



# Pharmacy Residency Manual

BRIGHAM AND WOMEN'S HOSPITAL

Department of Pharmacy Service | 75 Francis Street Boston MA | 2018-19

# Overview

## PHILOSOPHY

Brigham and Women's Hospital's residency training program provides organized and directed pharmacy training in tertiary academic medical center. The program centers on creating a caring and compassionate environment that promotes respect and dignity for every person. The program develops the knowledge and skills of the resident in various areas including: medication therapy management, leadership, communication, practice management, critical thinking, time management, clinical research, and teaching. The program offers the resident the opportunity and stimulus to develop, to the highest degree obtainable, his/her professional expertise as a practitioner.

A Brigham resident is a pharmacist, first and foremost, and is expected to contribute to the achievement of the Department of Pharmacy's mission and vision statement, as well as the annual strategic plan. This will be achieved through participation in designated residency projects, activities, and successful completion of the program objectives.

Efforts to provide optimal training and guidance for the resident will be extended whenever possible to the mutual satisfaction of the resident and the preceptor teams. A demonstrable desire to learn, a sincere career interest in pharmacy practice, and a dedication to fully meeting all objectives and requirements of the residency program are expected of the resident.

## PURPOSE

The purpose of this program is to train highly motivated pharmacists to develop skills in clinical service, teaching, research, and leadership. Graduates will be prepared to enter practice as pharmacist clinicians in a variety of patient care settings or a specialty of their choosing.

The 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 advanced or specialized 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).

## EDUCATIONAL OUTCOMES

Through the completion of the education goals and objectives, a resident will meet the following six (6) educational outcomes:

- Manage and improve the medication use process
- Provide evidence-based, patient centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills
- Provide medication and practice-related education/training
- Utilize medical informatics
- Develop independent learning skills

## ORGANIZATIONAL CHART

John Fanikos, MBA, RPh is Executive Director of Pharmacy and the PGY<sub>1</sub> Pharmacy Residency Director (RPD). Lina Matta, PharmD, MPH, BCPS is the Cardiology PGY<sub>2</sub> Director. Paul Szumita, PharmD, FCCM, BCCCPs, BCPS is the Critical Care PGY<sub>2</sub> director. The term *Residency Program Director* designates the department member responsible for the overall execution of the Residency Program and coordinating the activities of the residency program towards the goal of optimizing the program's effectiveness and impact. The RPDs are responsible for coordinating the central documentation of all residency activities and evaluation files sufficient for operation of the program and for accreditation review, as well as review the resident's major project activities. RPDs will assist with acquisition of adequate space and resources for the residency program.

Megan Rocchio, PharmD, BCPS is the Residency Program Manager. The term *Residency Program Manager* designates the department member responsible for assisting the residency program director in conjunction with the residency program coordinators in the execution of the residency program goals and objectives. The manager will assist all matters of resident disciplinary actions and triage human resources issues.

Sarah Culbreth, PharmD, BCPS and Michael Schontz PharmD, BCPS will serve as the PGY<sub>1</sub> Residency Program Coordinators. Rhynn Malloy PharmD, BCPS will serve as the Cardiology PGY<sub>2</sub> Coordinator and Jeremy Degrado PharmD, BCPS will serve as the Critical Care PGY<sub>2</sub> Coordinator. The term *Residency Program Coordinator* designates the department members responsible for assisting the residency program directors in the execution of the residency program goals and objectives and resident progress tracking. The Residency Program Coordinators will work together to complete schedules, review evaluations, and review the resident's major project activities along with the director, manager, and Residency Advisory Committee (RAC).

Each learning experience may have multiple preceptors that work as a team to provide patient care activities. The term *primary preceptor* designates the department team member who provides primary preceptorship to the resident on any given learning experience. The primary preceptor is responsible for the development and maintenance of goals, objectives, and activities for his/her assigned areas of responsibility. He/She will review the resident's learning activities at the beginning of the resident's experience to designate the resident's specific interests and needs. The primary preceptor is responsible for enforcing deadlines for project activities in accordance with the Residency Program calendar.

# Program Overview

## RESIDENT EMPLOYMENT

For employment, the resident must have graduated from an ACPE-accredited school of pharmacy and be eligible for licensure in the state of Massachusetts. The standard staff and employee background check will be performed by Brigham and Women's Hospital Human Resources. In addition, international residents must have a valid work VISA to complete the full residency year. An occupational health appointment is required prior to the start date, which requires immunization records and placement of a PPD test. All residents are required to attend Human Resources orientation or an Office of Sponsored Staff orientation prior to the scheduled start date. The purpose of this meeting is to complete all new hire associated paperwork and receive benefit information. Proper identification is required at each of these sessions and will be requested as directed.

## PHARMACY LICENSURE

As a minimum requirement for employment, the resident must obtain licensure as a pharmacist with the state of Massachusetts by September 1 (within the first 60 days of residency). All PGY2 residents are required to obtain pharmacist licensure in the state of Massachusetts prior to the start of the residency program.

If the resident fails to obtain licensure by September 1, the resident will be suspended from the residency program until licensure is achieved. Once licensure is achieved, the resident will be required to make up the suspended time through additional projects, tasks, or assignments as deemed appropriate by the RPD, and will extend the training program to account for lost days. During suspension, the resident may not participate in program activities.

If the PGY1 resident fails to obtain licensure by October 1, then the resident will be terminated barring any extenuating services as determined by the RPD.

