PGY1 Pharmacy and PGY2 Ambulatory Care Pharmacy Residency

Kaiser Permanente Northwest, Portland Oregon Metro Area

Pharmacy Residency Manual

KAISER PERMANENTE®

2026-2027

PHARMACY RESIDENCY MANUAL

Kaiser Permanente Westside Medical Center (WMC)

Kaiser Permanente Sunnyside Medical Center (SMC)

Kaiser Permanente Building (KPB)

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This residency manual includes information on the practice site, program structure, program participants and roles, completion requirements, residency policies (or information on where located), program's overall evaluation strategy including evaluations required and the defined rating scale for summative evaluations (see Standard 3), and other information pertinent to residents (e.g., residency project guidelines).

KAISER PERMANENTE NORTHWEST (KPNW) OVERVIEW

For more than 75 years, Kaiser Permanente Northwest (KPNW) has provided integrated health care services to members throughout Oregon and Southwest Washington. KPNW serves more than 600,000 members and includes two hospitals, a broad network of medical offices, dental clinics, pharmacies, and specialty care services across the region. The service area extends from the Portland metropolitan area south to Eugene, Oregon, and north to Longview, Washington. Northwest Permanente, the physician group supporting KPNW, includes more than 1,300 physicians and clinicians representing over 30 medical specialties.

Kaiser Permanente Sunnyside Medical Center, located in Clackamas, Oregon, is KPNW's flagship tertiary care hospital. The medical center is licensed for approximately 303 beds and serves as the region's primary center for cardiovascular services, adult cancer care, neurosurgery and neuro-interventional services, and high-risk obstetric care. The facility includes a busy emergency department, comprehensive surgical services, and a Level III Neonatal Intensive Care Unit (NICU). Sunnyside is also home to KPNW's regional centers for heart and vascular care and adult oncology services.

Kaiser Permanente Westside Medical Center, located in Hillsboro, Oregon, is a 122-bed acute care hospital serving the western Portland metropolitan area. Opened in 2013, the hospital offers a full range of inpatient and outpatient services, including emergency medicine, labor and delivery, medical and surgical specialty care, neurosurgery, vascular surgery, and an award-winning Hip and Knee Joint Replacement Program recognized by The Joint Commission. The facility features private patient rooms and provides comprehensive care for both medical and surgical patients.

Clinical Pharmacy Services is headquartered at the Kaiser Permanente Building (KPB) in Portland, Oregon. Clinical pharmacy teams collaborate closely with physicians and other healthcare professionals throughout the region to provide comprehensive medication management and population health services. Current service lines include an adherence service, ambulatory care pharmacy, anticoagulation management, drug utilization management, formulary application services, international travel medicine, medication therapy management, pain management support, refill and message management, transitions of care, weight management services, and pharmacy residency training programs. Clinical pharmacy specialists practice across the Portland-metro area in numerous specialties, including addiction medicine, mental health, dermatology, gastroenterology, hepatology, immunizations, infectious diseases, nephrology, neurology, and rheumatology.

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As an integrated health care system, Kaiser Permanente Northwest utilizes a shared electronic health record and a collaborative care model that promotes coordination among physicians, pharmacists, nurses, and other healthcare professionals. This structure supports quality improvement, population health management, evidence-based medication use, and innovative pharmacist-led clinical services across the continuum of care.

KAISER PERMANENTE MISSION AND VISION

Kaiser Permanente Mission:

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Kaiser Permanente Northwest Vision:

Every touch, every member, every time — the future of health care is in our hands.

Kaiser Permanente Pharmacy Mission:

Provide our members with high-quality, accessible, and affordable pharmacy care.

Kaiser Permanente Pharmacy Vision:

We are the leader in providing pharmacy care across the nation.

KPNW RESIDENCY PROGRAM OVERVIEW

The residency programs at KPNW consist of the PGY1 Pharmacy Residency and the PGY2 Ambulatory Care Pharmacy Residency. Each program is 52 weeks in duration, accredited by the American Society of Health System Pharmacists (ASHP) and managed by the KPNW Pharmacy Department.

The residency program is designed to offer an individualized training plan for each resident based on their interests, goals, and past experiences. Residents are required to complete core learning experiences to build a strong knowledge base and will have the opportunity to select elective experiences in many fields of interest. Residents are required to complete additional program requirements, aimed at developing a skilled and competent practitioner. Residents will be provided with a supportive environment for professional growth and development. Upon successful completion of the program, residents will be awarded a program certificate.

KPNW RESIDENCY PROGRAM LEADERSHIP

Residency Program	Residency Program Director (RPD)	Residency Program Coordinator (RPC)
PGY1 Pharmacy	Tanya Ramsey, PharmD, BCACP	Olivia Kim, PharmD, BCACP
PGY2 Ambulatory Care	Tanya Ramsey, PharmD, BCACP	Olivia Kim, PharmD, BCACP

ASHP PROGRAM OVERVIEW

ASHP PGY1 PROGRAM PURPOSE

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.

ASHP PGY2 PROGRAM PURPOSE

PGY2 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into 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).

DEFINITIONS

Residency Program Director (RPD)
Each program has a designated Residency Program Director who is responsible for the direction, conduct, and oversight of the residency program. The RPD is accountable for the program's compliance with the provision of the ASHP Regulation on Accreditation of Pharmacy Residencies. The Residency Program Director selects residency candidates, assesses overall resident performance (including entering skill level), maintains resident development plans, coordinates all resident evaluations, determines in collaboration with preceptors/leadership rotation schedules, sets expectations of residents/preceptors, provides feedback to residents, guides the development of all learning experiences, appoints preceptors, develops preceptors in collaboration with the department preceptor development program, chairs an associated Residency Advisory Committee for their program, and ensures continuous improvement of the program.

Residency Program Coordinator (RPC)
RPDs may elect to have a Residency Program Coordinator. Residency Program Coordinators assist with the administrative functions of the residency under the oversight of the RPD. This could include: maintenance and upkeep of program structure (scheduling, manual updates, learning experience updates, PharmAcademic™ build, etc.), assisting with coordination of recruitment activities, participation in longitudinal precepting, monitoring of resident wellness, and acting as a preceptor advisor.

Residency Advisory Committees (RAC)
RAC are standing sub-committees of the overall Residency Advisory Committee specific to each individual residency program (defined above). These committees serve as the forum to check in on resident progress, guide the transition of residents between rotations, and to oversee the conduct and continuous improvement of the individual program. These committees meet at least quarterly.

PharmAcademic™
The electronic platform used by pharmacy residency programs to adhere to accreditation standards. Residency programs at KPNW use this platform to assign, track, evaluate, and plan throughout the training year.

Preceptors
Each rotation has a preceptor who develops and guides the learning experiences to meet the residency program's goals and objectives with consideration for the resident's goals, interests and skills. The preceptor periodically reviews the resident's performance and performs evaluations throughout the rotation as prescribed by the residency program, including a final summative written evaluation at the conclusion of the learning experience.

Primary Project Preceptor
A primary project preceptor is assigned with each resident project from the approved project list. Their role is to guide the residents in designing, performing, and documenting the outcomes of the project. They oversee the development of the project proposal and support its presentation to the appropriate sub-RAC. They provide editorial assistance in developing a platform presentation and the final project manuscript.

Resident

The resident is a licensed pharmacist who has entered a postgraduate training program under the supervision of experienced preceptor(s) who manage an organized program that builds on the knowledge, skills and abilities acquired from an accredited school of pharmacy. The resident has agreed to the terms and conditions in the offer letter provided after being matched/selected/admitted to the program. The resident will function as an integral part of the department and institution's patient care services. The resident is also responsible for frequent self-evaluation and incorporation of feedback to improve their practice. The resident should continually prepare and motivate themselves through self-learning so that the resident may fully benefit from the residency experience.

Accreditation Regulations - The "rules" for conducting a residency program

Rules/policies governing the accreditation process and procedures for seeking and maintaining accreditation for which all programs must adhere to.

