



**Legacy Health
Department of Pharmacy Services**



**Post Graduate Year One & Two (PGY1/PGY2)
Pharmacy Residency Program
Manual 2024-2025**



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2 LEGACY HEALTH SYSTEM OVERVIEW

Legacy Health is an Oregon-based not-for-profit, tax-exempt corporation that includes seven full-service hospitals, including a children's hospital, a full-service research facility, and a 24-hour behavioral and mental health services center. With more than 14,000 full- and part-time employees, Legacy is one of the largest private sector employers in the metropolitan areas of Portland, Oregon, and Vancouver, Washington. The Legacy system provides an integrated network of health care services, including acute and critical care, inpatient and outpatient treatment, behavioral and mental health care, community health education and a variety of specialty services.

Within the system, [Randall Children's Hospital](#) is a regional leader in the care of infants, children and teens. Legacy [Oregon](#) Burn Center is the only advanced burn care facility between Seattle and Sacramento; Legacy Emanuel has a Level 1 [Trauma Center](#) designation verified by the American College of Surgeons, the highest available for emergency care. Three of the medical centers that are part of Legacy Health have obtained CMS 5-star designation. Legacy also has primary care and specialty clinics, as well as hospice and laboratory services.

History

Legacy's roots date back more than 100 years. Our two oldest hospitals, Good Samaritan (est. 1875) and Emanuel (est. 1912) were founded by faith-based groups seeking to care for the growing city. As the decades went on, those two hospitals grew into larger health organizations. In 1989 they merged to create Legacy Health. Most recently, Silverton Health joined the Legacy family and now carries the Legacy name.

THE LEGACY WAY

Our legacy is good health, for:

- OUR PEOPLE
- OUR PATIENTS
- OUR COMMUNITIES
- OUR WORLD

Above all, we will do the right thing.



We value

-  **RESPECT** We treat all people with respect and compassion.
-  **SERVICE** We put the needs of our patients and their families first.
-  **QUALITY** We deliver outstanding clinical services within healing environments.
-  **EXCELLENCE** We set high standards and achieve them.
-  **RESPONSIBILITY** We are good stewards of our resources, ensuring access to care for all.
-  **INNOVATION** We are progressive in our thinking and actions.
-  **LEADERSHIP** We serve as a role model of good health and good citizenship.

3 PHARMACY OVERVIEW

Pharmacy has a strong presence in all clinical areas within Legacy, with pharmacists decentralized in multiple patient care areas and pharmacist participation in patient care rounds. Pharmacists consult on Burn, Critical Care, Internal Medicine, Neonatal ICU, Neurology/Stroke, Oncology, Orthopedic Surgery, Pediatrics, Transplant, and Trauma units.

Pharmacy protocols are established for pharmacists to manage renal dosing, IV to PO conversions, anticoagulation (examples: warfarin and heparin), antibiotics (including but not limited to vancomycin and aminoglycosides), total parenteral nutrition and therapeutic drug interchange.

Primary care clinics, transplant clinic, specialty pharmacy, outpatient oncology, and medication management service clinics also utilize pharmacists for collaborative patient care including population health management.

Pharmacy Services operates retail outpatient pharmacies at six hospitals providing clinic, employee and discharge prescriptions.

Our why: To strengthen, unify, and innovate the way we care for one another and our world.

Our Vision:

Be Engaged: Providing the safest medication therapy and empowering patients for better health.

Be Connected: Caring for one another. Be vital to our community and our world.

Be Innovative: Investing in activities that make Pharmacy services essential.

Be a Leader: Market leader practice excellence.

Our Mission: to provide safe, sustainable, and effective pharmacy services that promote health and healing.

4 RESIDENCY PROGRAM OVERVIEW

History

Legacy Health began their pharmacy residency program in 2001 with one resident, an OSU graduate, and the program was accredited by the American Society of Health System Pharmacists in 2002. The next two residency years 2002-03 and 2003-04 also had a single resident. In 2004-05, we expanded our program to two residents and had two residents for four years. In 2008, we expanded to three residents. In 2014, we initiated our PGY2 training program with a focus on Transitions in Care. In 2017, we changed our PGY2 training program to Ambulatory Care as well as expanded our PGY1 to four residents. In 2018, we started an Infectious Disease PGY2. In 2019, we expanded our PGY1 program to a multi-site program with six residents at 5 sites.