All PGY1 residents are strongly encouraged to pursue licensure in Massachusetts prior to beginning the residency training program. If a PGY1 resident has not obtained pharmacist licensure in Massachusetts prior to the start date, he/she must be a licensed intern in the state of Massachusetts. The Massachusetts Board of Registration in Pharmacy has contracted with Professional Credential Services, Inc. (PCS), Nashville, TN, to process its applications for examination and licensure / registration of pharmacists, pharmacy interns and pharmacy technicians. These services include all activities related to the dissemination of forms and the evaluation of any applications. Applicants for a license / registration in pharmacy must submit all information directly to PCS.

#### Professional Credential Services Contact Information

Address: 150 Fourth Avenue North, Suite 800

Nashville, TN 37219

Telephone: (877) 887-9727 - within the United States

(615) 880-4275 - outside the United States

Internet: [www.pcshq.com](http://www.pcshq.com)

### PROGRAM STRUCTURE

A minimum of 2,000 hours of contact time, extending over a minimum period of 50 weeks, provides for the achievement of the residency goals. Diverse rotations in many areas of specialization offer experience in the provision of adult patient-centered care. The scheduling of resident rotations includes a combination of required and elective rotations to ensure that the resident is exposed to a variety of patient populations, medications, disease states, range of complexity, and interdisciplinary team members. For PGY1 Practice Residents, no more than three months of the program can be with a specific patient population or practice area. Residents will be allowed time in the various areas as the schedule permits. Certain learning activities, such as allergy and the hemostatic antithrombotic stewardship program are reserved for PGY2 residents only or may be considered at the end of the PGY1 year as an elective with approval from the coordinators and rotation preceptor.

### PROGRAM GOALS

Program goals are set by the ASHP standard. Goals for the individual programs are as such:

#### PGY1

- Manage and improve the medication-use process
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills
- Provide medication and practice-related education/training
- Utilize medical informatics
- Develop independent learning skills

#### PGY2 Critical Care

- Provide comprehensive medication management to critically ill patients following a consistent patient care process.

- Ensure continuity of care during transition of critically ill patients between care settings.
- Demonstrate ability to conduct a quality improvement or research project.
- Demonstrate leadership skills for successful self-development in the provision of care for critically ill patients.
- Demonstrate management skills in the provision of care for critically ill patients.
- Provide effective medication and practice-related education to critically ill patients, caregivers, health care professionals, students, and the public (individuals and groups).
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care.
- Demonstrate understanding of key elements of the academic environment and faculty roles within it.
- Exercise case-based and other teaching skills essential to pharmacy faculty.
- Develops and practices a philosophy of teaching.
- Exhibits additional skills of a practice leader.
- Participate in the planning and implementation of plans for the management of mass casualty events.

#### PGY2 Cardiology

- Provide comprehensive medication management to patients with cardiovascular diseases following a consistent patient care process with interdisciplinary teams.
- Ensure continuity of care for patients with cardiovascular diseases during transitions between care settings.
- Demonstrate ability to manage formulary and medication-use processes for patients with cardiovascular diseases.
- Demonstrate ability to conduct a quality improvement or research project related to the care of patients with cardiovascular diseases.
- Demonstrate leadership skills and successful self-development.
- Demonstrate management skills in the provision of care for patients with cardiovascular diseases.
- Provide effective medication and practice-related education to patients with cardiovascular diseases, caregivers, health care professionals, students, and the public.
- Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in cardiovascular diseases.
- Demonstrate understanding of the management of cardiovascular (ACLS) medical emergencies.



## LEARNING EXPERIENCES

The standard length of time for a learning experience is four (4) weeks. For PGY<sub>1</sub> residents, the seven (7) learning experiences listed below comprise the required residency experiences for the program.

- Ambulatory Care (AMB)
- Anticoagulation Management (AMS)
- Cardiology (CAR)
- Critical Care (CC)
- General Medicine (GEN)
- Infectious Disease (ID)
- Pharmacy Administration and Leadership (MGMT)

Critical care and Cardiology PGY<sub>2</sub> residents are required to complete the following learning experiences for the respective programs:

### PGY 2 Critical Care

- Medical ICU
- Surgical ICU
- Burn/Trauma ICU
- Cardiac Surgery ICU
- Coronary Care ICU
- Neuroscience ICU
- Thoracic Surgery ICU
- Emergency Department
- Infectious Disease

### PGY<sub>2</sub> Cardiology

- Coronary Care ICU
- Cardiac Surgery ICU
- General Cardiology (B1/B2)
- Heart Failure
- Hemostasis and Antithrombotic Stewardship (HAT)
- Anticoagulation Management Service (AMS)
- Heart Transplant
- Virtual Heart Failure Clinic

All incoming PGY<sub>1</sub> residents and any external PGY<sub>2</sub> residents will complete an introductory training experience with the Brigham and Women's Pharmacy Department. This introductory training experience will prepare the resident to perform the job functions as required as a pharmacist in the department. This will also serve to provide



administrative insights into the provision of pharmacy services within the hospital and to contribute to perspectives for subsequent participation in clinical and/or administrative project activities.

The remaining months of the residency experience may be completed in elective learning activities selected from the specialty practices listed below or a practice area consistent with the goals of the residency program and the resident, approved by the residency director. Additional PGY2 experiences will be determined based on resident preference and program structure. Of note, any required rotation can also be used as an elective option.

Longitudinal learning activities are also part of the residency program. Each resident will participate in these experiences which will span the academic year.