Accreditation Standards - The "how" for conducting a residency program

Framework that guides residency programs and describes the criteria used in evaluation of programs that apply for accreditation and reaccreditation of their programs; outlines required policies/procedures, structure and oversight for residency programs. This document includes guidance on interpretation of the Standards and how the Standards will be surveyed.

Competency Areas, Goals, and Objectives (CAGO)

Educational outcomes broken down into overarching competency areas (themes), goals, and specific objectives that must be incorporated into the residency program's required structure. There is a set of harmonized CAGO's for all three types of PGY1 programs and separate CAGO's for each PGY2 residency program type.

QUALIFICATIONS OF A RESIDENT

1. For the PGY1 program: The resident must be a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited school of pharmacy (or one in the process of pursuing accreditation).

2. For the PGY2 program: The applicant must have completed an ASHP-accredited or candidate-status PGY1 pharmacy residency. A copy of the resident's PGY1 residency certificate of completion should be provided to the RPD by the second day of residency. Failure to provide a copy of the certificate within 20 calendar days from the start of the residency program will be dismissed from the program and ineligible for a PGY2 residency certificate. Residents subject to termination will be reviewed by Human Resources.

3. Human Resources Requirements: All residents are required to pass a drug test and criminal background check upon onboarding to KPNW at the direction of the Human Resources department.

4. Licensure

    a. Oregon and Washington licensure are required.

    b. Oregon Board of Pharmacy intern license must be obtained by the residency start date.

    c. Oregon pharmacist licensure: Resident is expected to obtain pharmacist licensure in Oregon within 120 days of the residency program's start date. Failure to obtain licensure within 120 days of the program's start date will result in suspension of the resident from the program. Suspension will be without pay or benefits. The resident will be reinstated and pay, and benefits will resume when pharmacist licensure is obtained. The end date of the residency program will be extended by the number of days of suspension from the program. Extension of the program will include benefits and salary. If the resident is not licensed within 30 days of suspension from the program, the resident will be dismissed from the program and employment terminated.

d. Washington pharmacist licensure: Resident is expected to obtain pharmacist licensure in Washington within 180 days of the start date of the residency. Washington pharmacist licensure not obtained within 180 days of the start date of the residency will result in dismissal. Residents subject to termination will be reviewed by Human Resources.

e. Upon receipt of licensure, please provide RPD/RPC a copy of your pharmacy license; obtain a National Provider Identification and HealthConnect "Dual" Access. https://nppes.cms.hhs.gov/login

PROFESSIONALISM

STANDARDS OF EXPECTED BEHAVIOR

It is the responsibility of all residents to adhere to the KPNW Pharmacy Department Principles of Responsibility Behavior Standards Code of Ethical Conduct and the APhA Code of Ethics for Pharmacists (https://www.pharmacist.com/Code-of-Ethics).

Residents will be held accountable for all of these:

Patient Care/Safety

- Ensure all patients receive the highest quality of healthcare and customer service

Teamwork

- Expected from all residents at all times (think about your co-resident/team and how your actions impact them)
- Grow with your co-residents- you are not competing with each other, but all growing with each other

Positive Attitude

- Residency is a very challenging year and expectations are high, but you can achieve your goals with a good attitude.

Communication / Active Listening

- Discuss issues/problems with your co-resident/team and try to find a common ground. The Residency Program Director (RPD) and Residency Program Coordinator (RPC) have open door policies if you need to discuss issues/problems, please do not hesitate and let it build up.

Respect

- Treat people the way you want to be treated

Work ethic

- Lead by example (give 150% everyday)

Ownership / Responsibility for One's Actions

- Take pride in your work

Perceptions

- Be aware of how others may perceive your work ethic, attitude, communication/listening skills and team approach

SUPERVISION AND WORK ETHIC

Residents are expected to achieve the objectives for the Residency Program related to both administrative and professional practice skills. Residents report to and are supervised by the Preceptor(s), Pharmacist-in-Charge, the Manager/Supervisor, the Residency Advisory Committee (RAC), the RPC and the RPD. Hours of practice vary according

to the requirements set forth by the Preceptor, the RPC and RPD. Residents are expected to be present in body, mind, and spirit at all assigned activities of the service.

CONFIDENTIALITY

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and families' emotional as well as physical well-being.

The resident is expected to complete and incorporate into practice the learnings from the on-line KP Learn module entitled General Compliance, Privacy and Security Training for new employees.

Residents will not leave confidential documents in public places. Residents will lock their computers if they step away from their desk. Residents understand that inappropriate conduct (e.g. breach of confidentiality) may result in disciplinary action.

USE OF KAISER PERMANENTE PROPERTY

Residents are expected to conduct yourself professionally in the workplace, and to use Kaiser Permanente Property (e.g. telephone, computer, internet, e-mail messages, files, fax machine, copy machine) for work-related purposes only.

Please read the policy: Electronic Asset Usage

PERSONAL DRESS AND APPEARANCE

All residents are expected to dress in an appropriate manner whenever they are in the institution or attending any functions as a representative of Kaiser Permanente. Clean, pressed white coats of full length will be worn at all times in patient care areas unless otherwise advised by the preceptor. Any specific problems with dress will be addressed by the RPD and RPC. Employee Identification Badge Residents are required to wear employee identification badges at all times when they are in patient care settings or in the administrative offices of the Kaiser Permanente Building (KPB) or Airport Way Center (AWC). Badges are to be worn above the waist.

PLAGIARISM

All work presented as a resident's own must be the product of their own efforts. Plagiarism, cheating, academic misconduct, or any other submission of another's work as one's own is unacceptable. In cases where the preceptor or RPD determines that a violation of academic integrity/honesty has been committed, they will inform the resident and offer the resident an opportunity to re-do the work. The preceptor will inform the RPD of the charge and the consequence.

Multiple violations will result in corrective action, up to and including termination.

STANDARDS OF ATTENDANCE

ATTENDANCE

Residents are expected to:

- Attend all functions outlined in the residents' manual. Additional requirements will be outlined by the RPD, RPC and Preceptors.
- Assure commitments are met in the event of an absence and complete all their work relating to patient care before leaving the facility.
- Utilize the timekeeping exception form every other Thursday prior to timecards being due. A reminder email will be sent the Tuesday prior.

The responsibilities of residents do not correspond with the normal 8:00 A.M. to 4:30 PM scheduled forty-hour work week. At times, extra hours of coverage (e.g. weekends, evenings) are necessary to maintain residency requirements. Fluctuations in workload, unusual service demands, patient loads, or cross-coverage may all determine the hours of the resident service. You should not expect to leave any scheduled clinic/work shift early without clearing with your preceptor of the day prior to that day (i.e. do not schedule student meetings or other activities without discussing with preceptor prior).

LEAVE OF ABSENCE AND TIME OFF REQUESTS

Pharmacy residents are considered full-time exempt employees of the organization and, as such, are eligible for the benefits (paid time off, healthcare package, 401K plan, etc.) that are afforded to other employees of the organization.

Residents are paid every 2 weeks. Residents have 24 days of paid time off, and are allowed up to a maximum of 30 days of paid leave (e.g. bereavement or jury duty responsibilities) without requiring program extension as listed below:

Time off	**Total days**
Paid Time off (includes vacation, sick time, interviews, personal and religious days) and Paid Holidays (New Year's Day, MLK Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) for a total of 17 paid days	17
Licensure exams	Up to 3 days
Professional conferences (if presenting a poster) -Typically ASHP Midyear - Other requests for professional leave will be reviewed by the RPD and/or RPC.	4
Total	24 days
Additional leave available under KPNW policies	
Bereavement	Up to 5 days
Jury Duty	1
Total	30 days

Time-off request approval process:

- Confirm with rotation preceptor that time-off is reasonable with rotation obligations/responsibilities.
- Submit time off request in TORT.
- TORT will notify resident via email of approval or denial of request.

