

KPNW PGY2 Ambulatory Care Residency Overview

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Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of the leading healthcare providers and nonprofit health plans in the United States. Caring for our communities for over 75 years, our mission is to provide high-quality, affordable healthcare services and to improve the health of our members and the communities we serve. Kaiser Permanente serves over 12 million members nationwide across 7 different regions, including Northern California, Southern California, Colorado, Georgia, Hawaii, Mid-Atlantic States, Northwest, and Washington.

Kaiser Permanente Northwest

Kaiser Permanente Northwest serves approximately 625,000 members in the Portland metro area, Salem, Eugene, and Southwest Washington. The region includes 51 medical offices, 21 dental offices, 24 outpatient pharmacies, and 2 hospitals. Our 46 primary care medical offices are certified by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes.

Purpose

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

Residency Overview

- ASHP Accredited PGY-2 Ambulatory Care Residency
- 52-week program starting in early July
- Two resident positions
- Based in Portland, Oregon

Program Requirements

- ACPE accredited School of Pharmacy graduate
- PGY-1 residency completion
- Licensure requirements:
 - Oregon intern license by the start of the residency
 - Pharmacist licensure in Oregon by 120 days from the start of the residency
 - Pharmacist licensure in Washington by 180 days from the start of the residency
- Longitudinal staffing (Total ~12 times / year)
 - Longitudinal staffing provides residents with opportunities to volunteer within the local community. Depending on availability, these opportunities may include:
 - Coordinating with local schools of pharmacy to implement vaccination clinics, weekend blood pressure clinics for patients with limited healthcare access, and assisting with Kaiser Permanente vaccination clinics
- Attendance at Professional Conferences:
 - ASHP Midyear Clinical Meeting (pending regional approval) if presenting a poster
 - Northwestern States Regional Conference (Portland, OR)

Benefits

- Paid expenses to ASHP Midyear if presenting a poster (subject to regional approval)
- Insurance
 - Allowance to purchase comprehensive medical, dental, and vision coverage for self, domestic partner & dependents
 - Allowance includes the option for basic life insurance and short-term disability, with the option to pay for long-term disability
- Time Off
 - 10 days paid time off (to include vacation, sick time, interview days, or other leave time, such as jury duty, bereavement, and military leave) that is subject to scheduling needs
 - 7 paid holidays: New Year's Day, MLK Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving & Christmas
 - Professional leave for conferences (up to 4 paid days for ASHP Midyear [if presenting a poster] and up to 1 paid day for NW States Residency conference) as approved by the Residency Program Director

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:

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Deadline:

January 2, 2025

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

Kaiser Permanente agrees that no person at this site will solicit, accept or use any ranking-related information from any resident applicant.

KPNW PGY-2 Required Experiences

Primary Care 1 (4-6 weeks)

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 (6 weeks)

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 be 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.

Geriatrics (6 weeks)

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 Medication Therapy Management. 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 (4-6 weeks)

The Leadership and Administration section provides a comprehensive understanding of the day-to-day life of a clinical pharmacy services manager. The resident will learn to problem-solve personnel and service-related issues, work with the manager and leads team to implement and improve practices, 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 be involved in residency-related performance improvement projects related to the ASHP Standards. This section is designed to enhance the resident's communication and interpersonal skills while developing time management strategies.

KPNW PGY-2 Longitudinal Experiences

Leadership Development

Experiences in leadership development are designed to introduce residents to pharmacy leadership. Several pharmacy leaders will have topic discussions with the resident regarding their area of expertise. The resident will also participate in topic discussions around time management, burnout and resiliency, emotional intelligence, personnel management, resource utilization, mentoring, and other administrative issues.

Primary Care Longitudinal

This experience will expand upon the resident's responsibilities in PC 1 & 2. These experiences include optimization 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. The resident will staff a Saturday pharmacist-run blood pressure clinic in the Portland metro area once a month or less.

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. The residents will also mentor the PGY1 residents with the implementation of the employee flu clinic at the pharmacy administration building. This is part of the staffing component of the residency and occurs in the late Summer-Fall, then Spring.

Residency Project

The residency project is intended to provide the resident with the opportunity to conduct research and project development in a managed care environment, to collect and analyze data, and to prepare a manuscript for potential submission to a peer-reviewed pharmacy or medical journal. The resident will work with the Residency Program Director, pharmacy leadership and preceptors to choose a project that meets the goals and objectives of the ASHP PGY-2 Ambulatory Care Residency and improves patient care.