### PGY1

Required PGY1 Learning Activities*	Elective Learning Activities	Longitudinal Activities
<ul style="list-style-type: none"> <li>Ambulatory (<b>one of the following</b>): <ul style="list-style-type: none"> <li>South Huntington</li> <li>Jen Center</li> <li>800 Huntington</li> </ul> </li> <li>AMS- Anticoagulation Management Service</li> <li>Cardiology (<b>one of the following</b>) <ul style="list-style-type: none"> <li>Heart Failure</li> <li>General Cardiology (B1/B2)</li> <li>Coronary Care ICU</li> </ul> </li> <li>Critical Care (<b>one of the following</b>) <ul style="list-style-type: none"> <li>Medical ICU</li> <li>Surgical ICU</li> <li>Burn/Trauma ICU</li> </ul> </li> <li>General Medicine</li> <li>Infectious Disease</li> <li>Pharmacy Administration and Leadership</li> </ul>	<ul style="list-style-type: none"> <li>Ambulatory – Pain Management Clinic</li> <li>Critical Care (up to <b>two</b> of the following) <ul style="list-style-type: none"> <li>Medical ICU</li> <li>Surgical ICU</li> <li>Burn Trauma ICU</li> <li>Thoracic ICU</li> <li>Neuroscience ICU</li> <li>Coronary Care ICU</li> <li>Cardiac Surgery ICU</li> <li>Neonatal ICU</li> </ul> </li> <li>ELEC – Hematology/ Oncology <ul style="list-style-type: none"> <li>Hematologic Malignancy</li> <li>Hematopoietic Stem Cell Transplant</li> </ul> </li> <li>ELEC – Solid Organ Transplant <ul style="list-style-type: none"> <li>Kidney</li> <li>Cardiovascular</li> <li>Thoracic</li> </ul> </li> <li>ELEC – Emergency Medicine</li> <li>ELEC – Investigational Drug Service</li> <li>ELEC – Center for Drug Policy</li> </ul>	<ul style="list-style-type: none"> <li>Research project</li> <li>Service Commitment (staffing)</li> <li>Aminoglycoside Program</li> <li>Committee Membership</li> <li>Student Precepting</li> </ul>
*Unless otherwise approved by RAC; ELEC = elective		

### PGY2 Critical Care

Standard length of time for a learning experience is four (4) weeks. Some elective experiences may be for shorter time periods depending on the resident schedule.

Required PGY2 Critical Care Learning Activities*	Elective Learning Activities	Longitudinal Activities
<ul style="list-style-type: none"> <li>• Medical ICU</li> <li>• Surgical ICU</li> <li>• Burn/Trauma ICU</li> <li>• Thoracic Surgery ICU</li> <li>• Neuroscience ICU</li> <li>• Cardiac Surgery ICU</li> <li>• Coronary Care ICU</li> <li>• Emergency Medicine</li> <li>• Infectious Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy</li> <li>• Hematology/ Oncology <ul style="list-style-type: none"> <li>◦ Hematologic Malignancy</li> <li>◦ Hematopoietic Stem Cell Transplant</li> </ul> </li> <li>• Solid Organ Transplant <ul style="list-style-type: none"> <li>◦ Kidney</li> <li>◦ Cardiovascular</li> <li>◦ Thoracic</li> </ul> </li> <li>• Hemostatic and Antithrombotic Stewardship</li> <li>• Management <ul style="list-style-type: none"> <li>◦ Pharmacy Administration</li> <li>◦ Medication Safety</li> </ul> </li> <li>• Non-pharmacy Electives <ul style="list-style-type: none"> <li>◦ Nutrition and Metabolic Support</li> <li>◦ Respiratory Therapy</li> </ul> </li> <li>• Academia</li> </ul>	<ul style="list-style-type: none"> <li>• Research project</li> <li>• Service Commitment (staffing)</li> <li>• Aminoglycoside Program</li> <li>• Committee Membership</li> <li>• Inpatient Orthopedic Anticoagulation Management (AMMO) Service</li> <li>• Student Precepting</li> </ul>
*Unless otherwise approved by RAC		

## PGY2 Cardiology

Standard length of time for a learning experience is four (4) weeks, except for in the Coronary Care ICU and the Virtual Heart Failure Clinic, where residents will complete six (6) weeks. The residency is comprised of a variety of both inpatient and outpatient learning experiences as listed below in the required rotations.

Required PGY2 Cardiology Learning Activities*	Elective Learning Activities	Longitudinal Activities
<ul style="list-style-type: none"> <li>• Coronary Care ICU</li> <li>• Cardiac Surgery ICU</li> <li>• AMB – Virtual Heart Failure Clinic</li> <li>• AMB – Anticoagulation Management Service</li> <li>• General Cardiology I: <ul style="list-style-type: none"> <li>◦ Medication Reconciliation</li> <li>◦ Transitions of Care</li> </ul> </li> <li>• General Cardiology II</li> <li>• Heart Failure</li> <li>• Heart Transplant</li> <li>• Hemostatic Antithrombotic Stewardship</li> </ul>	<ul style="list-style-type: none"> <li>• AMB (focused on diabetes) <ul style="list-style-type: none"> <li>◦ Jen Center</li> <li>◦ 800 Huntington</li> <li>◦ South Huntington</li> </ul> </li> <li>• AMB – Virtual Hypertension and Hyperlipidemia Clinic</li> <li>• Critical Care (<u>one</u> of the following) <ul style="list-style-type: none"> <li>◦ Medical ICU</li> <li>◦ Thoracic ICU</li> <li>◦ Neuroscience ICU</li> <li>◦ Neonatal ICU</li> </ul> </li> <li>• Academia</li> </ul>	<ul style="list-style-type: none"> <li>• Research project</li> <li>• Service Commitment (staffing)</li> <li>• Aminoglycoside Program</li> <li>• Committee Membership</li> <li>• Inpatient Orthopedic Anticoagulation Management (AMMO) Service</li> <li>• Heart Failure Infusion Clinic</li> <li>• Student Precepting</li> </ul>
*Unless otherwise approved by RAC ; AMB = ambulatory		

## TEACHING EXPERIENCES

Teaching is a strong component for personal development as well as contributing to pharmacy practice. The following experience are opportunities to developing teaching skills, enhance communication skills, and gain experience in mentorship.

