

Kaiser Foundation Health Plan, Inc. - Hawaii

PGY1 Pharmacy Residency Program



The mission of the program is to develop pharmacists that provide evidence-based, compassionate, patient-focused, and cost-effective pharmaceutical care for Kaiser Permanente Hawaii members and become self-directed learners with leadership skills to help further advance pharmacy practice.

About Our Pharmacy

The Kaiser Permanente Hawaii Market is aligned under the Southern California Kaiser Permanente Region and employs 330 pharmacy employees who work in 21 different licensed pharmacies across 4 of the Hawaiian Islands.

Our ambulatory care clinical pharmacy service is staffed by board-certified clinical pharmacy specialists who manage chronic diseases (including diabetes, hyperlipidemia, and hypertension), offer medication therapy management, and provide anticoagulation monitoring services. We also employ ambulatory care clinical pharmacists who specialize in hepatitis and HIV, nephrology, oncology, heart failure and cardiology.

Moanalua Medical Center in Honolulu, Hawaii is centrally located for our 271,000+ members and has a capacity of 295 beds. Our acute care pharmacists are board certified clinical pharmacists who practice all over the hospital, including in central pharmacy, general medicine, critical care, infectious disease, and the emergency department. Many of our acute care pharmacists are specialized in their respective areas. In addition, Kaiser Permanente Hawaii pharmacists work in formulary management, pharmacy informatics, data analytics, compliance, benefits, quality and medication safety, and supply chain.

Our residency program provides residents with a unique opportunity to develop advanced clinical pharmacy skills in a diverse range of practice settings including but not limited to ambulatory care, acute care, administration and leadership, quality and medication safety, drug initiatives, and formulary management. Established physician-pharmacist partnerships allow residents to develop effective academic detailing. Residents will have many opportunities to establish community partnerships via precepting, community outreach, and professional conferences. Upon completion of the residency program, residents will have developed skills in clinical drug therapy application, interpersonal communication, critical literature evaluation, and formulary management necessary to function as an integral member of the health care team in an ambulatory care, acute care, or managed care setting, or in an advanced practice pharmacy residency program.

CONTACT INFORMATION

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About Our Location: Hawaii

Rotation Locations

Our rotations are located on the island of Oahu. The majority of rotations will be located at our Moanalua Medical Center (highlighted in blue on the map) and Mapunapuna (highlighted in red on the map). Rotations may occur at any of the Oahu clinics but in the past have been located at the clinics identified on the map. The diversity of locations will allow you to see how the larger organization works to provide united care to each local community.

Commute

Residents must have transportation on island as they will be expected to travel to different locations in a timely manner. While everything on the island may look close on the map, it may take longer to reach your destination than expected. For example, without traffic, it can take up to 45 minutes to drive from Kailua (East) to Kapolei (West). Traffic on the island can become time-consuming. Traffic is the worst going from areas like Kapolei (West) to Honolulu in the morning and in the opposite direction after work hours. There is also traffic going from Hawaii Kai (Southeast) to Honolulu in the morning and in the opposite direction after work hours.