5 PGY1 RESIDENCY PROGRAM

PGY1 Program 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.

Overview

Legacy Health PGY1 Residency Program is a multi-site program with 6 residents based at 5 “home” acute care sites. Our structure incorporates the ASHP required competency areas as follows:

- R1: Patient Care – Direct patient care learning experiences (System General Medicine, System Critical Care, System Emergency Medicine, System Longitudinal Staffing, System Orientation to Staffing, System Precepting)
- R2: Advancing Practice and Improving Patient Care – Practice Management, System Administration, System Project
- R3: Leadership and Management – Practice Management, System Administration, System Longitudinal Staffing, System Orientation to Staffing and System Project
- R4: Teaching, Education, Dissemination of Knowledge – Direct patient care learning experiences (System Critical Care, System Emergency Medicine, System Precepting), System Administration and Practice Management

Our program also includes 1 elective competency area as a required component of our program structure: E5: Management of Medical Emergencies within System Critical Care, System Emergency Medicine and System Longitudinal Staffing.

Our program is coordinated by a residency program director and 5 residency site coordinators, one at each of the facilities. Our residency advisory committee meets 10 times per year.

Program Quality Improvement and Assurance

The residency will conduct annual needs and growth opportunities assessment through evaluation of all learning experience evaluations and end-of-program-year survey to preceptors and residents identifying markers for change management (what to start, stop, and continue). Opportunities will be prioritized according to resources and significance of need as advised by the Residency Advisory Committee.

Program Structure and Timeline

Our PGY1 program includes 5 acute care medical centers: Legacy Emanuel (2 residents), Legacy Good Samaritan (1 resident), Legacy Salmon Creek (1 resident), Legacy Meridian Park (1 resident), Legacy Mt. Hood (1 resident). Our program includes 10 required learning experiences, which are completed at the resident's home site. 3 of those required learning experiences are longitudinal and take place over the course of the training year. Residents may select up to 4 elective learning experiences total for the year. Residents may complete a max of 12 weeks elective learning experiences at another Legacy sites. The elective learning experiences vary in length from 3 to 6 weeks. If an elective is desired in another specialty area, consideration will be given to the development of such if preceptor availability, support of providers and other resources allow. If the elective is to be in the same area of a required learning experience, the learning experience will be conducted at a more advanced level under a different learning experience description and with different objectives than the required learning experience that the resident completed.

<u>PGY1 Learning Experiences</u>		
Required Experience	Length	Location
System Orientation to Residency Program	3 weeks	Peterson Hall (Good Sam Campus) and Home Site
System Orientation to Staffing	4 weeks	Home Site
System Longitudinal Staffing (Residents are required to complete a minimum of 240 hours independently. Ability to practice independently will depend on preceptor and clinical manager agreement based on feedback during orientation to staffing. Residents typically staff every third weekend however frequency depends on site specific scheduling needs)	Longitudinal: Year-long	Home Site
System Project: Resident research project (flipped research model) Legacy residents get the opportunity to complete a formal research project. This project will follow the “flipped research model” and has the residents completing a project in Jan/Feb of their residency year and then starting a new project that will be handed off to the incoming resident in June upon completion of the training program.	Longitudinal: Year-long	Home Site
Practice Management: longitudinal	Longitudinal: Year-long	Peterson Hall (Good Sam Campus), home site, virtual
System General Medicine	7 weeks	Home Site
System Critical Care – it is preferred that General Medicine will be completed prior to Critical Care	6 weeks	Home Site
System Emergency Medicine – length can vary depending on the resident interests	4-6 weeks*	Home Site
System Administration	4 weeks	Home Site
System Precepting – length can vary depending on availability of preceptors and learners for the residents to precept. This typically occurs at the end of the residency year with a new APPE student, but not always. The practice area where this occurs depends on the resident interest, availability of	4-6 weeks*	Home Site

