



Pharmacy Residency Manual

BRIGHAM AND WOMEN'S HOSPITAL

Department of Pharmacy Services | 75 Francis Street Boston, MA | 2022-2023

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Overview of Residency Programs

Program Philosophy and Purpose

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.

The PGY1 pharmacy residency program builds on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

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).

Program Leadership

John Fanikos, MBA, RPh is Executive Director of Pharmacy. Sarah Culbreth, PharmD, BCPS is the PGY1 pharmacy residency director. Danielle Knowles, PharmD, BCPS, CACP is the PGY2 cardiology pharmacy residency director. Paul Szumita, PharmD, FCCM, FASHP, BCCCP, BCPS is the PGY2 critical care pharmacy residency director. Kaylee Marino, PharmD, BCPS, BCCCP is the PGY2 emergency medicine pharmacy residency director. Jeffrey Pearson, PharmD, BCIDP is the PGY2 infectious diseases

pharmacy residency director. Kevin Zinchuk, PharmD is the PGY2 investigational drug and research pharmacy residency director. Katelyn Sylvester, PharmD, BCPS, CACP is the PGY2 thrombosis and hemostasis pharmacy residency 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.

Melanie Goodberlet, PharmD, BCCCP, BCPS, Michael Schontz PharmD, BCPS, BCCCP, and Brian Schuler, PharmD, BCCCP, BCPS serve as the PGY1 pharmacy residency program coordinators. Delaney Corcoran, PharmD and Justin Culshaw, PharmD serve as the PGY2 cardiology pharmacy program advisors. Jeremy DeGrado PharmD, BCCCP, BCPS, Ken Lupi, PharmD, BCCCP, BCPS, and Kaitlin Crowley, PharmD, BCCCP, PGY2 critical care pharmacy program coordinators. Stephanie Manners, PharmD serves as the PGY2 investigational drug and research pharmacy residency program coordinator. David Kubiak, PharmD, BCPS, BCIDP, FIDSA and Brandon Dionne, PharmD, BCPS AQ-ID, BCIDP, AAHIVP serve PGY2 infectious diseases pharmacy program coordinators. Daren Kanaan, PharmD, MPH, BCCP serves as the PGY2 thrombosis and hemostasis pharmacy program 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/They 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.

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 within the first 60 days of residency. If any resident has not obtained pharmacist licensure in Massachusetts prior to the start date, he/she/they must be a licensed intern in the state of Massachusetts. All residents are strongly encouraged to pursue licensure in Massachusetts prior to beginning the residency training program.

If the resident fails to obtain licensure within the first 60 days of residency, the resident will be placed on probation 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.

All residents must be on site for the start of their residency by November 1st. If any resident fails to obtain licensure within the first 90 days of residency or later than November 1st, whichever date is earlier, then the resident will be terminated barring any extenuating circumstances as determined by the RPD. Please refer to the leave of absence and dismissal policy for further details.

Program Structure

For information on specific program structure and learning experiences, please refer to the appendices on pages 27-40.

The BWH residency programs are all one-year programs that provide 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 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.

All PGY1 and PGY2 residents will complete a required program-specific orientation learning experience outlining expectations, program structure and responsibilities. External residents will complete additional departmental training. 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.

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
 - Required for PGY1 residents
 - Optional for PGY2 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.

Staffing Responsibilities and Duty Hours

DUTY HOURS AND MOONLIGHTING POLICY

DEFINITIONS

- **Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.
 - Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.
- **Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal work day, or a combination of both.
- **Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- **Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
- **Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

Personal and Professional Responsibility for Patient Safety

- Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage

negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

- Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

Maximum Hours of Work per Week and Duty-Free Times

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all inhouse call activities and all moonlighting.
- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - 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
 - All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 - All residents will report any moonlighting hours in PharmAcademic in the monthly duty hour tracking activity.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

Maximum Duty-Period Length

- Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

TRACKING STRATEGY:

The resident evaluation will be populated from the learning objectives via PharmAcademic. The resident will complete an initial attestation to confirm that they have read the duty-hour and moonlighting policy. They will receive monthly evaluations that will allow them to document and monitor their duty-hours. The program coordinator will cosign these evaluations to track duty-hour adherence.