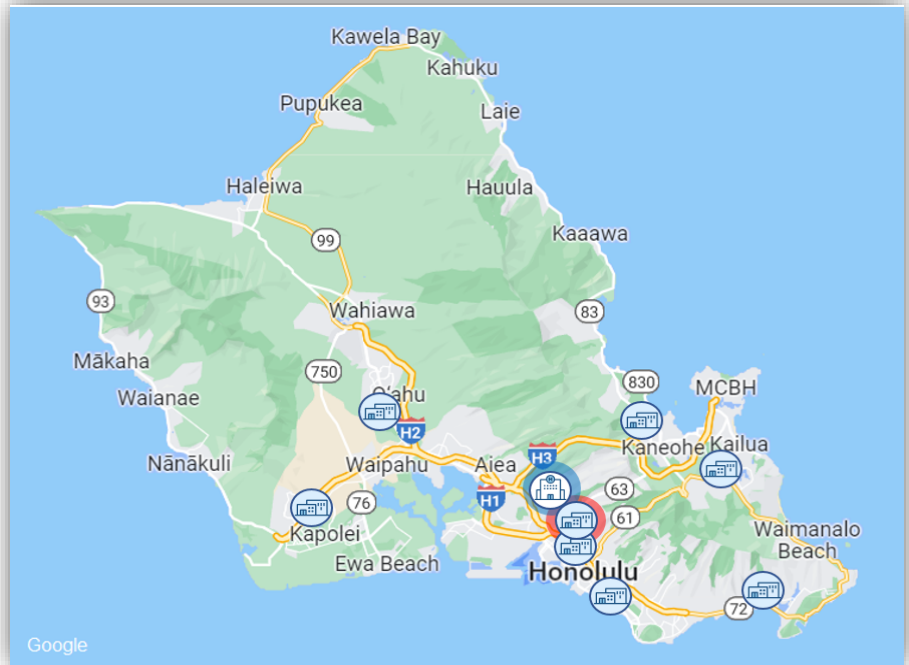
Cost of Living

Hawaii does have a high cost of living, which is something to be aware of before moving here. It may be an adjustment seeing the cost of items being more than you are used to. Almost everything must be shipped here and for that reason everything is slightly more expensive.

Apartments can be found in many neighborhoods across the island, so it depends on what you are looking for. They range in cost, but a typical amount for a studio/1-bedroom will range from \$1,400 to \$2,000 per month. We recommend looking for locations close to the Mapunapuna and Moanalua locations as this is where you will spend most of your time.

About Our Rotations:

Residents will be required to complete all required learning experiences and 2-3 elective learning experiences of their choice. Duration of rotations are subject to change. If desired, residents may extend certain required learning experiences instead of an elective rotation. Other elective learning experiences may be developed based on resident interest and preceptor availability. In addition to required/elective rotations, residents will be expected to complete all longitudinal rotations listed. The inpatient longitudinal rotation includes a weekend staffing requirement described further below in the Inpatient Pharmacy Operations and Staffing description.



Required Rotations

Orientation
Outpatient
Patient Support Service (PSS)
General Medicine
Critical Care Unit (CCU)

Elective Rotations

Anticoagulation
Cardiology and Heart Failure
Hepatitis and HIV
Infectious Diseases
Medication Therapy Management (MTM)
Nephrology
Oncology

Longitudinal Rotations

Administration and Leadership
Drug Initiatives or Quality and Medication Safety
Formulary Management
Inpatient Pharmacy Operations and Staffing
Residency Project

About Our Required Learning Experiences:

Orientation (2 Weeks)

An orientation program is scheduled during the first two weeks of the residency. It is designed to introduce the incoming residents to the Kaiser Permanente Hawaii (KPHI) Pharmacy Services and to outline the expectations of the residency year. The resident shall attend all required training during the orientation period including, but not limited to, the electronic medical record system (Health Connect), New Employee Orientation, and expectations of the residency program. During the orientation, the resident will become familiarized with the calendar, finish training, be introduced to preceptors, and get a background of the KPHI Pharmacy Services.

During the orientation rotation the resident will also get an introduction/orientation and launch the longitudinal rotations: Formulary Management, Drug Initiatives or Quality and Medication Safety, Administration and Leadership, and Residency Project.

Outpatient (4 Weeks)

The pharmacy residency Outpatient rotation is designed to introduce the incoming residents to KPHI Pharmacy Outpatient Services. Goals for this rotation are for residents to gain experience in outpatient prescription processing, become familiar with the ePIMs system and KPHI formulary, learn pharmacy benefits, and exercise communication skills. In addition, the resident will work on independent projects for the outpatient department and gain exposure to managing staff. The role of the outpatient pharmacist is to dispense medications safely according to legal requirements, policies, and procedures. In person attendance is mandatory. The resident is also expected to attend any meetings that the preceptor has arranged.

Patient Support Service (PSS)– Ambulatory Care (6 Weeks)

The Patient Support Service (PSS) rotation is designed to acquaint the resident with the daily practices of the PSS ambulatory care clinical pharmacists.

