Primary Care 2 (PC 2) expands upon the experiences of PC 1 with the additional opportunity to explore and develop clinical teaching roles through preceptorship. The resident will serve as a primary preceptor for an advanced pharmacy practice experience (APPE) student. Preceptor experiences include, but are not limited to, developing structured learning experiences, setting goals and responsibilities, and providing constructive feedback.

Another goal of this rotation is to give the resident hands-on leadership experience by working with the ambulatory care manager and pharmacist leads on day-to-day tasks and responsibilities. These tasks include managing ill calls and finding coverage for shifts, managing conflict and disciplinary action, handling patient complaints, creating staffing schedules, approving vacation requests, facilitating staff meetings, and conducting staff performance reviews.

#### Geriatrics/Medication Therapy Management (MTM)

The resident will gain clinical experience managing patients with multiple chronic disease states and advanced illnesses using a multidisciplinary approach to provide patient-centered care. The resident will complete comprehensive medication reviews for patients eligible for MTM. Clinical practice guidelines, best practices, pharmacy protocols and other pharmacy resources will be used to complete these reviews. The resident will also be responsible for effectively communicating with patients and healthcare providers telephonically or in-person, to provide quality medication therapy management that is both safe and cost effective.

#### Leadership and Administration

The resident will experience the day-to-day life of a clinical pharmacy services manager and learn to problem-solve personnel and service-related issues. The resident will work with the manager and leads team to implement and improve practices with the goal of maximizing patient care, quality and/or cost outcomes. Over the course of the experience the resident will work with the manager and leads team around performance improvement of the service, complete management projects and participate in meetings around pharmacy administration and population health and quality. Since the clinical manager is also the PGY-2 Residency Program Director, the resident will also be involved in residency related performance improvement projects around the ASHP Standards. The resident will enhance his/her communication and interpersonal skills while developing time management strategies.



### **KPNW PGY-2 Elective Experiences**

#### Academia/Teaching Certificate

This learning experience is in collaboration with Oregon State University/Oregon Health Sciences University. It will provide opportunities to develop teaching and group facilitation skills in the pharmacy practice case-based and therapeutic course. The resident will assist in developing learning objectives, cases on therapeutic topics and evaluating student activities for the ambulatory care portion of the pre-APPE readiness block. In addition, there are experiences that help the residents evaluate their interest in academia and provide them with tools to precept pharmacy students in clinical setting.

The resident will also have the option to complete the Oregon Pharmacist Teaching Certificate (OPTC). This includes attending teaching workshops that will give the resident hands-on academia experience including syllabus design, development of didactic lectures, discussion session facilitation, presentations, grading and feedback. This certificate training program partners with the faculty at both Oregon State University College of Pharmacy and Pacific University School of Pharmacy.

#### **Anticoagulation**

The Kaiser Permanente Northwest Anticoagulation Program (ACC) manages approximately 10,000 patients on warfarin within a multi-disciplinary setting using pharmacists, registered nurses, licensed practical nurses, pharmacy technicians and medical assistants. The pharmacy resident will be responsible for providing anticoagulation management services to patients in the outpatient setting and collaborating with clinicians, nurse care managers, outpatient pharmacists, and other healthcare team members to manage patients to ensure quality of care and safe use of anticoagulants. The resident will use clinical practice guidelines, best practices, and protocols to manage a higher acuity patient population requiring anticoagulation including anticoagulation in pediatrics and pregnancy, warfarin in combination with high-risk medications (e.g. rifampin, sulfamethoxazole), patients with new thromboembolic events, bridging warfarin with injectable anticoagulants for procedures, interrupting target specific oral anticoagulants for procedures, and transitions to and from warfarin and target specific oral anticoagulants.

#### **Clinical Informatics**

During this learning experience, the resident will learn the principles of clinical decision support tool design/evaluation within the electronic medical record and may have the opportunity to collaborate with regional, inter-disciplinary, and/or inter-regional teams. This experience may include development of clinical content within the electronic medical record, including gathering input from all stakeholders, coordination and communication of implementation, periodic review/maintenance, and effectiveness evaluation. The learning experience can be somewhat tailored to the resident's background and interests or provide a general overview of Ambulatory Pharmacy Informatics.

Elective Experiences continued on the next page...

