# Frequently Asked Questions about our ASHP-accredited PGY 1 Residency

## How many residency positions will you be matching?
We currently have two residency positions for our ASHP-accredited PGY 1 residency. The residency begins in mid-to-late June (same date as the medical residents) and ends in late June of the following year.

## When are applications due? What is required for application?
Applications are due by Jan. 10. You will need to submit curriculum vitae, letter of intent, transcripts and three references. Applications should be submitted through the online system PhORCAS.

## How are the residents selected?
Completed applications are reviewed by a team of preceptors who will select a number of potential candidates to be invited for a half-day, on-site interview in late January or February. The selection criteria include the residents’ interest area, experience and fit with the Samaritan mission. As an ASHP-accredited program, participation in the Resident Matching Program is mandatory.

## Is there a preference for in-state or out-of-state pharmacy school graduates?
There is no preference for in-state or out-of-state graduates. Each applicant is treated equally and is reviewed using the same criteria.

## What rotations are required to complete your program?

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<th>Ambulatory care pharmacist-managed clinics and experiences:</th>
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<tr>
<td>• <strong>Anticoagulation</strong>: Samaritan operates ten clinics within primary care physician practices, averaging over 3,500 patient encounters per month. The clinic utilizes a collaborative practice agreement protocol. Pharmacists manage warfarin dosing, low molecular weight heparin dosing, consultation of alternative anticoagulants, as well as peri-operative bridging decisions.</td>
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<td>• <strong>Diabetes education</strong>: This is a required longitudinal experience. The pharmacist manages the pharmaceutical needs of patients with diabetes, hypertension, hyperlipidemia, and other chronic diseases.</td>
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<tr>
<th>Acute Care/ Hospitalist service—Good Samaritan Regional Medical Center, Corvallis:</th>
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<td>This rotation encompasses acute inpatient care, which entails rounding with the hospitalist service, as well as DUE, MUE and P&amp;T activities.</td>
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<th>Acute Care Internal Medicine—Rural Rotation at Samaritan Lebanon Community Hospital:</th>
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<td>The pharmacy resident will work in the role of the clinical pharmacist involved in order verification, clinical monitoring, addressing and intervening on drug related problems, and medication reconciliation for an acute care unit, critical care unit, birth center, operating room, endoscopy suite, emergency room and infusion center.</td>
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<th>ICU:</th>
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<td>This rotation encompasses critical care with a cardiology and cardiovascular surgery focus.</td>
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<th>Infectious Disease:</th>
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<td>Residents work on the antibiotic stewardship program during this acute care rotation. There is also some HIV clinic involvement. The infectious disease physician is a co-preceptor of the rotation.</td>
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<th>Other required longitudinal learning experiences:</th>
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<td>Management, staffing, research project.</td>
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*Revised September 2019*
What elective rotations are available?

- **Ambulatory Care:**
  - **Erythropoiesis Stimulating Agents (ESA) clinics:** The ESA component of the clinic serves mostly patients with chronic kidney disease and myelodysplasia. All the ambulatory clinics offer this service.
  - **Pulmonary Wellness:** Diseases managed include COPD, asthma and smoking cessation.
  - **Hospice** reviews.
  - **Group classes:** heart failure, COPD, insomnia.

- **Oncology:** Acute inpatient service.
- **Oncology:** Oral chemotherapy service (ambulatory clinic).
- **Oregon State University Teaching rotation** and Teaching Certificate.
- **Management:** Working with Chief Pharmacy Officer and Pharmacy Managers (inpatient and outpatient).
- **Mental health:** Acute inpatient service.
- **Health Plan:** work with the pharmacist at the Samaritan Health Plan (Advantage, IHN, Samaritan Choice Plan (employee plan)).
- **Planned electives we are hoping to develop:**
  - Transitions of Care
  - Informatics
  - Research

How are residents evaluated?

- SHS follows the ASHP Learning Pyramid model of training.
  - **Direct Instruction:** Reading assignments and direct teaching.
  - **Modeling:** Preceptor shows the resident what needs to be done. This includes observing the preceptor in his/her daily activities on the floor or in the clinic.
  - **Coaching:** Resident does the work of the preceptor (clinic, on the floor, on rounds, in meetings, etc.) and the preceptor observes and provides feedback.
  - **Facilitating:** Resident practices independently in the same capacity as the preceptor. The preceptor provides feedback and the resident reflects on his or her own performance. The resident becomes an extender of the preceptor, which means the resident can function in the same capacity on his or her own.

- We use the Pharm Academic evaluation system:
  - This usually involves a snapshot evaluation or two during the rotation, and a summative evaluation at the end of the rotation.
  - Longitudinal rotations are evaluated quarterly.
  - Daily verbal feedback will occur on rotation.
  - The resident will provide feedback about the rotation and the preceptor.

What teaching opportunities are there for residents?