- Precepting PharmD students on clinical rotations (required)
  - Direct preceptorship in conjunction with rotation preceptor
  - Feedback and participation in student presentations
- Pharmacy teaching seminar with Boston-area residents
- Clinical instructor or guest lecturer (elective)
  - Didactic teaching in conjunction with faculty (local pharmacy school, medical school, university)
  - Experiences may be set up as schedule permits and must be approved by the RPD and program coordinators

## COMMITTEE WORK

All residents will be assigned a committee. The purpose of committee membership and active participation is to assist in fostering interdisciplinary and interdepartmental working relationships, teach organization and management skills, and introduce the resident to the working structure of the hospital.

# Resident Recruitment

## SCREENING PROCEDURES (INTERVIEW SELECTION)

### PGY<sub>1</sub>

Residency coordinators review all submitted application in PhorCAS. All applications that are incomplete or do not meet the BWH PGY<sub>1</sub> residency minimum requirements will be removed from consideration. BWH PGY<sub>1</sub> residency minimum requirements are as follows:

- Attend an ACPE-accredited school of pharmacy
- Ability to work in the United States and / or get licensed as a pharmacist in the state of Massachusetts

Letters of recommendation, letter of intent, supplemental questions, CV and transcripts are reviewed and ranked independently by coordinators to assess for an applicant's qualifications.

PGY<sub>1</sub> applications are divided and are thoroughly reviewed by a pharmacist reviewer in parallel with a residency coordinator. Candidates are ranked based on a rubric in 5 categories: Leadership, Work Experience, Contribution to Pharmacy Practice, GPA and Letters of Recommendation. Each reviewer ranks applicants on a scale of 1-5 and averages their score for a final recommendation.

Residency coordinators review all candidates and create a final list of applicants to offer an interview.

Coordinators send emails to applicants offered an interview with interview date and details. This email will also contain links to the BWH Residency website which includes the Annual Report and PGY<sub>1</sub> Residency Manual. The applicant will be expected to review these documents prior to the onsite interview.

Coordinators send an email to all applicants not offered an interview after finalizing the interview list.

### PGY<sub>2</sub>

Residency coordinators review all submitted application in PhorCAS. All applications that are incomplete or do not meet the BWH PGY<sub>2</sub> residency minimum requirements will be removed from consideration. BWH PGY<sub>2</sub> residency minimum requirements are as follows:

- Attend an ACPE-accredited school of pharmacy
- Graduate from an ASHP-accredited PGY1 residency program
- Ability to work in the United States and / or get licensed as a pharmacist in the state of Massachusetts

Letters of recommendation, letter of intent, supplemental questions, and CV are reviewed and ranked independently by coordinators to assess for an applicant's qualifications.

PGY2 applications are divided and are thoroughly reviewed by a pharmacist reviewer in parallel with a residency coordinator. Candidates are ranked based on a rubric in 5 categories: Leadership, Work Experience, Contribution to Pharmacy Practice, Research Project(s), and Letters of Recommendation. Each reviewer ranks applicants on a scale of 1-5 and averages their score for a final recommendation.

Residency coordinators review all candidates and create a final list of applicants to offer an interview.

Coordinators send emails to applicants offered an interview with interview date and details. This email will also contain links to the BWH Residency website which includes the Annual Report and Residency Manual. The applicant will be expected to review these documents prior to the onsite interview.

Coordinators send an email to all applicants not offered an interview after finalizing the interview list.

## INTERVIEW AND RANKING CRITERIA

All residency candidates brought in for an interview will be given an overview of the program, a tour of the facilities as well as time to ask current residents and preceptors questions about the program in addition to five (5) interview blocks with department leadership. Candidates will be given the opportunity to ask any questions that they have regarding the program requirements and expectations.

Each interviewer will assess candidates using the interview rubric provided by the residency coordinators.

Each interview group will submit an ordered interview rank list to the residency coordinators who will assemble a preliminary ranking list for discussion.

Interviewers participate in a final ranking meeting to discuss and adjudicate any significant differences in rank order.

A final list is compiled and submitted via the National Matching Service by the rank deadline.

## POST-RANK PROCESS

Residency director gets final match list from NMS / ASHP and distributes to coordinators.

Coordinators reach out to candidates that matched to welcome them to BWH. This email will include the residency manual.

The resident must sign an attestation on the offer letter accepting the position and noting that they have read and understand the programs requirements and expectations. This letter will be returned via email and filed in their personal folder.

BWH human resources will follow-up with an official offer letter from BWH for employment starting in July.

In May prior to the starting academic year, residency coordinators will send out a baseline assessment, resident annual record and request for learning experience preferences.

The residents will send back a completed baseline assessment and their preferences for learning experiences.

# Learning Activity Responsibilities

## OVERVIEW

Each learning activity is designed by the preceptor to align with the daily activities of the staffing pharmacist as well as gain competence in assuming the role of the primary pharmacist of the given area.

Prior to the initiation of a rotation, the specific goals and objectives should be reviewed by both the resident and preceptor.