Reporting absences or sick leave process:

- Call or text preceptor, RPD, and RPC on each day of absence.
    - It is ok to leave a detailed message if they cannot be reached.
- Residents may use available PTO and sick leave hours to supplement their pay subject to KP National restriction.
- It is critical to report immediately any potential workplace safety issues to the preceptor and/or RPC so that the resident can be cared for appropriately and timely.

Leave of Absence & Time Off Requests Absence requests (e.g. vacation, professional leave, medical appointments) must be approved by the RPC and RPD prior to the requested dates.

Each resident is required to work on the last day of the residency program. Exceptions can be considered on a case-by-case basis by the RPD.

Pharmacy residents employed by this organization will be limited to no more than 30 days of leave from the program. Total days of leave from the residency program in excess of 30 days will result in extension of the residency program by the number of days taken so that the total of 52 weeks of training. Extension of the program must be equal to both days and content missed.

Extended Leave of Absence

- Any time away taken beyond the 10 days of paid time off (PTO) and other approved paid professional leave (up to a combined maximum of 30 days) will result in an extension of the program completion date equal to the number of additional days taken, ensuring that the resident completes the full 52 weeks of training. Excessive use of time away beyond the allowable limit, including patterns of unscheduled sick leave, may result in corrective action if deemed an abuse of the policy. Days taken beyond the allowable time away will be unpaid; however, any extension of the residency required to complete the 52-week training program will be paid. Benefits coverage will cease during any month in which the resident does not work at least one calendar day.
- Other KPNW time-off policies included: Bereavement Leave, Family and Medical Leave, Jury Duty, Leaves of Absence, Paid Time Off and Extended Sick Leave. If extended leave is approved up to 12 weeks, this will result in extending the residency completion date by the number of days taken. If extended leave is required beyond 12 weeks, the resident will be dismissed from the residency program and will not be eligible for a certificate of completion.

DUTY HOURS POLICY AND MOONLIGHTING

The A*SHP Duty Hour Requirements for Pharmacy Residency Programs* must be followed by the program and the residents. See ASHP website for complete duty hour definitions and requirements: ASHP Duty Hour Requirements for Pharmacy Residencies

Moonlighting is defined as any voluntary, compensated work performed outside the organization (external moonlighting) or within the organization where the resident is completing their training (internal moonlighting). Moonlighting activities involve compensated hours that are separate from the resident's residency salary and are not considered part of the residency program's scheduled duty periods.

To ensure compliance with residency program requirements and to maintain focus on educational and training objectives, both external and internal moonlighting are prohibited for all residents during the residency year.

Residents are required to complete the Duty hour Attestation monthly in PharmAcademic™. The RPD (or a designee) will review resident attestations to monitor compliance with duty hour requirements. Any instance of non-compliance will be addressed by the RPD and an action plan to prevent future instances will be developed.

WELL-BEING AND RESILIENCE

Residents are at increased risk for burnout and depression due to the nature of the health care environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring and resilient pharmacist.

As part of the orientation to the residency, RPD/RPC educate residents and preceptors on wellness and resilience, burnout syndrome and it's risks and available wellness resources.

Residents and preceptors accept personal and professional responsibility for patient care that supersedes self interest. At times. It may be in the patient's best interest for the resident to transition care to another qualified, rested pharmacist.

The RPC/RPC must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the health care team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations that go beyond the designated duty hours for a limited time frame.

KP and ASHP are committed to fostering resident well-being and resilience by providing a broad range of resources that support mental, emotional, and professional health. ASHP offers wellness and resilience guidance, while KP provides robust support services, including confidential counseling through the Employee Assistance Program, mental health care, wellness coaching, mindfulness resources, wellness apps, and crisis support services, ensuring residents have access to the tools they need to thrive personally and professionally. Please see the links below for ASHP and KP's well-being and resilience resources:

ASHP-Well-Being-Resilience-Residency-Resource-Guide-2023.pdf

Mental health and wellness

COMPENSATION AND BENEFITS

STIPEND

STIPEND FOR THE 52 WEEKS

PGY1 - $69,347.20 (to be paid out every two weeks)

PGY2 - $73,507.20 (to be paid out every two weeks)

BENEFITS

Please see the following benefits:

Benefits
Allowance to purchase comprehensive Medical, dental, and vision coverage for self, domestic partner & dependents. Allowance includes the option for basic life insurance, short-term disability, and accidental death and dismemberment with the option to pay for long-term disability. • Medical: 1st of the month after your hire days, or on your hire date if you start work on the 1st of the month • Dental: 1st of the month following 3 months of employment • Disability: 1st of the month following 3 months of employment • Life & Accident Insurance: 1st of the month after your hire days, or on your hire date if you start work on the 1st of the month • Paid time off & extended sick leave: Hire date (use after 3 months) • Survivor assistance: Hire date • Tax Sheltered Annuity Plan: Hire date
Office space and computer workstations
Quarterly Internet reimbursement (through One Link)
Posters for presentations at professional meetings

Employee Assistance
Employee Wellness Programs
Tuition Reimbursement
Travel (through One Link – Submit timely expense reports - 30 days maximum, except December reimbursement must be done by the end of the calendar year) • Conference registration will be paid for the Northwestern States Residency Conference • Conference registration will be paid for one conference which the resident presents a poster (typically ASHP Midyear) • Stipend for travel, lodging and meals may be paid for one out of town conference

*No funding from pharmaceutical companies may be accepted for CE or other activities.

LIABILITY

Kaiser Foundation Health Plan, Inc. provides professional liability protection for its employees and the employees of the following organizations: Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, Inc. and the Northwest Permanente Medical Group, P.C. if any such employee is named as a defendant in a lawsuit alleging negligence arising from work performed on behalf of these organizations.

- KP's professional liability does not cover actions that may be taken by professional boards such as the Board of Pharmacy against an individual (e.g. board actions). The primary reason for this is to avoid conflicts of interest that can arise in these sorts of situations.
- Residents may choose to purchase additional liability coverage at their own expense.

QUALIFICATIONS AND REQUIREMENTS OF THE RESIDENCY PROGRAM

1. The residency programs will be accredited by the American Society of Health-System Pharmacists (ASHP). The residency will follow the ASHP Accreditation Standard for Post-Graduate Residency Programs.
2. The PGY1 residency program will begin on the last Monday of June of each year unless otherwise arranged by the RPD.
3. The PGY2 residency program will begin on the first Monday of July of each year unless otherwise arranged by the RPD.
4. The residency programs are 52 weeks in length.
5. The residency programs will adhere to and participate in the Resident Matching Program (RMP) process for selecting residents.
6. Program design, learning experiences, and evaluations will be developed in accordance with the ASHP Required Outcomes, Goals & Objectives for PGY1 Pharmacy Practice and PGY2 Ambulatory Care Pharmacy Residency programs.

PROGRAM STRUCTURE

The residency program begins in late June or early July, depending on the timing of Kaiser Permanente Northwest (KPNW) new employee orientation, the resident's pharmacy school graduation or PGY1 program completion date, and relocation/travel arrangements to Portland, Oregon. The residency is a 12-month training program.

For the 2026–2027 residency year, the program will begin on July 6, 2026, and conclude on July 2, 2027. Residents are expected to be available for the full duration of the program and to complete all residency requirements within this timeframe.