PSS is a multi-disciplinary healthcare team that consists of clinical pharmacists,

nurse practitioners, registered nurses, and pharmacy technicians that help to manage chronic diseases, specifically diabetes, hyperlipidemia, and hypertension.

The PSS ambulatory care clinical pharmacists provide primarily phone-based population management. In addition, pharmacists may also utilize digital technology to interact with patients such as video visits, remote glucose monitor and continuous glucose monitors. PSS clinical pharmacists also assist with formulary management and development of workflows to increase capacity and efficiency.

This rotation allows the pharmacy resident opportunities to enhance skills in patient-specific pharmacotherapy, patient education, evidence-based medicine, formulary management, and drug information, in a population management model of care. In addition, the pharmacy resident will understand population management and gain an understanding of health disparities.

General Medicine – Inpatient Care (6 Weeks)

The General Medicine rotation will immerse the resident in direct patient care activities pertaining to the General Medicine units within a health maintenance organization hospital setting. Emphasis will be placed on preparing the resident to independently staff as a decentralized Clinical Pharmacist and practice evidence-based medicine utilizing primary literature and current practice guidelines. This rotation is designed to develop an acute care baseline for the resident to progress to the Critical Care Unit rotation.

The resident will participate in general decentralized Clinical Pharmacist staffing duties including but not limited to order verification, pharmacy to dose and monitor consults, respond to drug information requests, conduct patient education, and round independently with the Internal Medicine Residents as a part of a multidisciplinary health care team.

Decentralized Clinical Pharmacists are responsible for:

1. Order verification
2. Pharmacy to dose consults (e.g., PK antibiotics, warfarin, renal dosing, levothyroxine (IV))
3. Pharmacy Initiatives (e.g., antimicrobial stewardship, formulary initiatives)
4. Evaluating assigned patients
5. Provide drug information responses
6. Assist in Code Blue and Rapid Response situations

The rotation will begin with a brief introduction regarding staffing each type of unit (Medical, Surgical, Telemetry) followed by staffing aforementioned units in collaboration with a preceptor. Preceptors will coordinate with the resident to schedule topic discussions throughout the rotation experience.

By the end of the rotation, the resident is expected to be able to verify orders, conduct pharmacy to dose consults, write progress notes in a patients' electronic medical record, and appropriately interact with other health care providers independently and satisfactorily. The resident is expected to attend all scheduled rotation days, participate in all rotation activities, round with the Internal Medicine Resident multidisciplinary team, and present a topic presentation to the Internal Medicine Residency multidisciplinary team regarding a topic of their choosing.

The resident is encouraged to collaborate with the primary preceptors to identify the resident's areas

of interest to tailor rotation activities to best achieve their desired learning goals and experience.

Critical Care Unit (CCU)– Inpatient Care (6 Weeks)

The Critical Care Unit rotation is designed to give opportunities for the resident to enhance their knowledge base and to develop advanced, comprehensive pharmacotherapeutic skills required for the identification and resolution of drug therapy problems commonly encountered in the management of critically ill patients with multiple, complex medical problems.

The critical care pharmaceutical care services include:

- 1) Multi-disciplinary intensive care teaching rounds.
- 2) Daily patient profile review and identification and resolution of any medication related issues.
- 3) Daily review of laboratory data to monitor for appropriate dosing of drug therapy.
- 4) Evaluation of all medical regimens for appropriateness, including antimicrobial stewardship.
- 5) Proactive involvement in selecting, modifying, and monitoring drug therapy.
- 6) Documentation of pharmacist interventions and activities, including antibiotic and anticoagulation monitoring.
- 7) Maintain an active presence in the unit throughout the day.

Throughout the rotation, the resident may be responsible for education of patients, providers, ancillary staff, or pharmacy students as the need arises. Topic reviews and journal clubs will be conducted during the rotation. Drug information requests will be the responsibility of the resident during the experience as well.

The resident will begin this rotation by covering approximately three to four patients and will work to increase patient volume throughout the rotation. The resident will assume responsibility and accountability for all pharmacotherapy management issues for their assigned patients. Attention to details, excellent communication skills, and interpersonal skills are essential for success in this experience.