Please refer to the [ASHP Duty-Hour Requirements for Pharmacy Residencies](#) document for further detail.

LONGITUDINAL WEEKEND STAFFING

In addition to the required staffing rotation(s) (see program-specific appendices for details), all pharmacy residents participate in weekend staffing on a rotating schedule for the duration of the program. This rotating schedule is sent out at the beginning of the residency year. The pharmacy department publishes the pharmacist schedule for a 6-week period. Resident weekend assignments will be determined with the release of each schedule. Residents are required to staff every third weekend [two full (2) weekends per schedule].

A resident will have one “comp” day either the week before or the week after the weekend worked. All residents will be expected to place comp days into the pharmacy electronic scheduling program once decided upon with preceptors prior to the pharmacist schedule deadline for requests. Comp day selection should not routinely interfere with resident responsibilities, including but not limited to committee(s), presentation dates, longitudinal activities, etc. The resident and preceptor should discuss comp day selection to maximize rotation experiences as much as possible. The residency director may override comp day selection if significant interference with resident responsibilities.

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 before the departmental schedule deadline (Pharmacy OneSource®).

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.

SUPPLEMENTAL 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:

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

Attendance and Leave of Absence Policy

Punctuality is expected of trainees:

- Trainees are expected to be physically present at the residency site during the times specified by the program. Any planned absences should be communicated to the program leadership as soon as possible, but no later than two weeks prior to the absence. Unplanned absences should only occur in the cases of illness or other urgent personal matter and should be communicated to the Schedule Changes, program leadership, and rotation preceptor as soon as is reasonably possible.
- The trainee is responsible for completion of program activities missed due to absences. Completion of these activities must be documented by the trainee and the instructor/preceptor. The residency program can be extended until the required 12 months of residency has been completed.
- Cannot miss more than 25% of a rotation, except for extenuating circumstances that are approved by the residency director or departmental leadership
- Total BTS and BTU (defined below) greater than or equal to a total of 15 calendar days (120 hours) may result in probation or dismissal from the program at the discretion of the Program Director.
 - **Benefit Time Scheduled (BTS):** Hours used for scheduled absences such as time off for vacations, holidays or personal reasons. 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.
 - **Benefit Time Unscheduled (BTU):** Time used for unscheduled absences due to illness or other urgent personal matter. The resident should also email or contact the primary preceptor and residency coordinator(s). A non-exempt employee who leaves work unexpectedly will be paid BTU for the remainder of their shift. This day will be considered the first day of an unscheduled absence when determining eligibility for Short Term Disability, if applicable. Exempt staff will be paid in accordance with the Fair Labor Standards Act.
- In the case of extenuating circumstances that prevent a trainee's participation in the training program, a leave of absence may be granted at the discretion of the program director and according the BWH Human Resources Leave of Absence policy and procedure.
 - A leave of absence will be granted only in cases where the trainee intends to return to the training program at a later date. Therefore, tuition will not be reimbursed due to a leave of absence.
 - Following a leave of absence, a trainee may re-enroll in the training program within two years from the start date of the leave of absence.
 - Trainees who wish to re-enroll in the training program following a period of greater than two years from the start of a leave of absence will be required to reapply, and re-enrollment will not be guaranteed.

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.

Disciplinary and Dismissal Policy

The Residency Director may place a resident on probation or dismiss a resident for inappropriate behavior(s) as defined herein.

DEFINITIONS

- **Probation:** The residency director suspends or limits the continuation of the residency program via probation. Probationary status indicates that completion of the residency training program is in jeopardy. Probation is a specified and defined period of time no more than three months. Probation may include the restriction of assigned work, loss of elective time or both.
- **Dismissal:** The Residency Director ends the resident's training at BWH via dismissal.
- **Withdrawal:** The resident initiates termination of his/her residency training program at BWH.

