Providence Health System

Providence Alaska Medical Center (PAMC) in Anchorage consists of 394 acute care beds and is part of an integrated health system including Providence Kodiak, Valdez and Seward Medical Centers, Providence Extended Care and Mary Conrad Center (310 long-term care beds), Family Practice Clinic, assisted living and drug abuse rehabilitation facilities. In addition, PAMC operates an Outpatient Infusion Center and two outpatient pharmacies. The Health System supports a Family Practice Physician Residency program and provides training sites for the University of Alaska at Anchorage Nursing Program. Major service lines include Cardiovascular/Critical Care, Medicine/Oncology, Surgery/Rehab/Neuro, Behavioral Health and the Children's Hospital. Pharmacy services are supported by an electronic medical record with physician order entry and bedside barcoding. Formulary, clinical and operational systems and services are integrated with the other Providence Health and Services ministries.

PAMC Pharmaceutical Care Services Department

The Pharmaceutical Care Services Department employs over 70 FTEs of pharmacists, technicians and support personnel with 24 hour per day services including:

- Centralized unit dose distribution, Order Verification and Centralized IV Admixture program
- Decentralized Clinical Services including an Antimicrobial Stewardship Program
- ICU Satellite
- IV Infusion and Cancer Therapy Center

The department is committed to providing and expanding pharmacy's role in the delivery of quality pharmaceutical care. This includes:

Routine Focused Medication Use Review - Routine order screening and medication use trouble shooting, patient profile review, dosing and monitoring of aminoglycosides, vancomycin, warfarin, parenteral nutrition, drugs in renal impairment, and other target drugs, antibiotic use review, adverse drug reaction monitoring, abnormal serum drug concentration assessment, therapeutic exchange program, medication reconciliation.

Interdisciplinary Rounds - Family Practice, Hospitalist, Critical Care, Coronary Care, Pediatrics, Pediatric Intensive Care, Neonatal Intensive Care, Tumor Board

Patient Education - Warfarin, Chemotherapy, Cardiac and Pulmonary Rehabilitation, Consults

Consultation - Drug Information Requests; Vancomycin, Aminoglycoside, Anticonvulsants, Parenteral Nutrition, Warfarin inpatient management, Pain, etc.

Medication Use Quality Improvement Activities - Medication Use Guidelines and Policies, Drug Use Evaluation and Benchmarking, Newsletters, Medication Order Sets, Pharmacy and Therapeutics Committee, Core Measures, National Patient Safety Goals, Providence Health and Services Quality Initiatives and Formulary Standardization

Code 99 Attendance

Investigational Drug Program

Staff Education - Staff Meetings, Weekly Clinical Meetings, Invited Speakers, Nursing Inservices, Competency Program

Teaching Opportunities: Pharmacists, Pharmacy Interns, Pharmacy student externships/clerkships, Medical Residents, Nurses, Public

Residency Program Mission

The Pharmaceutical Care Services Department recognizes the need to participate in the development of training programs necessary to ensure the ongoing availability of pharmacy practitioners with the knowledge and skills required to promote, recommend and deliver high quality pharmaceutical care services.

The ASHP-accredited PAMC PGY1 residency program is dedicated to providing the resident with the knowledge, attitude and skills necessary to assure optimal drug therapy outcomes, and to nurturing the life skills and professionalism required to contribute positively in the healthcare environment, with an emphasis in acute care. On completion of the PGY1 residency, a resident will be prepared for employment as a clinical or staff pharmacist or to enter a PGY2 residency.

Providence Health & Services is an equal opportunity employer.
Program Goals and Objectives

The Providence Alaska Medical Center Residency Goals are as follows:

• Provide Pharmaceutical care in multiple environments
• Work independently in all areas assigned.
• Integrate all aspects of Pharmacy Practice.
• Supervise/coordinate work.
• Educate others well.
• Research, analyze and present information in an organized manner.
• Possess Maturity in the professional role and represent the profession, department and hospital positively.

The resident will demonstrate competencies in three core areas:
• Direct Patient Care
• Practice Management
• Project

Successful completion of the residency program involves meeting the Residency Program Goals and Objectives identified at the beginning of the residency year. The ASHP Residency Learning System (RLS) is used to define program objectives. An assessment of the resident's knowledge, skills, experiences and interests will be performed prior to the beginning of the residency year. Objectives will be individualized for the incoming residents and their individual learning experiences.

Resident Evaluation

A modified RLS process for evaluation will be used to assess the resident's progress throughout the program. Two-way verbal exchange regarding progress will occur regularly, at minimum weekly, during rotations. Formative evaluation will occur during experiences and summative at the end of each learning experience. Residents will self-evaluate throughout the residency. Residents will evaluate preceptors formally at the end of each learning experience.