Patient acuity is very high and clinical status may change quickly requiring reassessment of therapeutic regimens and monitoring plan on an ongoing basis. The resident must develop and implement time management skills to efficiently accomplish the required activities during this experience. At the end of the rotation, the resident should be able to efficiently review a patient and identify pharmacotherapeutic problems, implement medication regimens, develop a plan with measurable endpoints and subsequently monitor the regimens for effectiveness and adverse effects.

About Our Elective Learning Experiences:

Anticoagulation – Ambulatory Care (4 Weeks)

The Anticoagulation clinic is staffed by 4 full time pharmacists and 3 full time pharmacy technicians. The Pharmacists in the Anticoagulation clinic reviews INR and other laboratory values for patients using warfarin, low molecular weight heparins, or other anticoagulant medication. Based on clinical review each pharmacist care manager provides recommendations for medication therapy and follow-up. The pharmacists also provide recommendations for bridging therapy before surgeries and procedures. Patients are given counseling on warfarin and DOAC (i.e., Pradaxa) when initiating therapy, including information on herbal and over-the-counter medications that may interfere.

The learning experience for the resident is designed to develop the resident's understanding of care for patients with anticoagulation therapy and facilitate independent thought process toward managing anticoagulation for a variety of indications.

Cardiology and Heart Failure – Ambulatory Care (4 Weeks)

The Cardiology/Heart Failure rotation is designed to provide the PGY-1 pharmacy resident with direct patient care experience in the management of heart failure and cardiovascular conditions and the optimization of guideline-directed medical therapy. During this rotation, the resident will develop skills in cardiovascular medication selection, dosing, monitoring, optimization, and interpretation of relevant labs, imaging, and procedures to cardiovascular diagnoses and medications. The experience also emphasizes multidisciplinary communication, evidence-based decision-making, and the pharmacist's role in improving patient outcomes while promoting safe and appropriate cardiovascular therapy.

This rotation offers the resident the opportunity to participate in patient care activities, cardiovascular and heart failure interventions, topic discussions, drug information responses, guideline review, and collaboration with physicians, nurse practitioners, nurses, dietitians, cardiac device/echocardiogram/EKG technicians, and other health care team members. By the end of the rotation, the resident should be able to confidently assess cardiovascular and heart failure pharmacotherapy, make evidence-based recommendations, and contribute meaningfully to the care of cardiovascular and heart failure patients within the ambulatory care clinic setting.

Hepatitis and HIV – Ambulatory Care (4 Weeks)

The Hepatitis and HIV clinic rotation's goal is to understand the role for a Hepatitis and HIV Clinical Pharmacist. The Hepatitis clinic is located at the Kaiser Permanente Moanalua Clinic. HIV and PREP care are operated out of the Care Pathway Clinic (CPC) located at the Mapunapuna Clinic. The Pharmacist spends every Tuesday from 8am to noon with the CPC staff if there is a patient scheduled for an Office Visit. The Hepatitis/CPC clinic staff consists of medical assistants and RNs in addition to Physicians, Physician Assistant, and a Nurse Practitioner (Mondays only).

The Hepatitis/HIV pharmacist is an integral member of the health care team that provides care for Hepatitis B/C, HIV and PrEP patients. The pharmacist reviews Hepatitis B/C, HIV, PrEP patients to screen for drug-related problems. They also partner with providers to choose appropriate medication regimen for treatment as well as side effect management when necessary. Also, the pharmacist participates in formulary management activities to ensure proper use of our resources and appropriate medication use for our patient populations. The pharmacist provides patient education for those on treatment, case manages Hep C and PrEP patients per protocol and does adherence monitoring for all patients. Furthermore, the pharmacist provides drug information to the Infection Disease staff and does population management through database programs.

This rotation is designed to provide the resident with the opportunity to evaluate an existing Hepatitis/HIV/PrEP clinic and identify possible areas where a Clinical Pharmacist may have a role in caring for Hepatitis/HIV/PrEP patients as part of a multi-disciplinary health care team. The resident will also gain further knowledge and experience in the care of patients in this setting.