## RESIDENT

Successful completion of a learning activity requires the resident to actively engage and participate in all activities of patient care associated with the learning activity. This includes, but is not limited to:

- Sets up initial meeting with primary and/or secondary preceptors to define individual goals, objectives, activities, expectations, and develops a rotation calendar for the experience during the first week
- Meet regularly to develop and individualized plan to achieve goals
- Schedule time to discuss patients and topic discussions
- Assumes practice responsibilities of preceptor in his/her absence (as agreed upon by rotation preceptor and resident)
- Completes all evaluations in PharmAcademic within 5 days of completion of the learning experience and discusses evaluation with preceptor

## RESIDENCY PRECEPTOR

The residency preceptor is responsible for ensuring the resident is appropriately progressing throughout the rotation. This includes, but is not limited to:

- Review the individual goals, objectives, activities, expectations, and develops a rotation calendar for the experience during the first week and orientates resident to practice area
- Serves as a practice role model for the resident through active participation in the delivery of comprehensive pharmaceutical care services
- Meet regularly to develop and individualized plan to achieve goals
- Meet with the resident to discuss patients and topic discussions
- Approves comp day requests (see Duty Hours below)



- Discusses resident performance with interdisciplinary team members (as appropriate) and other pharmacy staff to develop well-rounded feedback
- Continually seeks to promote and improve the quality of the residency experience
- Provides periodic feedback to the resident (including constructive) on his or her performance
- Challenges the resident
- Completes all evaluations in PharmAcademic within 5 days of completion of the learning experience and discusses evaluation with resident

## ROTATION TRANSITION

To facilitate communication and setting expectations from one learning to another, the resident/preceptor will ensure rotation evaluations are done within 5 days of completion of the learning experience. Any specific or targeted areas of improvement requiring remediation should be a focus and incorporated into the next learning experience. The resident in collaboration with the residency program coordinator(s) and RPD will ensure that this feedback is incorporated into the customized training plan. The next rotation preceptor should be included in this transition plan.

## EVALUATION PROCEDURES

The resident and preceptor evaluations will be populated from the learning objectives as outlined by the ASHP RLS goals and objectives for the specific program. Informal, verbal feedback will be discussed periodically with the resident to discuss progress and ways of improvement. Formal evaluations of the resident, preceptor, and learning activity will be completed after each activity or quarterly for all longitudinal experiences. It is the responsibility of the resident to receive clarification of the goals and objectives throughout the learning activity as needed.

- Formal documentation of each of the following must be completed at a minimum:
- Baseline Resident Evaluation
- Resident summative evaluation of preceptor and rotation experience
- Resident summative self-evaluation of the learning activity
- End of the year resident self-assessment
- Preceptor summative evaluation of the learning activity
- Quarterly evaluation and customized residency plan

Compliance with these performance evaluation policies is essential for the professional maturation of the resident and maintenance of the quality of the residency program. Failure to comply with the policy will be addressed by the RPD.

The RPD and program coordinators must track and document the resident's overall progress towards achieving the educational goals and objectives of the residency program. Progress will be assessed quarterly. The final quarterly evaluation should ensure that the

resident has successfully completed all the residency program educational goals and objectives. For graduation, 80% of residency objectives must be achieved for residency (ACHR).

# Staffing Responsibilities and Duty Hours

## LONGITUDINAL SERVICE COMMITMENT (STAFFING)

Residency programs must comply with the current duty hour standards of the American Society of Health Systems Pharmacists (ASHP) found at [ASHP Duty Hours](#). Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). A resident will have one “comp” day either the week before or the week after the weekend they work to meet ASHP requirements as stated above. All residents will be expected to place “comp” days into the pharmacy electronic scheduling program once decided upon with preceptors at the beginning of each rotation.

## WEEKENDS AND EVENINGS

All pharmacy residents participate in weekend on a rotating schedule for the duration of the program. The pharmacy department publishes the pharmacist schedule for a 6-week period. Resident weekend assignments will be determined with the release of each schedule. PGY1 residents are required to staff every other weekend [three (3) weekends per schedule]. PGY2 residents are required to staff every third weekend [two (2) weekends per schedule]. Residents may trade weekends with other residents. Any switches with full-time staff cannot incur overtime with the trading parties. All scheduling must be submitted and approved in the pharmacy scheduling system (Pharmacy OneSource®).

Resident weekday evening staffing takes place from October through June from 2:30pm – 8pm. Residents are assigned on a rotating basis, Monday through Friday on any non-holiday.

## HOLIDAYS

Residents are required to staff a minimum of one major holiday (Thanksgiving, Christmas, New Year's). Requests follow the standard department procedure. All non-major holidays (outlined by human resources) will be staffed based on departmental need.

## ADDITIONAL STAFFING

During times of departmental need, residents will be assigned staffing shifts (weekdays). Additional staffing will be assigned as directed by pharmacy leadership and appropriate compensation will occur (weekdays and or weekends). Such events can include, but are not limited to:

- Biennial (DEA) inventory activities
- Technology / longitudinal medical record upgrades
- Downtime procedures
- External events

## BENEFIT TIME

In alignment with Brigham and Women's Hospital Human Resources benefits, all residents accrue benefit time (BT). To meet the requirements set forth by ASHP regarding duty hours, a resident is permitted to take up to 10 days of BT off per residency year. This does not include comp days. BT must be approved by the RPD and coordinators and preceptor, and follow the rules of pharmacy scheduling and time off procedures. BT cannot be taken during the last week of residency.

## UNSCHEDULED BENEFIT TIME (SICK CALLS)

In the event of illness or unscheduled BT, a resident must follow the policies and procedures for sick calls as outlined by the department of pharmacy. In addition, he or she should also email or contact the primary preceptor and residency coordinator(s).