Project

The resident is required to complete a major project during the twelve month program. The project shall be on some aspect of pharmacy practice. The project may involve:

• Program development
• Interdisciplinary Medication Use Quality Improvement Project
• Original clinical or administrative research

or another aspect of pharmacy practice approved by the Residency Program Director. The project will be presented at the ASHP Clinical Midyear Meeting and the Western States Residency Conference held each spring and must be submitted in written manuscript form prior to the completion of the residency year. In addition, the resident is encouraged to present their projects at the Alaska Pharmacists Association Annual Meeting.

Learning Experiences are subject to change from year to year depending on preceptor and resident suggestions, and department and organizational needs (services provided by Pharmacy).

Residency Learning Experiences (Rotations)

The following are learning experiences among those offered in the PAMC Residency. Descriptions of each experience and the corresponding preceptors can be found in the Appendix.

Required Rotations
• Internal Medicine
• Family Practice Medicine Inpatient
• Progressive Care (renal and cardiovascular emphasis)
• Critical Care
• Pediatrics
• Infectious Disease
Elective Rotations
• Oncology – Inpatient or Pediatric
• Adult Outpatient Infusion Center
• Neonatology
• Surgery
• Pharmacy Operational or Clinical Management

Longitudinal
• Practice Management
• Drug Information
• Staffing

Residency Hours
A minimum of 2000 hours (1 year), are required for completion of the residency program. The expectation of the residency program is that the residents will put in the time and effort necessary to effectively complete the program objectives. More than a 40-hour workweek is required to obtain the maximum benefits of the program and accomplish all goals. The preceptors are responsible for ensuring that the residents understand the time requirements for each learning experience. Staffing responsibilities should not detract from the residents learning experience. The resident positions are considered “exempt” (salaried) positions by PAMC and not paid per hour. Presentation of the Residency Certificate is contingent upon completion of all program objectives.

Staffing Responsibilities
In order for the resident to adequately gain the understanding and confidence necessary to provide pharmaceutical care, it is necessary that the resident spend some time performing pharmacist staffing. This takes the form of staffing in non-clinical and clinical areas on weekends, unit dose or critical care satellite evenings, and in various clinical service areas (each for a week at a time). As part of this requirement, the resident staffs the final week of the medicine, critical care and pediatrics rotations. As stated above, the staffing responsibilities are not to detract from the residents’ learning experiences.

Licensure
The resident must become licensed as a pharmacist in the state of Alaska by August 31 of the residency year. The Board requires 1500 intern hours for licensure, 500 non-academic. Questions regarding licensing should be directed to the Alaska Board of Pharmacy by calling (907-465-2534). Application materials may be found at www.dced.state.ak.us/occ. An Alaska intern license is required by the first day of orientation if a pharmacist license is not acquired by then.

Dismissal from the Residency Program
Dismissal from the residency program can occur as a result of gross misconduct as defined by PAMC’s Employee Disciplinary Action Policy, two successive unsatisfactory learning experience evaluations, lack of competency to fulfill staffing obligations, greater than five goals with unsatisfactory learning by the end of the residency, lack of achievement of any critical goals by the end of the residency, or lack of completion of program requirements. Failure to obtain an Alaska Intern License by the first day of orientation or an Alaska Pharmacist License by August 31 may result in dismissal from the residency at the discretion of the Residency Program Director, the Pharmacy Department Director and the Residency Advisory Council.

Competency Programs
Completion of several basic competency programs and self-instructional modules is required prior to completion of orientation (5 weeks). The programs include:

- Aminoglycoside and Vancomycin Pharmacokinetics
- Warfarin Management
- Parenteral Nutrition Management
- Pharmacy and Therapeutics Committee approved clinical activities
- Computer System
- Aseptic Technique and Hazardous Materials Handling
- Basic Life Support
- Code Blue Adult and Peds
- Policy Review
- Staffing Unit Dose and IV areas
Miscellaneous Requirements
The following are additional requirements of the residency program:

- Participation in Medication Use Evaluation (DUE)
- Pharmacy and Therapeutics Committee participation
- Two Miscellaneous projects per month involving safety, clinical practice quality, formal case presentation, drug information review, or journal club
- Student Preceptorship
- Pulmonary and Cardiac Rehab Teaching
- Pharmacy Staff education
- Protocol or guideline development, implementation and assessment

Health Screening
Health screening, including a urine drug screen, is required by the Human Resources department prior to the beginning of the residency program. This is arranged through Human Resources prior to starting the position. *Providence does not hire nicotine users.*

Employee Benefits
The Pharmacy Residents qualify for employee benefits consistent with staff level positions at PAMC. Vacation: 10 working days. Work one major holiday and 2 minor. Paid leave is available for interviews and ASHP Mid-Year and Western States Residency Conference meeting attendance. There is a moving allowance. Residents may work as staff pharmacists for pharmacist wages outside of residency requirements, once licensed as a pharmacist, competent in all pharmacist duties, and meeting other residency requirements, as long as this does not detract from the residency experience. *The department must have a need to fill a budgeted position.*

Hospital Orientation
Residents are required to attend hospital and service area orientation.