Infectious Diseases – Inpatient (4 Weeks)

The Infectious Diseases rotation is designed to provide the PGY-1 pharmacy resident with direct patient care experience in the management of infectious diseases and the optimization of antimicrobial therapy. During this rotation, the resident will develop skills in antimicrobial selection, dosing, monitoring, de-escalation, duration of therapy, and interpretation of microbiology data. The experience also emphasizes antimicrobial stewardship principles, multidisciplinary communication, evidence-based decision-making, and the pharmacist's role in improving patient outcomes while promoting safe and appropriate antimicrobial use.

This rotation offers the resident the opportunity to participate in patient care activities, antimicrobial stewardship interventions, topic discussions, drug information responses, guideline review, and collaboration with physicians, nurses, microbiology, infection prevention, and other health care team members. By the end of the rotation, the resident should be able to confidently assess infectious diseases pharmacotherapy, make evidence-based recommendations, and contribute meaningfully to antimicrobial stewardship efforts within the hospital setting.

Medication Therapy Management (MTM) – Ambulatory Care (4 Weeks)

The MTM rotation focuses on comprehensive medication reviews for medication therapy management with the goal of providing a well-rounded ambulatory care experience. The Medication Therapy Management (MTM) program is a phone-based service designed to acquaint the resident to the CMS requirements of the MTM program. The resident will be required to perform comprehensive medication reviews to include but not limited to: appropriateness of therapy, duplication of therapy, potential drug-drug interactions, potential drug-disease interactions, medication adherence issues, multiple prescribers, drugs that are inappropriate in the elderly, potential therapy gaps, potential monitoring gaps, appropriate dosing, opportunities to reduce drug cost, review over-the-counter and herbal supplements, assess for adverse effects, complications, and therapeutic outcomes, and be able to formulate therapy recommendations to the provider for any identified areas that may require intervention.

Nephrology – Ambulatory Care (4 Weeks)

This rotation is designed to give the resident a basic understanding of disease states related to Nephrology. This learning experience will stress the application of therapeutics in patient care and will require the resident to further develop skills in proper drug therapy selection, patient monitoring, patient education, and delivery of pharmaceutical care. The resident will be a proactive participant of the Nephrology team and complete daily workload, as well as any additional projects, on time.

The Nephrology Division at KPHI is comprised of nephrologists, physician assistants, nurses, pharmacists, and other medical staff. The department follows and manages approximately 2,500 patients, encompassing all stages of chronic kidney disease, including over 650 dialysis patients. Additionally, they also care for kidney transplant patients, starting from the work-up process and once they return from the transplant center, after they have received their allograft.

The Nephrology clinical pharmacist works collaboratively with multidisciplinary team within Kaiser as well as dialysis centers to monitor and optimize medical therapy for patients. The pharmacist works under guideline/protocol to monitor patients with anemia of CKD/ESRD and/or metabolic bone disease (MBD). The pharmacist reviews all labs and triage pertinent lab results to nephrologists when additional assessment or treatments are necessary. The pharmacist also provides drug

information to Nephrology providers, as well as serves as a resource to medical and pharmacy staff throughout KPHI region for nephrology-related concerns and questions.

Oncology – Ambulatory Care (4 Weeks)

The KPHI Oncology clinic is an outpatient clinic that has a team of physicians, physician assistants, registered nurses, medical assistants, pharmacists and pharmacy technicians that assist in the provision of evidence-based care to patients presenting with a wide range of oncologic and hematologic disease states. The pharmacists in this clinic review oncologic regimens for appropriateness and evidence for use, counsel patients on their regimens, prepare and dispense IV regimens, and review ongoing clinical trials to ensure consistent provision of optimal care options to patients at Kaiser Permanente.

During the Oncology Rotation, the resident will develop clinical skills in the management of outpatient Oncology patients. The resident will function as a member of the health care team and provide pharmaceutical care and medication counseling for patients receiving chemotherapeutic and immunotherapeutic agents. The resident will have multiple opportunities to interact with physicians, nurse practitioners, and other health care professionals.

Other elective learning experiences may be developed based on resident interest and preceptor availability.