preceptors and learners. Most residents choose to complete precepting within a general medicine practice area.		
Elective Rotations*		
Oncology	6 weeks	Good Samaritan
Oncology Ambulatory Care (requires WA RPH licensure)	4 - 6 weeks	Salmon Creek
Kidney Transplant	5-6 weeks	Good Samaritan
Infectious Diseases	4 - 6 weeks	Emanuel
Ambulatory Care	4 - 6 weeks	Legacy Medical Group (located based on preceptor availability and resident preference)
Transitions of Care	3 - 5 weeks	Emanuel, Meridian Park, Mt. Hood
Medication Management Services	3 – 5 weeks	Mt. Hood
Cardiovascular Critical Care (minimum of 5 weeks length highly preferred. Must complete required critical care learning experience prior to this elective)	4 - 6 weeks	Emanuel
Operating Room	4 weeks	Good Samaritan
Neonatal Critical Care	3 – 5 weeks	Emanuel
Neuro Trauma Critical Care (Must complete required critical care learning experience prior to this elective)	4 – 6 weeks	Emanuel
Pediatric Emergency Medicine	4 weeks	Emanuel (Randall Childrens)
Pediatric Oncology	4 – 6 weeks	Emanuel (Randall Childrens)

Pediatric Critical Care (Must complete required critical care learning experience prior to this elective)	4 – 6 weeks	Emanuel (Randall Childrens)
Oregon Pharmacy Teaching Certificate (OPTC): offered through Pacific University and Oregon State University. Option to pick focus area of precepting or academia.	Longitudinal	Various locations depending on interest and availability of preceptors.

*Residents select up to 4 elective learning experiences which can be completed at any of the Legacy sites. The elective learning experiences vary in length from 3 to 6 weeks.

Evaluation scale (for preceptor and resident self-assessment):

- ***Achieved for residency:*** The resident meets the objective and can perform associated activities independently across the scope of pharmacy practice. Resident consistently completes objectives at an “Achieved” level, for the residency.
 - At a minimum, the resident has been marked as achieved at least twice for the Patient Care competency area R1.
 - At a minimum, the resident has been marked as achieved at least once for the following required competency areas:
 - R2 (Advancing Practice and Improving Patient Care)
 - R3 (Leadership and Management)
 - R4 (Teaching, Education and Dissemination of Knowledge)
 - E5 (Management of Medical Emergencies)

- ***Achieved for this learning experience:*** The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience.
 - Can successfully perform learning experience activities independently
 - Has accomplished the ability to perform the objective within this learning experience
 - Rarely (1x/week) requires assistance to complete activities related to the objective
 - No further developmental work needed for this objective in this learning experience

- ***Satisfactory Progress:*** The resident is performing and progressing as expected at this time in this learning experience. Document identified growth opportunities within the learning experience that move toward mastery of the objective (or activity).
 - Sometimes requires assistance to complete the objective
 - Able to ask appropriate questions to supplement learning
 - Evidence of significant improvement during the learning experience, even if it is not complete mastery of the activity or objective
 - Can perform expected activities with some guidance and can complete the requirements without significant input from the preceptor

- ***Needs Improvement:*** Resident is not performing at an expected level at this time; improvement is needed.
 - Deficient in knowledge/skills in this area
 - Often requires assistance to compete the objective
 - Unable to ask appropriate questions to supplement learning
 - Resident recommendations are incomplete and/or poorly researched or lack appropriate data to justify making changes in patient’s medication regimen
 - Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team or to follow up on issues related to patient care
 - No apparent effort made by the learner to improve knowledge or lack of knowledge poses patient safety risk
 - Provides inaccurate drug information responses with inappropriate recommendations for patient care
 - Consistently writes error filled consult notes with inappropriate therapy management recommendations. Consistently requires multiple revisions based on preceptor feedback



Requirements for completion of the residency are reviewed by the RAC on an annual basis. PGY1 resident must achieve all residency objectives by the end of the residency year. Progress will be monitored by the RPD through at least quarterly evaluations and the resident's customized training plan.

Contacts

Residency Program Director: Katie Yabut kyabut@lhs.org 503-674-4143 (Office)		
Salmon Creek Coordinator: Julia Courtney jcourtn@lhs.org	Good Samaritan Coordinator: Jimmy Nguyen languye@lhs.org	Meridian Park Coordinator: Dennis Choi Dchoi@lhs.org
Mount Hood Coordinator: Uriel Jimenez Sanchez ujimenez@lhs.org	Emanuel Coordinator: Addison Pang ajpang@lhs.org	

6 PGY2 AMBULATORY CARE RESIDENCY PROGRAM

PGY2 Program 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.