Dress Code
Residents are expected to dress professionally. Name tags identifying you as a Pharmacy Practice Resident should be worn at all times. White coats are suggested but not necessary depending on the site of the learning experience.

Business Cards
Business cards for residents may be ordered by contacting the Administrative Assistant of the Pharmacy.

Voicemail, E-mail, Internet Access
A voice mailbox, e-mail and internet access will be established for each resident. Contact the department manager to set-up the processes. Rules regarding confidentiality and PAMC business only uses must be followed. Residents have remote access to the computer system.

Photo ID
A photo ID is required of all PAMC employees. Photographs are taken at hospital orientation.

Residency Learning Experience Descriptions
The following include required (R) and elective (E) rotations. These are subject to change from year to year dependent on needs of the organization.

Centralized and Decentralized Pharmacist Staffing (R)
Central Preceptors: Adam Baxter, Pharm.D., Mike Wollan, Pharm.D.; Decentralized preceptors vary
The longitudinal rotation encompasses Decentralized Clinical, Central Pharmacy and IV Admixture services. The rotation includes the resident’s initial orientation to support learning to provide comprehensive pharmacy services from a central pharmacy setting. The resident will spend one week in the IV admixture area, one week in the order verification area and several weekends shadowing clinical pharmacists. Additional time is spent throughout the year providing services independently on the Patient Care Units, in the Central Pharmacy and in the Adult Critical Care Satellite Pharmacy.

Internal Medicine (R)
Preceptors: Emily Thomas, Pharm.D., BCPS, Katie Kijima, Pharm.D.
The pharmacy resident rounds with the Hospitalists and Inpatient Family Practice teams. The resident is responsible for developing and monitoring pharmaceutical care plans for the patients on their team, medication reconciliation, other transition of care services, patient education, etc.

Pediatrics (R)
Preceptor: Connie Reyes, Pharm.D.
Pediatrics is a rotation in the Pediatric and Pediatric Intensive Care areas, serving patients from 1 week of age through adolescence.

Critical Care (R)
Preceptors: Roberto Iaderosa, Pharm.D., BCPS & Cindy Bueler, R.Ph.
Critical Care consists of a rotation with the decentralized pharmacists covering the Intensive Care and Coronary Care Units. Rounding occurs daily with the various disciplines covering the critical care units. The resident will respond to Codes during the rotation. Completion of ACLS is strongly encouraged as part of this rotation.

Practice Management (R)
Preceptors: Elaine Reale, Pharm.D. & Management Team
Practice Management will be provided as a longitudinal experience. Objectives will be completed through weekly staff and clinical meetings, assignment of resident projects, participation in interdisciplinary activities, and group sessions throughout the year with the pharmacy management team.

Drug Information (R)
Preceptors: Elaine Reale, Pharm.D. & Rotation Preceptors
Experience in provision of drug information will occur longitudinally. Objectives will be completed through journal club, group meetings and drug information assignments. In addition, drug information is incorporated as part of the requirements of most rotations and through the assignment of projects.

Infectious Disease (R)
Preceptor: Ryan Stevens, Pharm.D., Dr. Ben Westley
A rotation rounding with the antimicrobial stewardship pharmacist and an infectious disease physician. Review of drug therapy, recommendations to physicians, and pharmacokinetic and drug information consultations are components of this rotation.

Progressive Care with Renal and Cardiac Emphasis (R)
Preceptor: Leah Twohy, Pharm.D., Dyan Fleming, Pharm.D., BCPS
A rotation on the Progressive Care Unit with renal and cardiovascular emphasis. The resident will be responsible for developing pharmaceutical care plans and for cardiology and renal patients on their service.

Oncology (E)
Preceptor: Teresa Slagle, Pharm.D., BCOP
An elective rotation during which the resident is responsible for providing comprehensive pharmacy services to inpatients on the inpatient or outpatient oncology unit.
Infusion Center (E)
Preceptor: Elizabeth Jackson, Pharm.D.
The Infusion Center Rotation consists of an elective rotation providing comprehensive pharmacy services to outpatients receiving chemotherapy or other infusions.

Neonatology (E)
Preceptor: Danielle Britt, Pharm.D.
Neonatology consists of an elective rotation in the Neonatal Intensive Care area providing services to patients in the neonatal unit and OB unit. Interdisciplinary rounds will be attended in NICU.

Surgery (E)
Preceptor: Katie Kijima, Pharm.D.
Surgery is an elective rotation on general surgery and/or orthopedics units.