About Our Required Longitudinal Learning Experiences:

Drug Initiatives (39 weeks)

The Drug Initiatives rotation is a longitudinal rotation designed to familiarize the resident with concepts related to developing and implementing drug initiatives in a managed care setting. Emphasis is placed on understanding how changes in the medication use system are developed and the role of an initiative pharmacist.

The initiative pharmacists are key players in developing plans in changes in the medication use system. Their role within the clinics allows them to be consultants for physicians and other ancillary healthcare professionals. Their relationships with providers allow them to effectively educate changes that occur within the medication use system which can include substitutions in therapy, quality improvements, and cost savings opportunities. Pharmacists perform drug use medication reviews and provide education to the pharmacy department and healthcare team on any changes to the formulary and updates on any FDA updates, including recalls or drug shortages.

Implementation of the formulary changes and drug initiatives are performed by pharmacists in all settings, Ambulatory Care, Outpatient, and Inpatient (if applicable). Clinic based pharmacists assist in the education of the physicians and prescribers of the formulary changes and implementation of the changes at the patient level.

At the end of this rotation the resident will be able to understand the role of initiative pharmacists as well as understand the role of the Drug Utilization Action Team (DUAT) and how initiatives are developed. The resident will actively participate in one drug initiative with the initiative team.

Quality and Medication Safety (52 weeks)

The Quality and Medication Safety rotation is a longitudinal rotation designed to familiarize the resident with first-hand experience in managerial and administrative aspects of the pharmacy department in a managed care organization and develop a certain level of autonomy as appropriate. The resident will be given an overview of quality metrics, medication safety and process improvement strategies as it relates to this organization and understanding the different accreditation bodies (i.e., Joint Commission) and its standards and requirements. This rotation will allow for broad scope understanding of Just Culture, management of reported medication incidents and adverse drug events through the Unusual Occurrence Report/MIDAS system, Joint Commission and other accreditation standards, and the functional role of pharmacy quality and medication safety. Furthermore, the resident should gain knowledge and techniques around coaching and facilitating improvement teams to support implementation of risk mitigation strategies.

Unusual Occurrence Reports (UORs) are submitted by front-line staff in all settings, Ambulatory Care, Outpatient, and Inpatient. The pharmacists in the Quality and Medication Safety department review all UORs and classify them by stage in the medication use process, severity, and error type. Upon review of the incidents, observed trends are reported and potential suggestions are shared to remediate the incident. Higher severity UORs require deep dives to evaluate if cause effect analysis, root cause analysis or a failure mode effect analysis is needed. Follow up action plans are also developed for higher severity UORs. In addition, there is continuous monitoring of the process to evaluate the effectiveness of changes in collaboration with our patient safety and risk departments.

Data from UOR are compiled and reported out on a quarterly cadence to the market's Medication Safety Committee, Pharmacy and Therapeutics Committee, Quality Committee, and Quality Risk Safety and Service Committee which is comprised of multi-disciplinary teams to inform them of medication incidents that occur in our region.

At the end of this rotation the resident will be able to explain the UOR process, be able to use process improvement principles, be able to analyze changes made to the medication use system, be able to critically think and understand high leverage strategies to mitigate risk and be able to run reports to analyze data related to specific medication incidents.

Formulary Management (39 weeks)

The Formulary Management rotation is a required, longitudinal learning experience designed to familiarize the resident with concepts related to formulary management, the provision of institution-wide drug information, and implementation of drug formulary changes in a managed care setting. Emphasis is placed on the integration of evidence-based medicine (EBM) principles in determining the safest, most appropriate, cost-effective therapies to ensure the most responsible use of healthcare dollars. The resident will use these principles to develop a drug monograph, perform a medication-use evaluation, and make evidence-based drug recommendations to improve medication-use processes and optimize patient outcomes.

Inpatient Pharmacy Operations and Staffing (35 weeks)

The Inpatient Pharmacy Operations and Staffing Rotation is a required longitudinal rotation that will give residents experience independently working as a Clinical Pharmacist in the acute care setting. The rotation begins with an orientation period where the Resident will directly shadow and work alongside Pharmacy staff to learn Inpatient Pharmacy operations. The rotation continues through the rest of the year with the resident staffing 3 to 4 days a month in addition to rotation

activities. This rotation is designed to train residents operationally in preparation for General Medicine and Critical Care Unit rotations.