KPNW PGY-2 Elective Experiences

Academia/Teaching Certificate

This learning experience and certificate training program is partnered with the Oregon State University College of Pharmacy faculty and Pacific University School of Pharmacy. 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 and 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 settings. 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 academic experience, including syllabus design, development of didactic lectures, discussion session facilitation, presentations, grading, and feedback.

Anticoagulation (4-6 weeks)

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 (4-6 weeks)

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 developing clinical content within the electronic medical record, gathering input from all stakeholders, coordinating and communicating implementation, conducting periodic reviews/maintenance, and evaluating effectiveness. The learning experience can be somewhat tailored to the resident's background and interests or provide a general overview of Ambulatory Pharmacy Informatics.

Endocrinology (4-6 weeks)

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 (4-6 weeks)

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.

KPNW PGY-2 Elective Experiences Continued...

Hepatology/Infectious Disease (6 weeks)

Hepatology Clinic is a multidisciplinary team that provides patient-centered care for patients with liver-related issues. This team consists of 10-15 physicians, nurse practitioners, physician assistants, nurses, pharmacists, and medical assistants. The clinical pharmacist is responsible for managing care for patients undergoing hepatitis C treatment with a caseload 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.

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

Mental Health (4-6 weeks)

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, and 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 (6 weeks)

The Neurology Clinic is a multidisciplinary team of ten neurologists, 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 the 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 (4-6 weeks)

The oncology clinical pharmacists are part of a multi-disciplinary team that supports adult hematology/oncology patients across three ambulatory oncology infusion locations. The clinical pharmacists are responsible for evaluating chemotherapy orders through the 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, and protocol development, as well as provide drug information consults for the oncology team.

Rheumatology (4-6 weeks)

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 the 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 Sequence of Learning Experiences

Week of:	Longitudinal Rotations				Resident 1	Resident 2	
Week 1	Community Outreach	Project 1	PC Longitudinal 1	PC Longitudinal 1	Leadership Development	Orientation (2 weeks)	Orientation (2 weeks)
Week 2						Primary Care I (6 weeks)	Primary Care I (6 weeks)
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8		Project 2	PC Longitudinal 2	PC Longitudinal 2	Leadership Development	Geriatrics (6 weeks)	Elective (6 weeks)
Week 9						Elective (6 weeks)	Geriatrics (6 weeks)
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15	Community Outreach	Project 3	PC Longitudinal 3	PC Longitudinal 3	Leadership Development	Elective (6 weeks)	ASHP (1 week)
Week 16						ASHP (1 week)	Leadership & Administration (4 weeks)
Week 17							
Week 18							
Week 19							
Week 20							
Week 21							
Week 22		Project 4	PC Longitudinal 4	PC Longitudinal 4	Leadership Development	Leadership & Administration (4 weeks)	Leadership & Administration (4 weeks)
Week 23						Elective (5 weeks)	Elective (5 weeks)
Week 24							
Week 25							
Week 26							
Week 27							
Week 28							
Week 29	Project 3	PC Longitudinal 3	PC Longitudinal 3	Leadership Development	Elective (6 weeks)	Primary Care II (6 weeks)	
Week 30					Primary Care II (6 weeks)	Elective (6 weeks)	
Week 31							
Week 32							
Week 33							
Week 34							
Week 35							
Week 36	Community Outreach	Project 4	PC Longitudinal 4	PC Longitudinal 4	Leadership Development	Primary Care II (6 weeks)	Elective (6 weeks)
Week 37						Elective (6 weeks)	Elective (6 weeks)
Week 38							
Week 39							
Week 40							
Week 41							
Week 42							
Week 43	Community Outreach	Project 4	PC Longitudinal 4	PC Longitudinal 4	Leadership Development	Elective (6 weeks)	Elective (6 weeks)
Week 44						Elective (6 weeks)	Elective (6 weeks)
Week 45							
Week 46							
Week 47							
Week 48							
Week 49							
Week 50	Community Outreach	Project 4	PC Longitudinal 4	PC Longitudinal 4	Leadership Development	Elective (4 weeks)	Elective (4 weeks)
Week 51						Project week	Project week
Week 52							