PGY-1 PHARMACY PROGRAM STRUCTURE

PGY1 - Pharmacy

PGY1 Purpose: PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

KPNW PGY-1 Pharmacy program structure incorporates the ASHP required competency areas as follows:

R1: Patient Care

- Required Rotations that include R1 competency area: Orientation, Transitions of Care, Outpatient Pharmacy, Ambulatory Care I, Medication Therapy Management (MTM), Anticoagulation (ambulatory), Infectious Diseases (inpatient), Glycemic Control (inpatient), Ambulatory Care II, Anticoagulation (ambulatory longitudinal), Leadership Development (longitudinal) (12 out of 13; 92%)
- Elective Rotations that include R1 competency area: Chronic Non-malignant Pain (ambulatory), Mental Health (ambulatory), Oncology/Hematology (ambulatory), Clinical Informatics, Intensive Care Unit (inpatient), International Travel Clinic (6 out of 8; 75%)

R2: Practice Advancement

- Required Rotations that include R2 competency area: Drug Use Management (DrUM), Residency Project (longitudinal) (2 out of 13; 15%)
- Elective Rotations that include R2 competency area: Clinical Informatics (1 out of 8; 13%)

R3: Leadership

- Required Rotations that include R3 competency area: Orientation, Outpatient Pharmacy, Ambulatory Care I, Medication Therapy Management (MTM), Drug Use Management (DrUM), Ambulatory Care II, Anticoagulation (ambulatory longitudinal), Leadership Development (longitudinal), Residency Project (longitudinal) (9 out of 13; 69%)
- Elective Rotations that include R3 competency area: Chronic Non-malignant Pain (ambulatory), Mental Health (ambulatory), Oncology/Hematology (ambulatory), Clinical Informatics, Intensive Care Unit (inpatient), Pharmacy Administration (6 out of 8; 75%)

R4: Teaching and Education

- Required Rotations that include R4 competency area: Orientation, Ambulatory Care I, Medication Therapy Management (MTM), Drug Use Management (DrUM), Glycemic Control (inpatient), Ambulatory Care II, Leadership Development (longitudinal), Residency Project (longitudinal) (8 out of 13; 62%)
- Elective Rotations that include R4 competency area: Academia, Mental Health (ambulatory), Oncology/Hematology (ambulatory), Intensive Care Unit (inpatient) (4 out of 8; 50%)

PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf

The Kaiser Permanente Northwest (KPNW) PGY-1 Pharmacy Residency Program was formally established in 2009 and is structured in accordance with ASHP residency standards. The program offers 21 learning experiences, primarily based in the Portland metropolitan area. Most learning experiences are located at the Kaiser Permanente Building (KPB), home to Clinical Pharmacy Services, with additional opportunities at Sunnyside Medical Center, Westside Medical Center, and outpatient pharmacies throughout the Portland metro area. Residents gain exposure to all KPNW health-system facilities through a variety of projects, patient care services, and professional development opportunities. In addition, residents may pursue an elective academic learning experience through affiliated institutions, including Oregon State University and Pacific University.

Learning experiences range from 2- to 6-week block rotations to 12-month longitudinal experiences. The residency curriculum includes 13 required learning experiences—10 block rotations and 3 longitudinal experiences—as well as 8 elective options. From these elective offerings, residents select 2 to 3 learning experiences, depending on the rotation length, to customize and complete their residency training.

Required Learning Experiences

Learning Experience	Duration, Location, and Schedule Sequence (approximate)	Preceptor(s)
Orientation	3 weeks; KPB (Portland) First LE	Olivia Kim, PharmD, BCACP Tanya Ramsey, PharmD, BCACP

Ambulatory Care I	3-4 weeks; KPB (Portland) and remote First half of the year	Katelyn Hayworth, PharmD, BCACP Lauren Crawford, PharmD, BCACP
Ambulatory Care II	4-6 weeks; KPB (Portland) and remote Complete Ambulatory Care 1 first	Katelyn Hayworth, PharmD, BCACP Lauren Crawford, PharmD, BCACP
Medication Therapy Management (MTM)	4 weeks; KPB (Portland) and remote First half of the year	Purvi Desai, PharmD
Transitions of Care	3 weeks; KPB (Portland) and remote First half of the year	Jeremy Dinh, PharmD
Anticoagulation, Ambulatory	4 weeks; KPB (Portland) and remote Schedule around October to correspond with the start of staffing	Laura Mitchell, PharmD Cristina Rode, PharmD
Outpatient Pharmacy	2 weeks; Kaiser Beaverton First half of the year	Andrew Westora, PharmD
Drug Use Management (DrUM)	5-6 weeks; KPB (Portland) and remote Schedule mid-year to allow foundational knowledge before system-level learning and project management	Kyle Ingram, PharmD, BCPS Daniel Christian, PharmD, BCACP
Infectious Diseases, Inpatient	4 weeks; Sunnyside Medical Center (Clackamas) and remote Schedule after key ambulatory experiences/second half	Jocelyn Mason, PharmD, BCIDP
Glycemic Control, Inpatient	4 weeks; Sunnyside Medical Center (Clackamas) Schedule after Infectious Disease/second half of the year	Julie Reesman, PharmD, BCPS
Required Longitudinal Experiences		
Rotation Name	**Length and Location**	**Preceptor(s)**
Anticoagulation, Ambulatory Longitudinal	Staffing: 32-34 weeks, approximately every other Saturday, starting in October/November for a total of 12 shifts, 8 hours per shift; KPB (Portland) and remote	Cole Bodine, PharmD Cristina Rode, PharmD
Leadership Development Longitudinal	48-50 weeks, weekly check in (30 mins), monthly discussions with leadership (1 hour); KPB (Portland) and remote	Tanya Ramsey, PharmD, BCACP Olivia Kim, PharmD, BCACP
Residency Project Longitudinal	50-51 weeks, dedicated time during the following: orientation, December/January (DrUM rotation), and a project week with a minimum of 4-8 hours a month throughout the remainder of the year varying on the project scope	Project preceptor determined after project selection process
Elective Learning Experiences		
Rotation Name	**Duration, Location and Schedule Sequence (approximate)**	**Preceptor(s)**
Academia	Teaching Certificate with Oregon State University (OSU) or Pacific University School of Pharmacy 2-4 weeks; Portland OSU's campus or Pacific's Hillsboro campus	Determined through academia rotation site
Pharmacy Administration	2-4 weeks; KPB (Portland)	Tanya Ramsey, PharmD, BCACP
Clinical Informatics	2-4 weeks; remote	Laurie Narayanaswami, PharmD, BCACP Kristy Maffit, PharmD
Mental Health, Ambulatory	3-4 weeks; Tanasbourne Medical Office (Hillsboro) and remote	Bridget Bradley, PharmD, BCPP
Intensive Care Unit, Inpatient	4 weeks; Sunnyside Medical Center (Clackamas) Scheduled after Inpatient Glycemic Control	Julie Reesman, PharmD, BCPS

Chronic Non-Malignant Pain, Ambulatory	3-4 weeks; KPB (Portland) and remote	Mindee DeWitt, PharmD, BCGP
Oncology/Hematology, Ambulatory	4-6 weeks; Central Interstate Medical Office (Portland) Schedule second half of the year	Jasen Knudsen, PharmD, BCPS, BCOP
International Travel Clinic	3 weeks; KPB (Portland) and remote	Kristine Malotte, PharmD, MPH

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

PGY-1 PHARMACY SAMPLE SCHEDULE

Kaiser Permanente Northwest
PGY-1 Pharmacy Residency Program
SAMPLE Sequence of Learning Experiences