Responsibilities of Central Pharmacists:

- 1) Order entry and verification
- 2) Laboratory data review
- 3) Dispensing first dose orders
- 4) Checking Pyxis and cart fills
- 5) Ensuring medications are delivered to nursing units in a timely manner
- 6) Directing Pharmacy Technicians based on operational needs
- 7) Perform discharge medication reconciliation
- 8) Inventory and formulary management
- 9) CSP preparation and understand USP 797 guidelines
- 10) Parenteral nutrition

Responsibilities of Decentralized Pharmacists:

- 1) Order verification
- 2) Pharmacy to dose consults (e.g., PK antibiotics, warfarin, renal dosing, levothyroxine (IV))
- 3) Pharmacy Initiatives (e.g., antimicrobial stewardship, formulary initiatives)
- 4) Evaluating assigned patients
- 5) Provide drug information responses
- 6) Assist in Code Blue and Rapid Response situations

By the end of the rotation, the resident will be able to independently staff as a decentralized Clinical Pharmacist.

Administration and Leadership (52 weeks)

The Administration and Leadership rotation is a longitudinal learning experience with a concentrated 2-week rotation designed to introduce the resident to various concepts and skills that are required to manage and maintain pharmacy department operations across different settings.

The duties the Clinical Pharmacy Director include oversight of the Ambulatory Care Pharmacy Operations, Formulary Management, Drug Utilization Management, and Learning & Development. This includes roughly 50 FTE in the care delivery and administrative areas.

The rotation will expose the resident to the development, strategies, implementation, and monitoring of initiatives that support Hawaii Market and National Pharmacy goals. The resident will also be introduced to staff development and performance feedback. Additionally, this rotation will allow the resident to participate in the HR recruitment process as they recruit, interview, and select (rank) the incoming PGY-1 residency candidates.

The resident will participate in high level, interdisciplinary leadership as well as operational staff meetings. The experience will cover a variety of discussions, readings, and hands-on learning activities. The experience will also cover personal and professional development and participation in professional organizations (i.e., ASHP, HPhA, etc.).

Residency Project (52 weeks)

The pharmacy Residency Project is a year-long project required for graduation from the residency program. Preceptors and residents will work together to develop a project aimed at identifying, organizing, and solving a clinical or management-related problem, or developing a new program.

The goal of the residency project is to expose residents to the process of conducting research and executing a project as a pharmacist. Experiences may include but are not limited to, conceptualizing, and synthesizing a hypothesis, conducting background literature research, designing a project protocol, collecting, and analyzing data, and finally presenting the findings of the research project.

Residents are required to complete the following activities to satisfy the longitudinal project requirement for the residency program: complete the Initial Concurrence Form and submit to SCAL CFS, obtain IRB approval or exemption from the Research Determination Committee/IRB, present preliminary project poster at the American Society of Health System Pharmacist (ASHP) Midyear Conference, attend SCAL Resident Abstract Workshop, submit abstracts to CFS for review prior to submitting to Western States Conference, present project at the CFS Resident Formal Dress Rehearsal, Western States Conference (WSC) and Hawaii Pharmacists Association (HPhA) Annual Meeting (if scheduled to attend), and produce a written project manuscript which residents are encouraged to submit for publication.

About Our Application

Application deadline: January 4, 2027

PhORCAS Code: 93004

Requirements: Letter of intent, 3 letters of recommendation, official transcript, completed application, curriculum vitae, graduate (or upcoming graduate) of an ACPE-accredited school of pharmacy or have Foreign Pharmacy Graduate Examination Committee certificate from NABP

About Our Program: Compensation and Benefits

Dates: June 2027 – June 2028

Current Pay Rate: \$65,104 annually

Time Off: 15 vacation days and 10 paid holidays

Health Benefits: medical, including optical and dental for self and dependents

Travel: Conference fees, airfare, and room for Western States Conference/ASHP Midyear

Other: Laptop computer, personal office phone