## LEAVE OF ABSENCE

A resident may take a leave of absence without pay if approved by the RPD or LOA office. All other questions related to leave should be referred to the BWH leave of absence policies and procedures. Questions not answered by these policies should be triaged by the RPD and Human Resources. The residency program will be extended until the required 12 months of residency has been completed.

## MOONLIGHTING

The BWH Department of Pharmacy believes that a residency year is a very full one, and that working outside of the residency duty hours takes away from the resident's total experience. Moonlighting for external employers is not permitted. Limited opportunities for picking up extra BWH staffing shifts may be accommodated under specific circumstances for residents who are making satisfactory progress towards their residency goals. Moonlighting hours will be tracked by the resident in a spreadsheet and reviewed by the residency coordinator monthly.

# Research Responsibilities

## FORMAL RESIDENCY PROJECT

The Residency Advisory Committee (RAC) is responsible for assuring that the program provides the resident with a high degree of research project involvement. Research projects are assigned or selected with the dual purpose of benefit to the department as well as learning/experiential value to the resident. Individual preceptors provide appropriate guidance, instruction, and feedback while the resident is participating in activities including but not limited to rotation responsibilities, projects, formal presentations, drug therapy discussions.

The primary emphasis of the residency program is to develop the resident's practitioner expertise. An integral part in the development of the resident is an appreciation of research methodology. Provisions will be made for the resident's participation in a clinical research or a practice-related project. The project undertaken, by agreement of the resident, project preceptor, and participating co-investigators, and RAC will be of suitable quality for publication in peer-reviewed journals, presentation at major scientific meetings and the Eastern States Pharmacy Resident Conference.

## PROJECT TIMELINE

### PGY1

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Preceptor project proposals	RAC	May RAC Meeting
PRC Project proposal	PRC	1 <sup>st</sup> week of August
Detailed project timeline	Project preceptor team	4 <sup>th</sup> week of August
IRB submission	IRB	4 <sup>th</sup> week of August
Vizient/ASHP abstract due	PRC	1 <sup>st</sup> week of October
Vizient/ASHP abstract submission	Vizient	3 <sup>rd</sup> week of October
Vizient/ASHP poster due	PRC	1 <sup>st</sup> week of November
Order Vizient/ASHP poster	TBD	3 <sup>rd</sup> week of November
Vizient/ASHP poster presentation	Vizient/ASHP	1 <sup>st</sup> week of December
Abstract complete	Project preceptor team	4 <sup>th</sup> week of January
Data collection complete	Project preceptor team	March 1st
Abstract for ESRC	PRC	1 <sup>st</sup> week of March
Complete platform presentation complete	Project preceptor team	4 <sup>th</sup> week of March
Platform presentation submitted	ESRC website	1 <sup>st</sup> week of April
Platform presentation 3pm	Pharmacy staff	2 <sup>nd</sup> week of April
Platform presentation at ESRC	ESRC	1 <sup>st</sup> week of May
Manuscript draft complete	Project preceptor team	1 <sup>st</sup> week of June
Manuscript complete	Residency coordinators	2 <sup>nd</sup> week of June
End-of-the-Year CE	Pharmacy staff	3 <sup>rd</sup> week of June
RAC = resident advisory committee; PRC = peer review committee; IRB = investigational review board; ESRC = Eastern States Residency Conference		

## PGY2 Critical Care

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Preceptor project proposals	RAC	May RAC Meeting
PRC Project proposal	PRC	August
Detailed project timeline	Project Preceptor (s)	End of August
IRB submission	IRB	End of September
Conference abstract due	PRC, Conference	Dependent on conference deadlines
Conference poster due	PRC, Conference	Dependent on conference deadlines
Manuscript Drafted	Project Preceptor(s)	End of May
Manuscript Complete	Residency Coordinators	Resident Close Out Meeting – Last Week of June
<i>RAC = resident advisory committee; PRC = peer review committee; IRB = investigational review board</i>		

## PGY2 Cardiology

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Project Proposal to RAC	RAC	RAC July Meeting
Project proposal to PRC	PRC	September
Detailed timeline submission	Project Preceptor(s)	End of September
IRB submission	IRB	End of September
ACC Abstract to PRC	PRC	December
ACC Abstract submission	ACC	January
ACC poster to PRC	PRC	February
Order ACC Poster Deadline	ACC	End of February
ACC Poster Presentation	ACC	March
Heart Week Resident CE	Pharmacists	March
Manuscript Drafted	Project Preceptor(s)	End of May
Manuscript Complete	Residency Coordinators	Resident Close Out Meeting – Last week of June
<i>RAC = resident advisory committee; PRC = peer review committee; IRB = investigational review board; ACC = American College of Cardiology</i>		

# Human Resources

## STIPEND AND BENEFITS

The stipend and benefits package is provided by the HR recruiter prior to employment. Visit the Human Resources website for more information

[http://bwhpikenotes.org/employee\\_resources/HR/Benefits/default.aspx](http://bwhpikenotes.org/employee_resources/HR/Benefits/default.aspx).

A travel stipend will be provided for approved conferences which will assume shared hotel rooms, flight/rental car and some portion of meal coverage as approved by the Executive Director of Pharmacy Services. Travel expenses will be processed through PeopleSoft. Please see the departmental travel and reimbursement policy for more information.

## DISCIPLINARY AND DISMISSAL POLICY

A resident is expected to conduct herself/himself in a professional manner and to follow all pertinent departmental and hospital policies and procedures. Residents are expected to complete all requirements of the residency program.

If a resident fails to complete any of the above expectations or deviates from appropriate behavior as outlined, appropriate disciplinary action will be initiated by the Residency Program Director/Executive Director of Pharmacy as outlined by BWH Human Resources.