Week of:	Longitudinal Rotations			Resident 1	Resident 2
Week 1				Orientation (3 weeks)	Orientation (3 weeks)
Week 2					
Week 3					
Week 4	Leadership Development Longitudinal			Outpatient Pharmacy (2 weeks)	Transitions of Care (3 weeks)
Week 5					
Week 6					
Week 7				Ambulatory Care I (3 weeks)	Medication Therapy Management (MTM) (4 weeks)
Week 8					
Week 9					
Week 10				Transitions of Care (3 weeks)	
Week 11					
Week 12					Ambulatory Care I (3 weeks)
Week 13				Medication Therapy Management (MTM) (4 weeks)	
Week 14					
Week 15					Outpatient Pharmacy (2 weeks)
Week 16				Anticoagulation, Ambulatory (4 weeks)	Anticoagulation, Ambulatory (4 weeks)
Week 17					
Week 18					
Week 19					
Week 20		Anticoagulation Care Management Program Longitudinal		Elective (3 weeks)	Elective (3 weeks)
Week 21					
Week 22					
Week 23			Residency Project Longitudinal	ASHP Midyear	ASHP Midyear
Week 24				Elective, cont	Elective, cont
Week 25				Drug Use Management (DrUM) (5 weeks)	Drug Use Management (DrUM) (5 weeks)
Week 26					
Week 27					
Week 28					
Week 29					
Week 30				Infectious Diseases, Inpatient (4 weeks)	Infectious Diseases, Inpatient (4 weeks)
Week 31					
Week 32					
Week 33					
Week 34				Ambulatory CareII (6 weeks)	Glycemic Control, Inpatient
Week 35					
Week 36					
Week 37					Elective
Week 38					
Week 39					
Week 40				Glycemic Control, Inpatient	
Week 41					
Week 42					Ambulatory Care II (6 weeks)
Week 43					
Week 44				Elective	
Week 45					
Week 46					
Week 47					
Week 48				Elective	Elective
Week 49					
Week 50					
Week 51					
Week 52				Project/Wrap-up	Project/Wrap-up

^ The sample schedule is intended to illustrate different PTO utilization patterns. One resident chose to take a full week of PTO, while the other used PTO as individual days distributed throughout the year, which were incorporated into their learning experiences. Both residents have the same PTO allotment.

* working last day is KP requirement

PGY-1 COMPLETION REQUIREMENTS

The ASHP Accreditation Standard for Post Graduate Residency Programs (The Standard) requires programs to document requirements for successful completion of the program (Standards 2.5, 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d), provide completion requirements to applicants at the time the interview invitation is extended (Standards 2.8, 2.8.d), track progress towards completion of program requirements at the same time the development plan is documented quarterly (3.3.e), and document completion of all program requirements at the end of the residency (Standards 2.13.a and 2.13.b). The requirements for successful completion must be consistent throughout the program's documents. For PGY1 residencies, the completion requirements must also include all deliverables listed in the following: PGY1-Harmonized-CAGO-COC-BOD-Approved-2025-0918.pdf

Complete the following program requirements to receive a certificate of completion:

1. Completion of 52 weeks of the KPNW PGY-1 Pharmacy residency
2. Completion of all required learning experiences
3. Completion of the ASHP Competency Areas, Goals and Objectives for the PGY1 Pharmacy Residency
   a. The following Competency Areas are required for this program:
      i. Competency Area R1: Patient Care
      ii. Competency Area R2: Practice Advancement
      iii. Competency Area R3: Leadership
      iv. Competency Area R4: Teaching and Education
   b. 80% of the residency **objectives** listed in the CAGO's below must be "Achieved for Residency" by the end of the program.
      i. All objectives marked in red must be "Achieved for Residency" (22).
      ii. Remaining 20% of objectives must be marked "Satisfactory Progress" by the end of the residency.
      iii. To successfully complete this PGY1 program, the resident may not have any objectives deemed "Needs Improvement" by the end of the residency year.
      iv. RPD and/or RPC will review all summative and quarterly evaluations by preceptors and self-summative evaluations by residents, in addition to RPD knowledge and judgment, to mark achieved for residency within PharmAcademic on a quarterly basis.

PGY1 Competency Areas, Goals and Objectives (CAGO's)	
Competency Area R1: Patient Care	
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).	
Objective R1.1.1	(Analyzing) Collect relevant subjective and objective information about the patient.
Objective R1.1.2	(Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
Objective R1.1.3	(Creating) Develop evidence-based, cost effective, and comprehensive patient centered care plans.
Objective R1.1.4	(Applying) Implement care plans.
Objective R1.1.5	(Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
Objective R1.1.6	(Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.	
Objective R1.2.1	(Applying) Collaborate and communicate with healthcare team members.
Objective R1.2.2	(Applying) Communicate effectively with patients and caregivers.
Objective R1.2.3	(Applying) Document patient care activities in the medical record or where appropriate.
Goal R1.3: Promote safe and effective access to medication therapy.	
Objective R1.3.1	(Applying) Facilitate the medication-use process related to formulary management or medication access.
Objective R1.3.2	(Applying) Participate in medication event reporting.
Objective R1.3.3	(Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health	
Objective R1.4.1	(Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.
Objective R1.4.2	(Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or

Competency Area R2: Practice Advancement	
Goal R2.1: Conduct practice advancement projects.	
Objective R2.1.1	(Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.
Objective R2.1.2	(Creating) Develop a project plan.
Objective R2.1.3	(Applying) Implement project plan.
Objective R2.1.4	(Analyzing) Analyze project results.
Objective R2.1.5	(Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
Objective R2.1.6	(Creating) Develop and present a final report.
Competency Area R3: Leadership	
Goal R3.1 Demonstrate leadership skills that contribute to departmental and/or	
Objective R3.1.1	(Understanding) Explain factors that influence current pharmacy needs and future planning.
Objective R3.1.2	(Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.	
Objective R3.2.1	(Applying) Apply a process of ongoing self-assessment and personal performance improvement.
Objective R3.2.2	(Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
Objective R3.2.3	(Applying) Demonstrate responsibility and professional behaviors.
Objective R3.2.4	(Applying) Demonstrate engagement in the pharmacy profession and/or the population served.
Competency Area R4: Teaching and Education	
Goal R4.1 Provide effective medication and practice-related education.	
Objective R4.1.1	(Creating) Construct educational activities for the target audience.
Objective R4.1.2	(Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice
Objective R4.1.3	(Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
Objective R4.1.4	(Evaluating) Assess effectiveness of educational activities for the intended audience.
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.	
Objective R4.2.1	(Evaluating) Employ appropriate preceptor role for a learning scenario.

4. Completion all assigned PharmAcademic evaluations
5. Pharmacist licensure in Oregon and Washington
6. Completion of 12 Anticoagulation staffing shifts
7. Completion of all KP Learn and HealthStream modules
8. Participation in residency recruitment
9. Completion of a residency binder
10. The following project requirements:
    - ☐ Completion and presentation of a major project at a residency conference (or other professional meeting approved by RPD)
    - ☐ Completion of an abstract and poster of a major project at a conference or professional meeting approved by the RPD
    - ☐ Final project manuscript in a format suitable for publication and that has been approved by RPD/RPC/project preceptor
    - ☐ Completion/revision of a Collaborative Drug Therapy Agreement/Collaborative Practice Agreement
    - ☐ Completion/revision of a drug class review or monograph
    - ☐ Completion of a 2 Medication Use Evaluation (MUE) and present a minimum of one MUE
    - ☐ Completion of a minimum of 4 learning experience (LE) presentations (Amb Care, MTM, DrUM, inpatient glycemic) including an analysis of studies
    - ☐ Completion of 2 DI questions

PGY-2 AMBULATORY CARE PHARMACY PROGRAM STRUCTURE

PGY2 – Ambulatory Care

PGY2 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.