### **KPNW PGY-2 Elective Experiences Continued...**

#### Endocrinology

Endocrinology provides the resident with learning opportunities within a telephonic, direct patient-care model that utilizes evidence-based clinical guidelines and collaborative practice agreements for disease state management. The resident will build on skills obtained in Primary Care 1 to manage a more complex patient population. The primary focus is insulin management of high acuity, diabetic patients, including end-stage renal disease/hemodialysis, recent cardiac surgery, enteral nutrition, oncology, steroid-induced hyperglycemia and other stress-induced hyperglycemia or hypoglycemia. The resident will also shadow the Endocrinology Diabetes Clinic which focuses on the management of type 1 diabetes mellitus and get hands-on experience with various insulin pump devices and continuous glucose monitoring systems. Additionally, the resident will be exposed to formulary management projects which may include presenting new medications for formulary consideration, updating/creating prior authorization criteria for insurance coverage, and addressing any pharmacy related endocrinology questions/concerns that may arise.

#### Gastroenterology & Dermatology

Gastroenterology and Dermatology is an elective four to six-week learning experience. The gastroenterology department consists of 20 providers, while the dermatology department has 18 providers, all of whom are supported by the clinical pharmacist. The resident will provide direct patient care via telephone visits and assist the clinical pharmacist with administrative services including formulary management, cost-saving initiatives, and development of clinical decision-making tools in the electronic health record as well as provide drug information consults for the gastroenterology and dermatology teams. The resident will gain proficiency in the following disease states: inflammatory bowel disease, GERD/H pylori/peptic ulcer disease, psoriasis, acne, and dermatitis.

#### Hepatology/Infectious Disease

Hepatology and outpatient infectious diseases is an elective six week learning experience. Hepatology Clinic is a multidisciplinary team which provides patient-centered care for patients with liver related issues. This team consists of 10-15 physicians, nurse practitioner, physician assistant, nurses, pharmacist, and medical assistants. The clinical pharmacist is responsible for managing care for patients undergoing hepatitis C treatment with a case load of around 75 patients, as well as developing and maintaining hepatitis C treatment protocols, participating in various workgroups regarding hepatitis C treatment policy and decision making, and supporting the hepatology providers and nurses with any hepatology-related medication concerns. Other areas of focus include hepatitis B, non-alcoholic fatty liver disease, and complications of cirrhosis.

Infectious disease team consists of 7 physicians, 3 pharmacists and 2 medical assistants. The resident will have a learning experience project focused on outpatient antimicrobial stewardship program, such as partnering up with an urgent care clinic (UCC) to evaluate outpatient upper respiratory infection management.

Elective Experiences continued on the next page...



### **KPNW PGY-2 Elective Experiences Continued...**

#### Mental Health

Clinical pharmacy specialists support the mental health department through patient care, formulary management and education. The resident will work with pharmacists responsible for monitoring patients with ADHD, depression, anxiety, bipolar, schizophrenia disorders by utilizing collaborative drug therapy agreement protocols. This experience may also include projects to improve prescribing patterns through drug use management and deprescribing initiatives.

#### **Neurology**

The Neurology Clinic is a multidisciplinary team consisting of ten neurologists as well as a nurse practitioner, registered nurses, medical assistants, and one full time neurology clinical pharmacy specialist. The duties of the clinical pharmacy specialist include providing clinical medication consults for the neurologists and neurology staff, performing efficacy and safety lab monitoring for select medications, as well as providing patient education, baseline assessments, and initiation of multiple sclerosis medication regimens. During this rotation, the resident will gain proficiency in the following disease states: multiple sclerosis, epilepsy, and headaches. Additional clinical areas covered based on resident's interests may include movement disorders, neuromuscular diseases (e.g. myasthenia gravis, amyotrophic lateral sclerosis), and medication management of antiepileptic medications in pregnancy.

#### **Oncology/Hematology**

Oncology/Hematology is an elective four to six-week learning experience. The oncology clinical pharmacists are part of a multidisciplinary team that supports adult hematology/oncology patients across three ambulatory oncology infusion locations. The clinical pharmacists are responsible for evaluating chemotherapy orders through High Alert Medication Program (HAMP) procedure, making recommendations for managing chemotherapy-related side effects, and providing chemotherapy and supportive care patient education. The resident is expected to gain proficiency in oncology therapeutics through literature review, topic discussion, and/or direct patient care experience including hematologic cancers, solid tumors, common complications in cancer patients and supportive care. The resident will also assist with administrative responsibilities including evidence reviews, drug utilization evaluations, protocol development as well as provide drug information consults for the oncology team.

#### **Rheumatology**

Rheumatology is an elective four to six-week learning experience. The clinical pharmacist in rheumatology is embedded in the clinic and supports six rheumatology providers across three medical offices. The resident will provide direct patient care via telephone visits which includes medication management for gout and assisting with step down therapy for the following disease states: rheumatoid arthritis, psoriatic arthritis, inflammatory polyarthritis, and ankylosing spondylitis. The resident will also assist the clinical pharmacist with administrative services including formulary management, cost-saving initiatives, and development of clinical decision-making tools in the electronic health record as well as provide drug information consults for the rheumatology team.