Placing A Resident on Probation

A resident may be placed on or removed from probation by a decision of the Residency Director in consultation with the residency advisory committee or program coordinators. The Residency Director will inform the resident of the probation status, duration and limitations in person and in writing. Probation or dismissal may occur as the result of any of the following:

- Failure to complete or satisfactorily progress during a required rotation or set of objectives
 - Failure to progress can be identified through quarterly evaluations, residency leadership, or preceptor evaluations. Consequences of failure to progress will be addressed by the RPD and may include but are not limited to remediation rotations, presentations, competencies, or termination from the program.
- Failure to adequately participate in the educational program as defined by:
 - Failure to establish individualized rotation goals/objectives with the preceptor
 - Failure to be present at the established/scheduled times
 - Failure to complete assignments according to established deadlines
- Failure to act responsibly and ethically in the provision of pharmaceutical care
 - Failure to practice in accordance with state and federal drug laws
 - Failure to practice in accordance with the Policies and Procedures of the Department of Pharmacy Services and BWH
- Failure to communicate or collaborate with colleagues and/or preceptors when such is required for optimal patient care
- Inappropriate or excessive absence from the hospital as defined in the BWH time and attendance policy
- Failure to respond to pages, verbal or written requests for drug information or other pharmacy services
- Failure to obtain pharmacist licensure in the state of Massachusetts

- Pharmacy residents may start their residency prior to receiving a pharmacist license, however they will not practice pharmacist duties until they have an active pharmacist license in Massachusetts.
- Please refer to the licensure section of the residency manual
- A non-FMLA leave of absence greater than 15 calendar days or failure to make up time
- Accidental or intentional plagiarism (copied text and/or ideas without proper citation)

Dismissal from the Residency Program

A resident may be dismissed from the program for one or more of the above listed reasons without first being placed on probation. The decision to dismiss a resident is made by the Residency Director in consultation with the program coordinators.

- The resident will be informed of dismissal in person and in writing.
- The resident shall be restricted from work immediately upon notification of dismissal.
- The residency director reserves the right to dismiss any resident whose program achievements, clinical performance, or conduct as a professional makes continuation in the program inadvisable.
- Residents who are dismissed shall not receive a certificate of completion.

Resident Withdrawal

A resident may voluntarily withdraw from the residency program.

- The resident will inform the Residency Director of the intent to withdraw in writing.
- The resident should provide at least two weeks' notice to the Residency Director prior to withdrawal to ensure continuity in the provision of pharmaceutical care.
- Residents who withdraw will not receive a certificate of completion.

Resident Recruitment

SCREENING PROCEDURES (INTERVIEW SELECTION)

PGY1

Residency coordinators review all submitted application in PhorCAS. All applications that are incomplete or do not meet the BWH PGY1 residency minimum requirements will be removed from consideration. BWH PGY1 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 and preceptors to assess for an applicant's qualifications.

PGY1 applications are divided and are thoroughly reviewed by a pharmacist reviewer in parallel with a residency coordinator. Candidates are ranked based on an objective rubric in categories determined by pharmacist residency leadership.

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 PGY1 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.

All residency candidates are interviewed by departmental leadership, residency leadership, preceptors, and residents. 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.

PGY2

Residency coordinators review all submitted applications in PhorCAS. All applications that are incomplete or do not meet the BWH PGY2 residency minimum requirements will be removed from consideration. BWH PGY2 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, 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 scale from a prespecified rubric, and their scores are averaged for a final recommendation.

Residency coordinators review all candidates and create a final list of applicants to offer an interview. Depending on the number of applicants, residency coordinators may utilize an additional screening process (virtual, telephone, or in-person) prior to finalizing a list of candidates for final interviews.