Overview

The specialty residency will focus on providing comprehensive pharmaceutical care in a variety of multidisciplinary ambulatory settings. The resident will have teaching opportunities with multidisciplinary audiences. Residency expectations include a research project focusing on the establishment, expansion, or evaluation of an ambulatory patient care service. A successful resident will possess the competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in ambulatory care practice.

Program Quality Improvement and Assurance

The specialty residency will conduct annual needs and growth opportunities assessment through evaluation of all learning experience evaluations and end-of-program-year survey to preceptors and resident identifying markers for change management. (What to start, stop, and continue) Opportunities will be prioritized according to resources and significance of need as advised by the PGY2 Ambulatory Care Residency Advisory Committee and the System-wide Residency Advisory Committee.

Rotations 2023-2024 (Descriptions available in PharmAcademic)

Required Longitudinal Rotations	Length
Staffing (Internal Medicine Clinic)	Longitudinal: Year-long
Longitudinal Residency Project	Longitudinal: Year-long
Practice Management	Longitudinal: Year-long
Required Block Rotations	
Orientation	4 weeks
Primary Care I	8 weeks
Primary Care II	8 weeks
Primary Care III	10 weeks (due to ASHP Midyear/holidays)
Population Health	4 weeks
Administration	4 weeks
Elective Rotations	
Advanced Primary Care	4 – 6 weeks*
Informatics	4 – 6 weeks*
Medication Management Services	4 – 6 weeks*
Renal Transplant	4 – 6 weeks*
Rural Internal Medicine	4 – 6 weeks*
Transitions of Care	4 – 6 weeks*

*Please see learning experience descriptions in PharmAcademic™ for criteria in determining length of the elective rotation

Program Structure

Legacy Health PGY2 Ambulatory Care SAMPLE Program Structure 2024-2025

Orientation	Primary Care I	Primary Care II	Primary Care III	Administration	Population Health	Elective I	Elective II	Elective III
4 weeks	8 weeks	8 weeks	10 weeks (due to Midyear and holidays)	4 weeks	4 weeks	4 weeks	6 weeks	4 weeks
Rotations: Four- to ten-week block rotations in addition to longitudinal learning experiences								
Project:	IRB proposal submission	Complete Project: data collection, analysis, written summary, and presentation				Formal presentation and manuscript		
Presentations: Poster presentation at OSHP Annual Seminar (optional), Project presentation at Northwestern States Regional Conference								
Staffing: One day per week in an internal medicine clinic								
Practice Management: One day per week, virtual								
OPAC (Oregon PGY2 Ambulatory Care) forum: Monthly meetings (refer to OPAC meeting schedule)								
Residency Evaluations and Documents: Evaluations completed and submitted no later than 1 week following rotation, documents uploaded to PharmAcademic throughout year								
Optional: Teaching certificate, if not obtained during PGY1 residency								

Required Longitudinal Rotations

- Practice Management
- Staffing (Internal Medicine Clinic)
- Longitudinal Residency Project

Required Block Rotations

- Orientation (4 weeks)
- Primary Care I (8 weeks)
- Primary Care II (8 weeks)
- Primary Care III (10 weeks)
- Population Health (4 weeks)
- Administration (4 weeks)

Elective Rotations

- Advanced Administration (4-6 weeks)
- Advanced Primary Care (4-6 weeks)
- Informatics (4-6 weeks)
- Medication Management Services (4-6 weeks)
- Renal Transplant (4-6 weeks)
- Rural Internal Medicine (4-6 weeks)
- Teaching Certificate (longitudinal)
- Transitions of Care (4-6 weeks)

Evaluation scale for Preceptor and Resident Self-Assessment:

- **Achieved for residency:** The resident meets the objective and can perform associated activities independently across the scope of pharmacy practice. Resident consistently completes objectives at an “Achieved” level, for the residency.
 - At a minimum, the resident has been marked as achieved at least twice for the Patient Care competency area R1.
 - At a minimum, the resident has been marked as achieved at least once for the following required competency areas:
 - R2 (Advancing Practice and Improving Patient Care)
 - R3 (Leadership and Management)
 - R4 (Teaching, Education, and Dissemination of Knowledge)
- **Achieved for this learning experience:** The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience. In the last 1/3 of the rotation (e.g., last 2 weeks of a 6-week rotation):
 - Can successfully perform learning experience activities independently
 - Has accomplished the ability to perform the objective within this learning experience
 - Rarely (1x/week) requires assistance to complete activities related to the objective; minimum supervision required
 - No further developmental work needed for this objective in this learning experience
- **Satisfactory Progress:** The resident is performing and progressing as expected at this time in this learning experience. Document identified growth opportunities within the learning experience that move toward mastery of the objective/activity. In the last 1/3 of the rotation (e.g., last 2 weeks of a 6-week rotation):
 - Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
 - Adequate knowledge/skills in this area
 - Sometimes (> 1x per week, < every other day) requires assistance to complete the objective
 - Able to ask appropriate questions to supplement learning
 - Requires skill development over more than one rotation
- **Needs Improvement:** Resident is not performing at an expected level at this time; improvement is needed. In the last 1/3 of the rotation (e.g., last 2 weeks of a 6-week rotation):
 - Deficient in knowledge/skills in this area
 - Often requires assistance to complete the objective
 - Unable to ask appropriate questions to supplement learning
 - Resident recommendations are incomplete and/or poorly researched or lack appropriate data to justify making changes in patient’s medication regimen
 - Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team or to follow up on issues related to patient care
 - No apparent effort made by the learner to improve knowledge or lack of knowledge poses patient safety risk
 - Provides inaccurate drug information responses with inappropriate recommendations for patient care
 - Consistently writes error filled consult notes with inappropriate therapy management recommendations. Consistently requires multiple revisions based on preceptor feedback

Key Contacts	
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7 PGY2 INFECTIOUS DISEASES RESIDENCY PROGRAM

PGY2 Program Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in 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 or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Overview

The specialty residency will focus on delivering pharmaceutical care to patients with a variety of infectious diseases, through direct patient care and broader programmatic antimicrobial stewardship initiatives. The resident will have teaching opportunities with multidisciplinary audiences. Residency expectations include a research project with abstract submission to a national conference. A successful resident will possess the competencies that qualify them for clinical pharmacist, antimicrobial stewardship program director and/or faculty positions and position them to be eligible for attainment of board certification in infectious diseases.

Program Quality Improvement and Assurance

The specialty residency will conduct annual needs and growth opportunities assessment through evaluation of all learning experience evaluations, market analysis and end-of-program-year survey to preceptors and resident identifying markers for change management. (What to start, stop, continue.) Opportunities will be prioritized according to resources and significance of need as advised by the Residency Advisory Committee.

Rotations (Descriptions available in PharmAcademic)

Required Experience	Length
Orientation (Operations, Microbiology, Informatics, ASP)	8 weeks
Operations (Every 3 rd weekend)	Longitudinal: 6 months
Research Project	Longitudinal: Year-long
Practice Management	Longitudinal: Year-long
Required Core Rotations	
General Infectious Diseases	10 weeks
Advanced Infectious Diseases 1	2 weeks
Advanced Infectious Diseases 2	4 weeks
Ambulatory Clinic – Infectious Diseases	6 months, once weekly
Antimicrobial Stewardship	Longitudinal: Year-long
Antimicrobial Stewardship Staffing (Every 3 rd weekend)	Longitudinal: 6 months
Elective Rotations	
Advanced Antimicrobial Stewardship	3 – 4 weeks*
Critical Care, Medical-Surgery	3 – 6 weeks*
Critical Care, Neuro-Trauma	3 – 6 weeks*
Emergency Medicine	3 – 6 weeks*
Epidemiology and Outcomes at OSU College of Pharmacy	4 weeks
Immunocompromised Host Infectious Diseases & Stewardship	4 weeks
Informatics	3 – 4 weeks*
Outpatient Parenteral Antimicrobial Therapy (OPAT)	4 weeks
Pediatric Infectious Diseases	3 – 6 weeks*
Transplant Infectious Diseases at OHSU	4 weeks

*Please see learning experience descriptions in PharmAcademic™ for criteria in determining length of the elective rotation