### **KPNW PGY-2 Longitudinal Experiences**

#### Leadership Development

The resident will meet during orientation, then after the first quarter for topic discussions around time management, burnout and resiliency, emotional intelligence, personnel management, resource utilization, mentoring, and other administrative issues. The resident will participate in the Coaching and Mentoring Program (CAMP), which is a is a pharmacy-sponsored 9-month program developed to encourage professional and self-growth. The resident is paired with a pharmacy leader, who has one-on-one telephone or virtual meetings to discuss career planning, management development, and succession planning. The resident is often involved in a project with their pharmacy leader mentor. In addition, there are bimonthly virtual guided workshops with other pharmacy leaders. A few examples of topics are as follows: coping during COVID-19, diversity and inclusion in the workplace, creating a personal development plan, methods for increasing member retention and satisfaction. Finally, the resident (along with pharmacy interns) will participate in topic discussions with several pharmacy leaders regarding their area of expertise.

#### **Primary Care Longitudinal**

This experience will expand upon the resident's responsibilities in PC 1 & 2 as they continue to work collaboratively alongside the medical care team throughout the residency year. These experiences include optimalization of patient specific medication therapy plans for diabetes, dyslipidemia, and hypertension. In addition, the resident will provide education to the medical clinicians through consultation and in-service presentations. Depending on what is needed, residents may also collaborate with clinicians to establish and/or provide unique healthcare interventions to close gaps in health care disparities. This longitudinal experience is designed to enhance the resident's skills in communication and relationship building with both patients and the integrated healthcare team as well as understanding the long-term effects of chronic disease state management.

#### **Community Outreach**

Community Outreach will provide the residents with a closer interface with the community in which we live in. Residents will gain an understanding of education, health, and social services resources within our community to promote wellness. Residents will have the opportunity to develop and facilitate outreaches with local organizations and colleges of pharmacy. Residents will also engage in teaching opportunities by precepting pharmacy students. The goal is for the residents to become skilled in utilizing available community resources to facilitate the prevention of chronic medical conditions commonly seen in the outpatient setting.

#### **Residency Project**

The resident will work with Kaiser Permanente PGY2 residents in other regions in joint, collaborative projects with the goal to submit the project for publication. The residency project provides the opportunity to conduct research and develop a project in a managed care environment. This includes data collection and analysis, manuscript development, and preparation for possible submission to a peer-reviewed pharmacy or medical journal.



## **KPNW Application Process**

#### ASHP Program Match Number: 750265

Interested applicants must electronically submit the following items via the Pharmacy On-line Residency Centralized Application Service (PhORCAS) by the application deadline:

- Letter of Intent
- Curriculum Vitae
- Three standardized PhORCAS reference forms
- Official College of Pharmacy transcripts

#### **Program Contact:**

Tanya Ramsey, PharmD, BCACP Residency Program Director Kaiser Permanente, Airport Way Center 5717 NE 138<sup>th</sup> Ave Portland, OR 97230 1-503-278-2872 Tanya.A.Ramsey@kp.org

#### Deadline:

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December 31, 2022

#### Appointment is contingent on the following:

- American Society of Health System Pharmacists (ASHP) Residency Matching Program "match."
  - Kaiser Permanente screening criteria including:
    - Drug & health screen
    - Criminal background check
    - Prior employment & education verification
    - License, certification & registration verification

### **KPNW Portland, OR**

Portland was recognized as the best big city in the West by *Money Magazine*. If you enjoy the city or the outdoors, Portland has something to offer for everyone. Portland's vast green spaces, scenic viewpoints, numerous dining options, and great public transportation system, make this city an exciting place to live.

#### Area Attractions:

**Scenic Rivers:** Portland sits at the junction between the Willamette and the Columbia Rivers. These rivers offer adventures such as kayaking, boating, tours, and cruises. **Downtown:** There are a variety of activities in downtown Portland, including farmers' markets, museums, shopping, concerts at the Moda Center, Crystal Ballroom or Arlene Schnitzer Concert Hall.

**Dining:** Portland was ranked by the *Washington Post* as the #1 food city and one of the top 10 food cities by *Travel and Leisure* with an assortment of fresh local restaurants and breweries.



Major League Sports: Portland is home to the NBA Trail Blazers, MLS Timbers, and NWLS Thorns. The Columbia River Gorge: Explore acres of hiking trails or visit waterfalls along the gorgeous Columbia River Gorge. International Rose Test Garden: Portland is the 'City of Roses' with the oldest official continuously operated public rose test garden in the United States with over 8,000 roses.