If the resident fails to correct the action or behavior after progressing through the HR corrective action process, the leadership team in conjunction with HR, will recommend that the resident be removed from certain activities or withdrawn from the program.

## MENTOR PROGRAM

The mentor program is designed to support resident development. It provides an opportunity to connect with a seasoned, experienced pharmacist, assist and support residents with their professional, emotional, and personal growth. Mentoring relationships foster the sharing of knowledge and experiences and provide a source of encouragement, support, and guidance for mentees that can be helpful in the pursuit of their goals.



# Residency Advisory Committee

## PURPOSE

The residency advisory committee reviews program fundamentals and provides guidance and feedback on the overall performance of the BWH Pharmacy Residency Program and current resident class. The committee will review and approve all residency project proposals, review individual progress reports of each resident, assess resident and preceptor evaluations and feedback and recommend corrective action as deemed necessary. The residency committee members include the Chief of Service, the RPDs, residency coordinators, and selected preceptors. The RAC's charge is to provide oversight for the residency program. Meetings are held monthly.

The RAC schedule is as follows:

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Early commitment process	Manual revisions Disciplinary action policy	Manual revisions Policy and procedure review	Manual revisions Goals and objectives grid	Projects Orientation presentation	Preceptor eligibility Mentors
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Accreditation standards	Orientation feedback	Recruitment planning	Preceptor development	Interview optimization	No meeting

# Presentation Requirements

## ROTATION SPECIFIC PRESENTATIONS

Any presentations completed for a given rotation will be determined by the primary preceptor and/or preceptor group. This can vary based on APPE student preceptorship, clinical topics, or rotation set up. Rotation presentations may vary from one-on-one informal topic discussions to case presentations, journal clubs to team teaching activities. Any public presentations must be scheduled on SharePoint.

## 3PM PHARMACY MEETINGS

The weekday pharmacy 3pm meeting is a platform for staff members to present on a multitude of clinical, operational, or informative topics. The presentation should be no longer than twenty (20) minutes to ensure adequate time for shift pass-off and should include a presentation slide deck. PGY1 residents are required to present, at minimum, ten (10) and PGY2 residents are required to present, at minimum, five (5) 3pm meetings each year. Examples include topics from each rotation, research projects, or workflow changes. All slide decks required review from the primary preceptor prior to presenting. Post-presentation feedback is encouraged for each presentation. The presentation must be scheduled on SharePoint.

## JOURNAL WATCH

Pharmacy Journal Watch occurs every Tuesday at the 3pm meeting. Each pharmacist is assigned a journal and will present updates on the analysis of new primary literature on a rotating schedule.

## CASE CONFERENCES

The PGY1 resident case conference series is an opportunity for residents to provide staff education in a formal presentation, including questions and answers in a didactic lecture format. Cases are scheduled during the first half of the residency year and scheduled on SharePoint. Accommodations should be made to include an audience comprised of pharmacists as well as pharmacy students and other interdisciplinary team members as directed.

A case can be selected from any care area from a current or prior rotation. The resident must be involved in some aspect of the patient's care.

A preceptor must be selected in conjunction with the patient case. It is advised that the topic be selected four (4) weeks prior to the presentation, to allow a two (2) week period to review slides. Final slides are due to the primary preceptor one (1) week prior to the scheduled presentation.

The presentation may incorporate any teaching aids the resident wishes. Typical presentations include a slide deck, handouts, or recommended readings prior to the event. All presentations should be interactive, evidence based, and a focused area of disease management. The case conference should be scheduled for one (1) hour to allow for the presentation and post-discussion or questions.

## **ACPE-ACCREDITED CONTINUING EDUCATION PROGRAMS**

All pharmacy residents will be required to complete a minimum of one (1) 60-minute continuing education (CE) program to the pharmacists at Brigham and Women's Hospital. Subjects of this presentation should be of practical nature for pharmacists and should coincide with the ACPE / PDC Needs Assessment Gap. This CE typically occur during the second half of the residency year and be coordinated with the ACPE Committee. The primary preceptor and topic must be determined at minimum 30 days prior to the presentation date. Per ACPE Committee objectives, CV, title, and goals and objectives will need to be submitted 30 days prior. Slides are due two weeks prior, with a final slide deck and practice presentation submitted one (1) week prior.

### **PGY1**

In addition to the above requirements, all PGY1s will present their platform presentations as a combined CE in June. This will be presented to the pharmacy staff, highlighting the achievements of their residency projects.

### **PGY2 Critical Care – Pharmacy Week**

Critical Care PGY2 residents will be required to complete and present a CE to the department during pharmacy week. Pharmacy Week at Brigham and Women's Hospital occurs the week immediately following the Midyear Clinical Meeting.

### **PGY2 Cardiology – Heart Week**

Cardiology PGY2 residents will be required to complete and present a CE during Heart Week. Heart week at Brigham and Women's Hospital is held in February/March (as scheduling permits) with the goal of providing education to the pharmacy staff on cardiovascular related topics through CEs, 3pm pharmacy meetings, and other related platforms.

Additional CE opportunities may present at any given time and can be completed at the discretion of the RPD, residency coordinators, primary preceptors, or residents.

# Resident-Lead Initiatives

## CHIEF RESIDENT

The chief resident schedule is assigned at the beginning of the academic year. This will be assigned on a monthly basis to each resident. Responsibilities include acting as a liaison between residency leadership and the residents, aiding with any pertinent scheduling and taking minutes at the bi-weekly meeting (discussed below).