KPNW PGY-2 Ambulatory Care Pharmacy program structure incorporates the ASHP required competency areas as follows:

R1: Patient Care

- Required Rotations that include R1 competency area: Orientation, Primary Care I, Primary Care II, Primary Care Longitudinal, Community Outreach Longitudinal, Mental Health (ambulatory), Neurology (7/10, 70%)
- Elective Rotations that include R1 competency area: Anticoagulation (ambulatory), Dermatology/Gastroenterology, Endocrinology, Oncology/Hematology, Hepatology/Immunizations, Rheumatology (6/8, 75%)

R2: Advancing Practice and Improving Patient Care

- Required Rotations that include R2 competency area: Leadership and Administration, Primary Care Longitudinal, Residency Project Longitudinal (3/10, 30%)
- Elective Rotations that include R2 competency area: Clinical Informatics, Rheumatology (2/8, 25%)

R3: Leadership and Management

- Required Rotations that include R3 competency area: Orientation, Primary Care I, Primary Care II, Primary Care Longitudinal, Leadership and Administration, Leadership Development Longitudinal (6/10, 60%)
- Elective Rotations the include R3 competency area: Clinical Informatics, Dermatology/Gastroenterology, Hepatology/Immunizations, Rheumatology (4/8, 50%)

R4: Teaching, Education, and Dissemination of Knowledge

- Required Rotations that include R4 competency area: Orientation, Primary Care I, Primary Care II, Primary Care Longitudinal, Community Outreach Longitudinal (5/10, 50%)
- Elective Rotations that include R4 competency area: Academia, Clinical Informatics, Dermatology/Gastroenterology, Endocrinology, Oncology/Hematology, Hepatology/Immunizations, Rheumatology (7/8, 88%)

PGY2-Ambulatory-Care-CAGO-BOD-Approved-2017

The Kaiser Permanente Northwest (KPNW) PGY-2 A Pharmacy Residency Program, originally started in 2017 and is structured in accordance with ASHP residency standards. The program offers 18 learning experiences, primarily based in the Portland metropolitan area. Most learning experiences are located at the Kaiser Permanente Building (KPB), home to Clinical Pharmacy Services, with additional opportunities at ambulatory care clinics in the Portland Metropolitan Area. Residents gain exposure to all KPNW health-system facilities through a variety of projects, patient care services, and professional development opportunities. In addition, residents may pursue an elective academic learning experience through affiliated institutions, including Oregon State University and Pacific University.

Learning experiences range from 1 to 6-week block rotations to 12-month longitudinal experiences. The residency curriculum includes 10 required learning experiences 6 block rotations and 4 longitudinal experiences—as well as 8 elective options. From these elective offerings, residents select 3 to 4 learning experiences, depending on the rotation length, to customize and complete their residency training.

Required Learning Experiences

Rotation Name	Duration, Location, and Schedule Sequence (approximate)	Preceptor(s)
Orientation	1-3 weeks; KPB (Portland) Duration dependent on KPNW PGY1 vs outside First LE	Olivia Kim, PharmD, BCACP Tanya Ramsey, PharmD, BCACP

Primary Care I	4-6 weeks; KPB (Portland) and remote Duration dependent on KPNW PGY1 vs outside Second LE	Tina Lee, PharmD, BCACP Lillian Nguyen, PharmD, BCACP
Primary Care II Includes pharmacy student preceptorship	6 weeks; KPB (Portland) and remote LE lines up with APPE schedule second half of the year Complete Primary Care 1 first	Yennie Lucas, PharmD, BCACP
Leadership and Administration	4-6 weeks; KPB (Portland) and remote Schedule midyear to allow foundational knowledge before system-level learning and project management	Tanya Ramsey, PharmD, BCACP
Neurology	4-6 weeks; Sunnyside Medical Office (Clackamas) and remote Third or later LE	Kelsey Blom, PharmD, BCACP
Mental Health	4-6 weeks; Tanasbourne Medical Office (Hillsboro) and remote	Bridget Bradley, PharmD, BCPP
Required Longitudinal Experiences		
Rotation Name	**Length and Location**	**Preceptor(s)**
Primary Care Longitudinal	44-46 weeks, 8 hours weekly (weekday dependent on other block rotations)	Yennie Lucas, PharmD, BCACP Megan Metz, PharmD, BCACP Lauren Powell, PharmD, BCACP
Community Outreach Longitudinal	46-48 weeks 1-3 outreaches Fall/Winter 4-8 hours in duration 1-3 outreaches Spring 4-8 hours in duration 1 time per month 1-2 hours in duration OSHP meeting 2-4 hours of coordination with OSHP & Colleges of Rx	Lauren Crawford, PharmD, BCACP
Leadership Development Longitudinal	46-48 weeks, weekly check in (30min), monthly discussions with leadership (1 hour), dedicated time during leadership & admin; KPB (Portland)	Tanya Ramsey, PharmD, BCACP Olivia Kim, PharmD, BCACP
Residency Project Longitudinal	50-51 weeks, dedicated time in orientation, December (leadership & admin), and a project week with a minimum of 4-8 hours a month throughout the remainder of the year varying on the project scope	Project preceptor determined after project selection process
Elective Learning Experiences		
Rotation Name	**Length and Location**	**Preceptor(s)**
Academia	Teaching Certificate with Oregon State University (OSU) or Pacific University School of Pharmacy 2-4 weeks; Portland campus or Hillsboro campus	Determined through academia rotation site
Anticoagulation	4-6 weeks; KPB (Portland) and remote	Cole Bodine, PharmD Cristina Rode, PharmD
Clinical Informatics	4-6 weeks; remote	Laurie Narayanaswami, PharmD, BCACP Kristy Maffit, PharmD
Dermatology/ Gastroenterology	4-6 weeks; Tanasbourne Medical Office (Hillsboro), Westside Medical Office (Hillsboro), and remote	Kayla Braestrup, PharmD, BCACP
Endocrinology	4-6 weeks; KPB (Portland) and remote	Andrew Freeman, PharmD, BCACP Megan Metz, PharmD, BCACP

Hepatology/ Immunizations	4-6 weeks; Central Interstate Medical Office (Portland) and remote	Katie Gazlay, PharmD, BCACP
Oncology/Hematology	4-6 weeks; Central Interstate Medical Office (Portland)	Jasen Knudsen, PharmD, BCPS, BCOP
Rheumatology	4-6 weeks; Central Interstate Medical Office (Portland) and remote	Suvi Sonchaiwanich, PharmD, BCACP

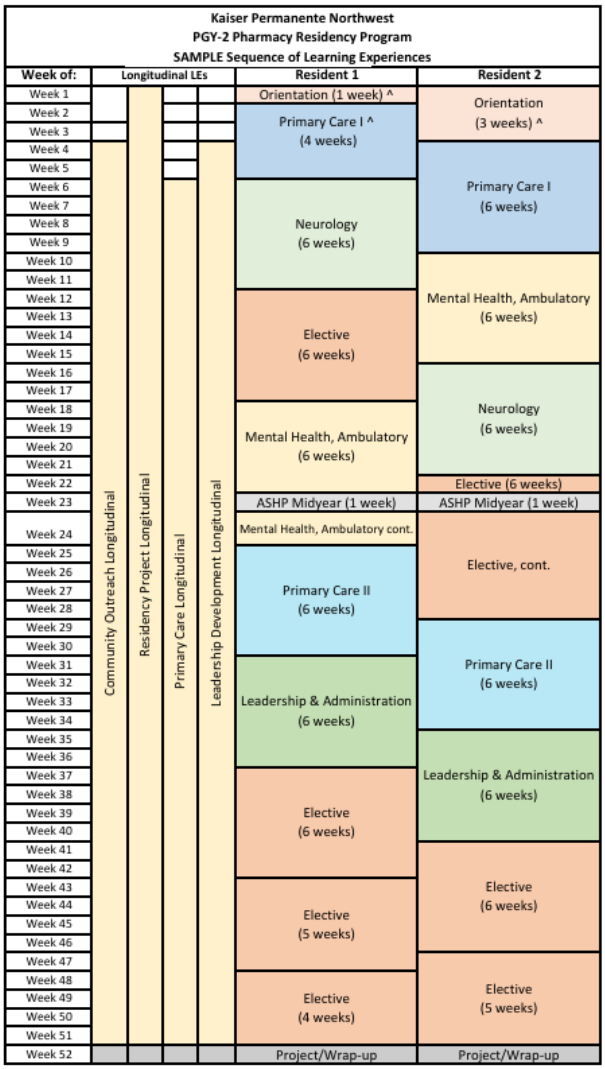
Other elective learning experiences may be developed based on resident interest and preceptor availability.