Residents will have the option of precepting doctoral pharmacy students who are scheduled on rotation with them. Residents give an oral presentation to the pharmacy staff on patient care rotations. These presentations fall into the categories of journal club, topic discussion and case presentation. Residents also provide a Grand Rounds CME to the providers at the five hospitals on new medications (usually final month of residency year). Residents can receive a teaching certificate through the Oregon Residency Teaching Program and will have the opportunity to complete a teaching rotation through OSU. One "Prescription Pearls" newsletter which is sent out to all system staff is required.

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What is the staffing requirement and how are residents trained to prepare for staffing?
Residents will have every-other-Saturday staffing responsibilities working from 7 a.m. to noon at the inpatient pharmacy covering a clinical service. The afternoon is spent managing anticoagulation for patients at one of our anticoagulation clinics in Albany. INRs are checked via point-of-care testing, and residents will manage anticoagulation via a collaborative practice agreement. Residents also staff inpatient pharmacy every other Thursday for 3 hours (6 to 9 p.m.) to learn about swing shift.

- Training for the anticoagulation staffing occurs during the required anticoagulation rotation.
- Training for inpatient staffing occurs during a dedicated six-week training block.

Do residents have to do a research project?
Yes, each resident is required to conduct a research project to complete the requirements of the residency. Preceptors present viable project ideas in August and a general timeline for successful project completion is in place. Residents will have a dedicated preceptor to mentor them during their project. Study results will be presented at the Northwest Pharmacy Residency Conference and publication is encouraged.

What kind of projects have your residents done in the past?
Residents have helped improve the quality and care we provide.

Examples include:

Starting new clinical services and prospectively evaluating the impact of:

- ESA clinic for chronic kidney disease and myelodysplasia patients.
- Infectious Disease Stewardship program.
- Pharmacist-managed insulin program in acute care setting.
- Implementing a collaborative practice agreement for COPD, asthma and smoking cessation.
- Implementing a medication concierge service.
- Improving discharge medication reconciliation.
- Starting an oral chemo program.
- Expanding the pulmonary wellness clinic with a focus on COPD to reduce readmissions.
- Implementing pharmacist home visits in the ambulatory care setting.
- Implementation of a penicillin allergy testing protocol.
- Implementing a heart failure program in a medical home.
- A pharmacist in the medical home on patients with 20 or more medications.

Conducting review or improvement of existing services, including:

- Assessing the clinical impact of pharmacy residents staffing the diabetes education clinic.
- Optimal duration of prophylactic antibiotics after cardiovascular surgery.
- Optimizing glucose control in the ICU.
- Review of conscious sedation practices in the ICU.
- Assessing the cost effectiveness of oral versus IV chemotherapy.
- Assessing DVT prophylaxis in the inpatient service.
- Assessing the rate of opioid de-escalation, follow up, and naloxone prescribing in patients with non-fatal overdoses at Samaritan Health Services.

Prospective randomized trials:

- Effect of Vitamin D repletion on chronic fatigue.
- Once versus twice daily dosing of dalteparin in obese patients.

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What projects are the present residents doing?
In 2019-2020 one resident is implementing a pilot based on a publication by Luo J et al (JAMA 2019; 321 (4): 374-84. The goal is to successfully implement a switch to human insulin instead of analogue insulin in type 2 diabetics and create a sustainable financial model keeping the pharmacists involved in this service. The other resident is assessing the current use of DOACs in our health system in patients with a BMI over 40 kg/m².

Do residents receive vacation time?
Residents have 20 days of paid time off (PTO). PTO is used to cover holidays, vacation and sick leave. Residents receive paid time off for the ASHP midyear meeting and the Northwest Residency Conferences without having to use PTO. Vacation time must be approved by the residency program director.

Do the residents attend any professional meetings throughout the year?
The residents participate in the Portland/Vancouver area Citywide monthly residency conference which provides an opportunity to interact with pharmacy residents from other regional residency programs. Residents also attend the ASHP midyear clinical meeting and Northwest Residency Conference with SHS preceptors.

Is office space available to residents?
Yes. Residents are provided with an office work space equipped with PCs and printers. A laptop is available for inpatient rotations.

What is the anticipated residency stipend?
The current stipend for PGY-1 residents is $51,480 for the year.

Do residents receive health insurance?
Yes, insurance premiums may be paid on a pre-tax basis. This comprehensive benefit program offers medical, pharmacy, dental, vision and employee wellness.

What is your licensure policy for PGY-1 residents?
Resident must obtain and maintain the appropriate license to practice pharmacy in the state of Oregon within the first four months of the program as required by ASHP standards. A valid Oregon intern license must be presented on the first day of residency. Resident shall not be permitted to begin the program under any circumstances without a valid intern or pharmacist license on the first day.

What sorts of positions do your residents take after completion of your program?
Many of our residents go on to pursue clinical specialist positions. The actual titles vary by geographic location, but the responsibilities are similar with direct patient care as the primary focus.

Do you hire many of your residents after completion of your program?
We love to hire our own residents! If you look at our current staff, you will see that we have been fortunate to retain a large number of former residents.

Questions?
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