## AMINOGLYCOSIDE PROGRAM

The aminoglycoside program is a resident run monitoring program that works to ensure safe and effective therapy for any patient receiving an aminoglycoside. All specific program information is provided during training and orientation. PGY1 residents assigned the daily work-up of patients. PGY2 residents and the pharmacist attending provide input and oversight of more complicated patients. ALL residents assigned should have a working knowledge of each patient on therapy.

## INPATIENT ORTHOPEDIC ANTICOAGULATION MANAGEMENT (AMMO) SERVICE

The AMMO service is a pharmacist-led initiative that monitors and orders warfarin every day of the week for post-orthopedic surgery patients who require warfarin therapy. The cardiology and the critical care PGY-2 residents will rotate weekly to cover along with other staff pharmacists.

## HEART FAILURE INFUSION CLINIC

The infusion clinic is an ambulatory service that provides the opportunity for fluid-overloaded heart failure patients to come to clinic and get diuresed in an effort to prevent an admission. It is currently run by nurse practitioners and nurses. This service will work as an 'on-call' program with the Cardiology PGY2 residents. There will be a pager held by a staff pharmacist from 8:30-12:00 PM daily and will be taken over by a resident from 1:00 – 4:00 PM on Monday, Tuesday, Thursday and Friday. The residents will rotate weekly for coverage. The resident will answer any drug information questions they receive from the nurse practitioners as well as counsel any new patients who are brought into the clinic.

## DRUG UTILIZATION REPORTING

Various drug utilization reporting occur as part of monitoring programs, shift follow-up, or pharmacy stewardship. Examples include, but are not limited to heparin documentation, IV fluid reports, or IV opioid reports.

## BI-WEEKLY RESIDENT MEETING

A residency meeting is scheduled bi-weekly with the resident class, RPDs, and coordinators to discuss issues, timelines, and any other pertinent topics. The chief resident is responsible for taking notes and sending out minutes.

## PHARMACY WEEK

Pharmacy Week at Brigham and Women's Hospital occurs the week immediately following the Midyear Clinical Meeting. The week entails staff appreciation activities (team games, pharmacy events), continuing education programs, coordinated food efforts, raffles, and prizes. The PGY1 residents are responsible for planning and organizing this event.

## HEART WEEK

Heart week at Brigham and Women's Hospital is held annually in February/March (as scheduling permits) with the goal of providing education to the pharmacy staff on cardiovascular related topics through CEs, 3pm pharmacy meetings, and other related platforms. Cardiology PGY2 residents will be responsible for planning and organizing Heart Week, with guidance from preceptors.

## NEW STUDENT ORIENTATION

PGY1 Residents are responsible for on-boarding APPE students and completing department orientation sessions. Activities include:

- Providing preliminary paperwork to preceptors
- Completing orientation (HIPAA, computer introduction, hospital tour)
- Obtaining ID badges
- Granting SharePoint access
- Coordinating the preceptor hand-off

## RECRUITMENT

Residents are expected to participate in the recruitment of new residents through the creation and use of promotional materials and participation in showcases such as ASHP MidYear Clinical Meeting, New England Residency Showcase, and other residency showcases throughout the northeast as directed by residency leadership.

## DRUG TAKE-BACK DAYS

Drug take back days for expired or unused medication in coordination with Outpatient Pharmacy Services will be held throughout the year. Residents are expected to work at the booth to provide assistance and guidance to patients and staff.

## PEER TO PEER VACCINATION CAMPAIGN

During the annual influenza campaign, the residents coordinate the peer to peer vaccination program, document which employees who receive the vaccine, and provide documentation to Occupational Health.

# PGY2 Early Commitment Process

## PURPOSE

Brigham and Women's Hospital can commit current PGY1 residents into a designated PGY2 program (critical care or cardiology). The following outlines the application and selection process.

## PROCESS

The current BWH PGY1 resident must submit a letter of interest and an updated curriculum vitae (CV) to the PGY2 RPD at least one (1) week prior to the October RAC meeting. It is strongly encouraged to express interest as early as possible.

To qualify, the resident must be in good standing in the PGY1 program with respect to performance on learning experiences and any longitudinal requirements.

The PGY2 RPD will notify the RAC and together, will determine candidate eligibility for an interview and offer for early commit.

If an offer is to be granted, the official offer letter will be delivered to the resident prior to December 1. If the resident accepts, the signed offer letter must be returned to the PGY2 RPD within 72 hours of receipt.



# Requirements for Successful Completion of the BWH PGY<sub>1</sub> Residency Program

## OVERVIEW

I, \_\_\_\_\_, understand that to graduate from the pharmacy residency program at Brigham and Women's Hospital, I will have successfully completed the following:

- Completed minimum required duty hours and licensure requirement
- All required, elective, and longitudinal learning activities
- A residency project (including manuscript) with platform presentation
- A minimum of two (2) formal presentations, including a case conference and ACPE-accredited continuing education program
- A minimum of ten (10) 3pm meetings (PGY<sub>1</sub> only)
- Attend conferences as required
- A completed binder and electronic file of all evaluations
- Completed end of residency checklist

# Requirements for Successful Completion of the BWH PGY2 Residency Programs

## OVERVIEW

I, \_\_\_\_\_, understand that to graduate from the pharmacy residency program at Brigham and Women's Hospital, I will have successfully completed the following:

- Completed minimum required duty hours and licensure requirement
- All required, elective, and longitudinal learning activities
- Completion of all evaluations
- A residency project (including manuscript)
- A minimum of one (1) formal presentation, including an ACPE-accredited continuing education program
- A minimum of five (5) 3pm meetings
- Attend conferences as required
- A completed binder and electronic file of all evaluations
- Completed end of residency checklist