PGY-2 AMBULATORY CARE APPENDIX

Required Learning Experiences		
Rotation Name	**Disease States Definitive**	**Disease States Potential**
Orientation		
Primary Care I	Cardiology Endocrinology	Geriatrics
Primary Care II	Cardiology Endocrinology	Geriatrics
Leadership and Administration		
Neurology	Neurology	
Mental Health	Psychiatry	
Required Longitudinal Experiences		
Rotation Name	**Disease States Definitive**	**Disease States Potential**
Primary Care Longitudinal	Cardiology Endocrinology Geriatrics	Women's Health Men's Health Nephrology
Community Outreach Longitudinal		
Leadership Development Longitudinal		
Residency Project Longitudinal		
Elective Learning Experiences		
Rotation Name	**Disease States Definitive**	**Disease States Potential**
Academia		
Anticoagulation	Cardiology	
Clinical Informatics		
Dermatology/ Gastroenterology	Dermatology Gastroenterology	
Endocrinology	Endocrinology	

Hepatology/ Immunizations	Infectious Disease	
Oncology/Hematology	Hematology-Oncology	
Rheumatology	Rheumatology	

PGY-2 PHARMACY SAMPLE SCHEDULE



^ Duration dependent on whether KPNW PGY1 vs outside

* working last day is KP requirement

PGY-2 COMPLETION REQUIREMENTS

The ASHP Accreditation Standard for Post Graduate Residency Programs (The Standard) requires programs to document requirements for successful completion of the program (Standards 2.5, 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d), provide completion requirements to applicants at the time the interview invitation is extended (Standards 2.8, 2.8.d), track progress towards completion of program requirements at the same time the development plan is documented quarterly (3.3.e), and document completion of all program requirements at the end of the residency (Standards 2.13.a and 2.13.b).

PGY1 Pharmacy and PGY2 Ambulatory Care Pharmacy Residency

Kaiser Permanente Northwest, Portland Oregon Metro Area

Pharmacy Residency Manual

The requirements for successful completion must be consistent throughout the program's documents. For PGY2 Ambulatory Care Pharmacy residencies, the completion requirements must also include all deliverables listed in the following: PGY2-Ambulatory-Care-CAGO-BOD-Approved-2017

Complete the following program requirements to receive a certificate of completion:

1. Completion of 52 weeks of the KPNW PGY-2 Ambulatory Pharmacy residency
2. Completion of all required learning experiences
3. Completion of ASHP Competency Areas, Goals and Objectives for the PGY2 Ambulatory Care Pharmacy Residency
   a. The following Competency Areas are required for this program:
      R1: Patient Care
      R2: Advancing Practice and Improving Patient Care
      R3: Leadership and Management
      R4: Teaching, Education, and Dissemination of Knowledge
   b. 80% of the residency **objectives** listed in Table 2 must be "Achieved for Residency" by the end of the program.

i. All objectives marked in red as shown in Table 2 must be "Achieved for Residency" (20).
ii. Remaining 20% of objectives must be marked "Satisfactory Progress" by the end of the residency.
iii. To successfully complete this PGY2 program, the resident may not have any objectives deemed "Needs Improvement" by the end of the residency year.
iv. Residency Program Director (RPD) will review all summative and quarterly evaluations by preceptors and self-summative evaluations by residents, in addition to RPD knowledge and judgment, to mark achieved for residency within PharmAcademic on a quarterly basis.

PGY2 Ambulatory Care Competency Areas, Goals and Objectives (CAGO's)	
Competency Area R1: Patient Care **Goal R1.1: Provide comprehensive medication management to ambulatory care patients following a consistent patient care process.**	
Objective R1.1.1	(Applying) Interact effectively with health care teams to collaboratively manage ambulatory care patients' medication therapy.
Objective R1.1.2	(Applying) Interact effectively with ambulatory care patients, family members, and caregivers.
Objective R1.1.3	(Analyzing) Collect information to ensure safe and effective medication therapy for ambulatory care patients.
Objective R1.1.4	(Analyzing) Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.
Objective R1.1.5	(Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for ambulatory care patients.
Objective R1.1.6	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for ambulatory care patients by taking appropriate follow-up actions.
Objective R1.1.7	(Applying) Document direct patient care activities appropriately in the medical record, or where appropriate.
Objective R1.1.8	(Applying) Demonstrate responsibility to ambulatory care patients for patient outcomes.
Goal R1.2: Design and/or deliver programs that contribute to public health efforts or population management.	
Objective R1.2.1	(Applying) Design and/or deliver programs for patients that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).
Competency Area R2: Advancing Practice and Improving Patient Care **Goal R2.1 Manage the development or revision, and implementation, of proposals related to the ambulatory care setting.**	
Objective R2.1.1	(Creating) Prepare or revise a protocol (e.g., work flow, scope of practice, collaborative practice agreement, or clinical practice protocols) related to ambulatory care.
Objective R2.1.2	(Applying) Contribute to the development of a new ambulatory care pharmacy service or to the enhancement of an existing service.
Goal R2.2: Demonstrate ability to conduct a research project.	
Objective R2.2.1	(Analyzing) Identify a scholarly question related to clinical practice, education, or healthcare that would be useful to study and can be completed within the PGY2 residency year.
Objective R2.2.2	(Creating) Develop a plan or research protocol for the project.
Objective R2.2.3	(Evaluating) Collect and evaluate data for the project.
Objective R2.2.4	(Applying) When applicable, implement the project.
Objective R2.2.5	(Evaluating) Assess changes or need to make changes based on the project.
Objective R2.2.6	(Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication.
Competency Area R3: Leadership and Management **Goal R3.1 Demonstrate leadership skills**	
Objective R3.1.1	(Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Objective R3.1.2	(Applying) Apply a process of ongoing self-evaluation and personal performance improvement.
Goal R3.2: Demonstrate management skills in the provision of care for ambulatory care patients.	
Objective R3.2.1	(Applying) Manage one's own ambulatory care practice effectively.
Goal R3.3.: Manage the operation of an ambulatory care pharmacy service.	
Objective R3.3.1	(Analysis) Effectively manage ongoing operational functions of the service.
Objective R3.3.2	(Creating) Assure that the service operates in accord with legal and regulatory requirements.
Competency Area R4: Teaching, Education, and Dissemination of Knowledge	
Goal R4.1 Demonstrate excellence in providing effective medication and practice-related education.	
Objective R4.1.1	(Applying) Design effective educational activities related to ambulatory care.
Objective R4.1.2	(Applying) Use effective presentation and teaching skills to deliver ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences.
Objective R4.1.3	(Applying) Use effective written communication to disseminate knowledge related to ambulatory care.
Objective R4.1.4	(Applying) Assess effectiveness of education related to ambulatory care.
Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in ambulatory care.	
Objective R4.2.1	(Analyzing) When engaged in teaching related to ambulatory care, select a preceptor role that meets learners' educational needs.
Objective R4.2.2	(Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to

4. Complete all assigned PharmAcademic evaluations
5. Completion of all requirements of the PGY2 Ambulatory Care CAGOs Appendix (From the list of 15 areas, the resident is expected to have direct patient care experience in at least 8 areas)
6. Pharmacist licensure in Oregon and Washington
7. Completion of all KP Learn and HealthStream modules
8. Participation in residency recruitment
9. Completion of a residency binder
10. The following project requirements:
    - Completion and presentation of a major project at a residency conference or other professional meeting approved by RPD
    - Completion of an abstract and poster of a major project at a conference or professional meeting approved by the RPD
    - Final project manuscript in a format suitable for publication that has been approved by RPD/RPC/project preceptor
    - Completion/revision of a business case
    - Completion/revision of a management project
    - Completion/revision of a Collaborative Drug Therapy Agreement/Collaborative Practice Agreement
    - Complete a minimum of 1 physician and/or allied health presentation
    - Completion of a minimum of 4 learning experience (LE) presentations including one having an analysis of the literature
    - Completion of a minimum of 1 written educational material
    - Completion of 2 DI questions
    - Completion of 2 journal clubs
    - Completion of 4 polypharmacy reviews

RESIDENT EVALUATION PROCESS AND RATING SCALE

1. Evaluation of performance involves a variety of modalities, including:

    a. Observation of the resident's participation in scheduled clinical service, teaching and research activities
    b. Evaluation of written consultations and progress notes
    c. Assessment of participation/performance during journal club/case conferences and continuing education presentations
    d. Verbal examinations
    e. Written evaluation within PharmAcademic; the evaluation scale is defined within PharmAcademic as follows:

For objectives that are assigned to be taught and evaluated in only one learning experience when the objective and associated activities would generally only be completed once (i.e., objectives at the "Understanding" taxonomy level or objectives that are generating only one work product such as the participation in and completion of a medication usage evaluation), if the objective has been marked with the ACH rating, the RPD/RPC will mark as ACHR.