PGY2 Infectious Diseases Pharmacy Practice Residency SAMPLE Program Structure

PGY2 ID Block	Orientation	Orientation											
Month	July	August	September	October	November	December	January	February	March	April	May	June	July
Length													
Block Experiences													
Week 1	Orientation	Microbiology Orientation	Gen ID	ID Week/Gen ID	Gen ID	ASHP	Academia	Informatics	ICU Trauma	Peds ID	Transplant ID	Epi & Outcomes	Adv ID 2
Week 2	Operations training	Informatics Orientation	Gen ID	Gen ID	Gen ID	Adv ID 1	Academia	Informatics	ICU Trauma	Peds ID	Transplant ID	Epi & Outcomes	Adv ID 2
Week 3	Operations training	ASP Training	Gen ID	Gen ID	ASP	Adv ID 1	Academia	Informatics	Peds ID	Transplant ID	ICU Trauma	Adv ID 2	
Week 4	Operations training	ASP Training	Gen ID	Gen ID	ASP	Break	Academia	Peds Trauma	Peds ID	Transplant ID	ICU Trauma	Adv ID 2	
Clinical & Operational Longitudinal Experiences													
			Antimicrobial Stewardship										
							Ambulatory Clinic – Infectious Diseases, once weekly						
						Practice Management							
			Operations every third weekend										
Operations Experiences													



Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Research Experiences													
Milestones	Project concept	Initial study protocol	Finalized Protocol		Data Collection				Data Analysis		Project Writeup & Presentation		
Deliverables			Protocol & IRB Submission	Validated data-collection form	ASHP Midyear Abstract submission				Department Presentation of Results	ID Week Abstract Submission Deadline	NorthWestern States Residency Conference (presentation)		Final manuscript
Teaching Experiences													
Large Group Instruction				Dept of Microbiology CE									
Clinical Precepting		Clinical Precepting of IPPE, APPE students & PGY-1s											
Administrative Experiences													
		Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	Site ASP	System ASP	Site ASP	Site ASP	
						Formulary Monograph		Antibiogram	Drug Utilization Review				
Meetings & Professional Development													
				ID Week/SIDP (Oct 3-8)	ASHP Midyear (Dec 3-7)						NW States		
	Portland ID Citywide Meeting - Weekly												
Evaluations													
Learning Experience Evaluations	Learning Experience Evaluations												
Entering Interests Self-Evaluation			Quarterly Eval 1			Quarterly Eval 2			Quarterly Eval 3				Final Eval

Evaluation scale (for preceptor and resident self-assessment):

- **Achieved for residency:** The resident meets the objective and can perform associated activities independently across the scope of pharmacy practice. Resident consistently completes objectives at an “Achieved” level, for the residency.
 - At a minimum, the resident has been marked as achieved at least twice for the Patient Care competency area R1.
 - At a minimum, the resident has been marked as achieved at least once for the following required competency areas:
 - R2 (Advancing Practice and Improving Patient Care)
 - R3 (Leadership and Management)
 - R4 (Teaching, Education, and Dissemination of Knowledge)
- **Achieved for this learning experience:** The resident has met the expectations for mastery of the learning activities associated with the objective, within the scope of this learning experience. In the last 1/3 of the rotation (e.g. last 2 weeks of a 6 week rotation, last 1 week of a 3 or 4 week rotation):
 - Can successfully perform learning experience activities independently
 - Has accomplished the ability to perform the objective within this learning experience
 - Rarely (1x/week) requires assistance to complete activities related to the objective; minimum supervision required
 - No further developmental work needed for this objective in this learning experience
- **Satisfactory Progress:** The resident is performing and progressing as expected at this time in this learning experience. Document identified growth opportunities within the learning experience that move toward mastery of the objective (or activity). In the last 1/3 of the rotation (e.g. last 2 weeks of a 6 week rotation, last 1 week of a 3 or 4 week rotation):
 - Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
 - Adequate knowledge/skills in this area
 - Sometimes (> 1x per week, < every other day) requires assistance to complete the objective
 - Able to ask appropriate questions to supplement learning
 - Requires skill development over more than one rotation
- **Needs Improvement:** Resident is not performing at an expected level at this time; improvement is needed. In the last 1/3 of the rotation (e.g. last 2 weeks of a 6 week rotation, last 1 week of a 3 or 4 week rotation):
 - Deficient in knowledge/skills in this area
 - Often requires assistance to complete the objective
 - Unable to ask appropriate questions to supplement learning
 - Resident recommendations are incomplete and/or poorly researched or lack appropriate data to justify making changes in patient’s medication regimen
 - Resident consistently requires preceptor prompting to communicate recommendations to members of the healthcare team or to follow up on issues related to patient care
 - No apparent effort made by the learner to improve knowledge or lack of knowledge poses patient safety risk
 - Provides inaccurate drug information responses with inappropriate recommendations for patient care
 - Consistently writes error filled consult notes with inappropriate therapy management recommendations. Consistently requires multiple revisions based on preceptor feedback