**The Oregon Zoo:** Visit animals at the 64-acre zoo and enjoy the spectacular display of lights during their annual winter festival, ZooLights.

**The Oregon Coast:** The Oregon Coast is a scenic 90-minute drive west of Portland with over 70 state parks, national-forest recreation areas, and numerous scenic viewpoints.

Mt. Hood: Three major ski resorts are located about 90 minutes east of Portland.

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# **KPNW PGY-2 Sequence of Learning Experiences**

| Week Of:  | Longitudinal |                    |              | nal        | Resident 1                  | Resident 2                             |
|-----------|--------------|--------------------|--------------|------------|-----------------------------|--|
| Week 1    |              |                    |              |            | Orientation (2 weeks)       | Orientation (2 weeks)                  |
| Week 2    |              |                    |              |            | Offentation (2 weeks)       | Offentation (2 weeks)                  |
| Week 3    |              |                    |              |            |                             |  |
| Week 4    |              |                    |              |            |                             |  |
| Week 5    |              |                    |              |            | Primary Care I              | Primary Care I                         |
| Week 6    |              |                    |              |            | (6 weeks)                   | (6 weeks)                              |
| Week 7    |              |                    |              |            |                             |  |
| Week 8    |              |                    |              |            |                             |  |
| Week 9    |              |                    |              |            |                             |  |
| Week 10   |              |                    |              |            |                             |  |
| Week 11   |              |                    |              |            | Geriatrics                  | Elective                               |
| Week 12   |              |                    |              |            | (6 weeks)                   | (6 weeks)                              |
| Week 13   |              |                    |              |            | · · · · · ·                 | х, , , , , , , , , , , , , , , , , , , |
| Week 14   |              |                    |              |            |                             |  |
| Week 15   |              |                    |              |            |                             |  |
| Week 16   |              |                    |              |            |                             |  |
| Week 17   |              |                    |              |            | Elective                    | Geriatrics                             |
| Week 18   |              |                    |              |            | (6 weeks)                   | (6 weeks)                              |
| Week 19   |              |                    |              |            | (/                          |  |
| Week 20   |              |                    |              |            |                             |  |
| Week 21   |              |                    |              |            |                             |  |
| Week 22   |              |                    |              |            | ASHP (1 week)               | ASHP (1 week)                          |
| Week 23   |              | _                  |              |            |                             |  |
| Week 24   |              | Community Outreach |              |            |                             |  |
| Week 25   |              | utre               | are          | .e         | Leadership & Administration | Leadership & Administration            |
| Week 26   | ject         | ō,                 | Ö<br>>       | srsh       | •                           | ·                                      |
| Week 27   | Project      | inity              | nar          | Leadership |                             |  |
| Week 28   | _            | nmi                | Primary Care | Le         | Academia                    | Academia                               |
| Week 29   |              | Com                |              |            | (2 weeks)                   | (2 weeks)                              |
| Week 30   |              | 0                  |              |            |                             |  |
| Week 31   |              |                    |              |            | <b>F</b> loother            | <b>F</b> lashing                       |
| Week 32   |              |                    |              |            |                             |  |
| Week 33   |              |                    |              |            | (5 weeks)                   | (5 weeks)                              |
| Week 34   |              |                    |              |            |                             |  |
| Week 35   |              |                    |              |            |                             |  |
| Week 36   |              |                    |              |            |                             |  |
| Week 37   |              |                    |              |            | Elective                    | Primary Care II                        |
| Week 38   |              |                    |              |            | (6 weeks)                   | (6 weeks)                              |
| Week 39   |              |                    |              |            |                             |  |
| Week 40   |              |                    |              |            |                             |  |
| Week 41   |              |                    |              |            |                             |  |
| Week 42   |              |                    |              |            |                             |  |
| Week 43   |              |                    |              |            | Primary Care II             | Elective                               |
| Week 44   |              |                    |              |            | (6 weeks)                   | (6 weeks)                              |
| Week 45   |              |                    |              |            |                             |  |
| Week 46   |              |                    |              |            |                             |  |
| Week 47   |              |                    |              |            |                             |  |
| Week 48   |              |                    |              |            |                             |  |
| Week 49   |              |                    |              |            | Elective                    | Elective                               |
| Week 50   |              |                    |              |            | (6 weeks)                   | (6 weeks)                              |
| Week 51   |              |                    |              |            |                             |  |
| Week 52   |              |                    |              |            |                             |  |
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