For objectives that are assigned to be taught and evaluated in two or more learning experiences (i.e., R1 patient care objectives), once the resident has been assessed in two separate learning experiences/two separate patient populations and/or acuity levels and if the objective has been marked with the ACH rating, then the RPD/RPC will mark as ACHR.

Once ACHR rating consensus is conferred to applicable objectives, this will be communicated to the resident, documented in the resident's development plan as well as the RPD will document the applicable objectives as ACHR in PharmAcademic™. Once all objectives related to a goal are documented as ACHR in PharmAcademic™, the goal automatically is assessed as ACHR. For any objective(s) marked as ACHR, if assigned on subsequent learning experiences, the preceptor is not required to rate or comment on such objective(s). However, the preceptor may always elect to include any comments specific to such objective(s) in the overall evaluation comments as they deem appropriate. At any time during the course of the residency program training if a preceptor and/or the RPD observe any resident performance as needing reinforcement, remediation, and/or further assessment, the RPD/RPC can decide to remove the ACHR rating from the associated objectives for further training and evaluation. If this occurs, it will be documented in the RAC meeting minutes, an action plan developed in collaboration with the resident which will be documented in the resident development plan and communicated with applicable preceptor(s).

Evaluation Scale	Assessment Criteria
Needs Improvement **(NI)**	***The resident is still primarily requiring use of the Direct Instruction and Modeling preceptor roles during the week prior to evaluation.*** **Definition/Criteria:** • Does not know how to perform activity • Requires extensive preceptor supervision • Cannot complete tasks or assignments without complete guidance from start to finish • Gather basic information to answer general patient care questions • Other unprofessional activities noted **Examples:** • Recommendations are incomplete, poorly researched, and/or lack justification • Consistently requires preceptor prompting to communicate recommendations to team or follow-up on patient care issues
Satisfactory Progress **(SP)**	***Based on the resident's progress, the preceptor is primarily using the Coaching preceptor role during the week prior to evaluation.*** **Definition/Criteria:** • At expected state for time of residency year • Performs most skills independently • Requires some directed preceptor intervention to complete a task • Improvement is noted during learning experience but does not include mastery of the objective **Examples:** • Consistently able to answer questions of the team and provide complete response with minimal preceptor prompting or assistance • Able to make recommendations to team without preceptor prompting • Recommendations are straightforward and well-received • Sometimes struggles with more complex recommendations or difficult interactions • Should continue to identify supporting evidence to assist with difficult recommendations
Achieved **(ACH)**	***Based on the resident's progress, the preceptor is primarily using the Facilitating preceptor role during the week prior to evaluation.*** **Definition/Criteria:** • Able to practice independently with limited preceptor supervision/preceptor mainly functions in "facilitation" preceptor role • Able to perform skill and self-monitor quality • Mastered the objective and consistently performed task/ expectation with limited to no guidance **Examples:** • Recommendations are always complete with appropriate data and evidence; requires no preceptor prompting • Consistently makes effort to teach team members the rational for therapy recommendations and follows up on patient care issues without prompting
Achieved for Residency **(ACHR)**	***Based on the resident's demonstrated and sustained performance across learning experiences, the objective has been determined to be achieved for residency.*** **Definition/Criteria:** • For objectives taught and evaluated in multiple learning experiences or multiple quarters, requires having an evaluation of "achieved" on two separate learning experiences • Objectives evaluated in a singular learning experience may be marked ACHR after a one-time evaluation of "achieved" Designated only by program director or coordinator based upon review and assessment of each resident's performance from summative evaluations

2. Rotation evaluations for Required and Electives
    a. Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve. Feedback is documented for residents not progressing as expected.
    b. Every rotation four weeks in length or greater has a preceptor mid-point evaluation.
    c. The resident will complete a summative self-evaluation via PharmAcademic 2 days prior to the end the following rotations and discussed with the preceptor(s):
        i. PGY1: Orientation, Ambulatory Care 1, Medication Therapy Management, Transitions of Care
        ii. PGY2: Orientation, Leadership and Administration, Primary Care 1
    d. Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience that will be discussed with the resident.
    e. The resident will complete an evaluation of the rotation preceptor and learning experience in PharmAcademic and will discuss this with the preceptor during the last week of the rotation.
    f. All evaluations will be reviewed in PharmAcademic by the RPD or designee.
3. Quarterly Evaluation process
    a. Formative feedback will be provided on a regular basis to the resident by the preceptor.
    b. For learning experiences greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations. This will be discussed with the resident.
    c. For learning experiences greater than twelve weeks in duration, a learning experience evaluation is completed at the midpoint and at the end of the learning experience by the resident in PharmAcademic and will be discussed with the preceptor.
    d. All evaluations will be reviewed in PharmAcademic by the RPD or designee.
4. Development Plan Process
    a. RPD or designee will review all PharmAcademic evaluations, feedback from preceptors and resident, tracking of goals, and overall program accomplishment quarterly evaluation.
    b. The resident will complete a quarterly self-assessment in the development plan
    c. This information will be reviewed with the resident and incorporated into the development plan to help identify opportunities for professional growth which complement the resident's overall residency goals identified at the start of the year.
    d. Modifications to the development plan and remedial action will be documented and communicated to preceptors who are directly involved in the resident's training.

RESIDENCY REMEDIATION/DISCIPLINARY POLICY

Residents are expected to complete all requirements of the Residency Program based on the ASHP Residency Standards and Competency Areas, Goals and Objectives for their specific program. Only those residents who complete the residency requirements set forth will receive their residency certificate. Evaluation of the resident's progress in completing the residency completion requirements is documented as part of the quarterly review process.

The RPD, in conjunction with the residency advisory committee (RAC), will continually assess the ability of the resident to meet the residency requirements by established deadlines. If a resident is failing to make progress in any aspect specific to the residency program completion requirements [e.g., "Needs Improvement" (NI) for the same objective on more than one summative evaluation, multiple NI's for a single summative evaluation, not meeting progression expectations during a learning experience, not meeting deadlines], or if there is a concern with other behaviors related to performance (e.g., unprofessional behavior, plagiarism) the following steps shall be taken.

The RPD will provide the resident verbal coaching for any initial issues identified. If the identified issues continue, the resident will be placed in a resident corrective action plan. The plan will provide specific action steps to address the behavior or performance concerns. The plan will indicate the criteria for successful remediation and will have a timeline for remediation of no longer than 4 weeks.

- If the resident meets the criteria for successful remediation, the resident must not regress for the duration of the residency to receive a certificate of completion.

- If the resident is not successful in completing the action steps, yet makes progress, a second resident corrective action plan can be executed. The second resident corrective action plan will be no longer than 4 weeks.
- If the resident does not meet the criteria for successful remediation in the second plan, the resident will be dismissed from the program and will not receive a certificate.

Residency-related conduct or actions that may be grounds for immediate dismissal include, but are not limited to, plagiarism. Residents also must abide by the organization's code of conduct.

If a resident completes 52 weeks of the residency but does not fulfill all residency completion requirements, a certificate will not be issued. No extensions will be granted for residents who have failed to meet residency completion requirements.

Reviewed by:

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