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8 RESIDENCY ORIENTATION

[Onboarding Checklist](#)

[Position Description](#)

[PGY1](#)

[PGY2](#)

[Residency policy](#)

[916.3213 Pharmacy Residency Information for Applicants and Residents](#)

916.3300 Pharmacy Residency Program Quality Framework (only available onsite)

[Salary and Benefits](#)

Yearly salary is available in the ASHP Residency Directory and is annualized out per 2 week pay-period. Annual paid leave (vacation, sick time and holidays) is accrued per Legacy benefit standards.

[LH Benefits](#)

[APL](#)

[My-time](#)

[Resources for new employees](#)

[Vacations and Holidays](#)

Legacy residency training program recognizes the Legacy Human Resources-identified holidays. Residents are not required to work on recognized holidays. If a resident does work on these days, they do not qualify for holiday pay. All vacations must be approved in advance with RPD and rotation preceptors per policy 916.3213.

[Leave of Absence](#)

[LH Benefits- Leave and Disability](#)

[LH Leave of Absence Policy](#)

Professional Travel:

[Policies and Procedures - Business Travel & Reimbursement Policy](#)

[LH Travel Authorization Form](#)

[LH Expense Reimbursement Form](#)

[Legacy Travel Resources](#)

Duty Hour Tracking

[ASHP Duty Hour Policy](#)

9 RESIDENT PROFESSIONAL DEVELOPMENT

Precepting

[Four roles of teaching](#)

[Blooms taxonomy](#)

Evaluations

Summative, formative, quarterly and initial self-reflection should be completed in PharmAcademic. Evaluations should be completed in PharmAcademic on or before the assigned due date and discussed with the resident at the end of the rotation. If more than one preceptor is assigned for a Learning Experience, the primary preceptor will solicit feedback from all supporting preceptors and facilitate documentation in PharmAcademic.

Summative Evaluations: Final evaluation and determination regarding quality of learning. Specific comments should be included to provide the resident with information they can use to improve their performance in subsequent learning experiences.

Formative Evaluations: On-going feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

Quarterly Evaluations (Available in PharmAcademic)

Initial Resident Self-Reported Interest and Preferences (Available in PharmAcademic)

10 APPENDIX

[LH Campus Maps](#)

Information management:

- 1) Remote Email Access (Get Mail): <http://outlook.com/owa/lhs.org>
- 2) [Remote Access/Telecommuting Resources](#)
- 3) [Outlook Mobile User Guide](#) Outlook Mobile User Guide
- 4) Legacy Laptop Guide – Request VPN access for laptop

Past PGY1 Residents

2001-02	Thien Nguyen (Oregon State University)
2002-03	Josi Snyder (University of Colorado)
2003-04	Sarah Bemis (University of Colorado)
2004-05	Sean Ottum (Oregon State University) Kim Ellis (University of North Carolina)
2005-06	Jonathan Ward (University of Washington) Jennifer Showalter (University of Florida)
2006-07	Spencer Martin (Oregon State University) Julie Hoover (Purdue University)
2007-08	Amy Breifelder (University of Washington) Ryan Mickelson (University of Wisconsin)
2008-09	Ina Lee (Washington State University) Sarah Deines (Oregon State University) Elizabeth Sarles (University of California San Diego)
2009-10	Andrew Gibler (Oregon State University) Ahmed Zikri (University of Minnesota) Lindsie Froehlich (Washington State University)
2010-11	Karen Bronson (Oregon State University) Kate Hammer (University of Washington) Jocelyn Frey (Creighton)
2011-12	John Darnell (University of Wyoming) Katie Yabut (Oregon State University) Rebecca Watson (Duquesne)
2012-13	Breanne Chipman (University of Utah) Mary Luttrupp (Oregon State University) Elise Fields (University of Washington)
2013-14	Sarah Fondse (Pacific University) Molly Juhlin (Oregon State University) Tiffany Truit (University of New Mexico)
2014-15	Amy Higginson (Oregon State University) Carrie Bartel (Pacific University) Dennis Choi (Oregon State University)

2015-16	Alyssa Wenzel (Rosalind Franklin University School of Medicine and Science)	
	Laura Pahlmeyer (Oregon State University)	
	Bryan Sears (University of Arizona)	
2016-17	Vie Hoefling (Creighton)	
	Franklin Phan (Oregon State University)	
	Jessie Bai (The Ohio State University)	
2017-18	Ethan Blashford (University of Toledo)	
	Paul Philavong (South Carolina College of Pharmacy)	
	Jimmy Nguyen (Midwestern University – Glendale)	
	Victor Tran (Oregon State University)	
2018-19	Brayden Benefit (Oregon State University)	
	Natalie Tucker (Washington State University)	
	YoungYoon Ham (Oregon State University)	
	Bo Weber (Oregon State University)	
2019-20	Stephanie Hernandez (University of Texas)	MH
	Katie Cashman (Washington State University)	EH
	Karen Seo (Pacific University)	SC
	Jenny Guov (Pacific University)	MP
2020-21	Heather Nielsen (Oregon State University)	GS
	Cassandra Vielma (Oregon State University)	EH
	Chelsea Harmon (Oregon State University)	SC
	Shelby Stewart (Oregon State University)	MP
	Kwan Chen (Massachusetts COP)	RCH
2021-22	Trang Duc (Oregon State University)	GS
	Alice La (University of California San Francisco)	EH
	Jessi Shelton (Washington State University)	SC
	Nicole Hill (Oregon State University)	MP
2022-23	Annie Hiller (University of Arizona)	EH
	Elizabeth Pickels (Oregon State University)	MP
	Emilee Huey (Oregon State University)	MH
	Laikana Ly (University of Colorado)	SC
	Monica Rogoz (Oregon State University)	GS
2023-24	Michelle Zhou (Oregon State University)	EH
	Angela Schoepp (Oregon State University)	EH
	Teresa Tran (University of Washington)	GS
	Nicole Procopoi (Oregon State University)	MP
	Kalina Rivera (Pacific University)	MH
	Lisa Rice (Pacific University)	SC
2024-25		

Past PGY2 Transitions of Care Residents

2014-15	Katie Norton (Creighton; Via Christi)
	Rachel (Bettis) Chlasta (Belmont University; Virginia Mason Medical Center)



2015-16 Anthony Neises (University of Kansas; Via Christi)
Josephine Cheng (Wayne State; UNC-Eshelman School of Pharmacy)
2016-17 Christa Johnson (University of Mississippi; St. Dominic Hospital)
Paola Acevedo (Rutgers; Atlantic Health System)

Past PGY2 Ambulatory Care Residents

2017-18 Henry Tran (University of Michigan; Providence Health & Services)
Jayme Johnston (The University of Texas- Austin; Indiana University Health)
2018-19 Victor Tran (Oregon State University, Legacy Health)
Austin Pliska (Oregon State University, Sky Lakes Medical Center)
2019-20 Charles Bodreau (Pacific University, Providence Portland)
Eva (Kisakye) Moffatt (Belmont University, Cookeville Regional Medical Center)
2020-21 Crystal Rim (Midwestern University – Glendale, Providence Milwaukie/Newberg)
Jeff Ho (University of California – San Francisco, New Mexico Veterans Affairs)
2021-22 Jackie Harris (Purdue University, Community Health Network)
Jessica (Goldsworthy) Potter (Ferris State University, Mercy Health Saint Mary's)
2022-23 Bryce Ashby (University of Utah, PeaceHealth Southwest Medical Center)
2023-24 Laikana Ly (University of Colorado, Legacy Health)
Lily He

Past PGY2 Infectious Disease Residents

2018-19 Anna Zhou (University of Colorado, Santa Clara Valley Medical Center)
2019-20 Jena Stallsmith (Drake University, Park Nicollet Methodist Hospital)
2020-21 Sara Brown (University of Minnesota, Billings Clinic Hospital, Montana)
2021-22 Tiffany Wu (University of Illinois at Chicago, Rush University Medical Center, IL)
2022-23 Kelly Royster (Pacific University, Cheyenne Regional Medical Center, WY)
2023-24 Emily Gammill (University of Colorado)