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

At the interview, the preceptors, current residents, residency coordinators, and residency director will be provided the opportunity to interview each of the candidates individually or in a group setting. All interviewers will use standardized rubric to evaluate and rank the candidates. All interviewers involved will provide a written summary of their overall evaluation of the candidate. These summaries will then be utilized in a separate meeting of all interviewers to discuss the candidates so that all may discuss a finalized ranking list. The residency director reserves the right to change any decisions based on their assessment to find the right fit for both the candidate and the program.

The coordinators will send an email to all applicants not offered an interview after finalizing the interview list.

POST-RANK PROCESS

Residency director receives 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 and a list of residency expectations/requirements for completion.

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.

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.

BWH human resources will follow-up with an official offer letter from BWH for employment

All incoming PGY2 residents will provide a signed copy of their ASHP-accredited PGY1 residency certificate within the first 30 days of their residency start date.

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 PGY2 leadership will send out an email to the current PGY1s by the end of September with details regarding the application process and with application deadlines.

The current BWH PGY1 resident must submit a letter of interest and an updated curriculum vitae (CV) to the PGY2 RPD/residency coordinator at least one (1) week prior to the October RAC meeting. It is the resident's responsibility to contact the PGY2 program leadership to obtain further information about the program. It is strongly encouraged to express interest as early as possible.

Each PGY-2 program will discuss candidates with RAC at the October meeting to identify if candidates are in good standing with the PGY1 program and then initiate a formal interview process within their respective programs.

Each program will conduct an interview process in accordance with our procedure in recruiting and interviewing external candidates.

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.

Learning Experience Responsibilities

OVERVIEW

Each learning experience 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 and related activities should be reviewed by both the resident and preceptor.

RESIDENT

Successful completion of a learning experience requires the resident to actively engage and participate in all aspects 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

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
- Adopts the appropriate precepting role [direct instruction, model, facilitate, coach] for the resident to meet their specific needs
- 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 [both formative and summative] on his or her performance
- Challenges the resident based on their ability to meet expectations

- 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 experience 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 experience as assigned
- Preceptor summative evaluation of the learning experience
- 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.

Program-specific definition for summative evaluation forms in PharmAcademic are as follows:

All progress will be monitored based upon meeting expectations of the rotation. Expectations will be outlined through the activities listed in each objective for the rotation. Progress will be tracked based on the percentage of time that the resident meets these activities throughout the rotation.

- **NI = Needs Improvement:** The resident is meeting the pre-specified activities of the rotation less than 60 % of the time per preceptor's discretion. The time that the resident has been in the program should be taken into consideration. **A stated improvement plan is required**
- **SP = Satisfactory Progress:** The resident is meeting the pre-specified activities of the rotation between 60-80 % of the time per preceptor's discretion. Expectations often change based on their progress in the residency.

- **ACH** = Achieved: The resident is meeting the pre-specified activities of the rotation at least 80% of the time per preceptor's discretion. This is in line with what would be expected of any residency-trained pharmacist.
- **ACHR** = Achieved for residency: The resident has achieved the objective at least twice (unless it is an objective that is only evaluated once) or as determined by the residency director/residency coordinator.
- **NA** = Not Applicable: the specific objective is unable to be evaluated on this rotation. Consider notifying the residency program coordinators to discuss removal of this objective from the rotation if appropriate.

*ALL residents must achieve for residency at least 80% of the objectives to receive a graduation certificate.

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.

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.

The Peer review committee (PRC) aids the resident throughout the research process to allow the resident to present their defined research idea in addition to provide an objective assessment to their research strategy. The committee provides insight into the development of the abstract in addition to the research poster to provide a different perspective for the resident and their research group.

Please refer to each program's appendices for the project timelines.

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	Projects Orientation	Preceptor eligibility Mentors RAC evaluation
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Accreditation standards and survey	Orientation feedback	Recruitment planning	Preceptor development	Interview optimization	No meeting

Presentation Requirements

ADDITIONAL PROGRAM SPECIFIC PRESENTATION REQUIREMENTS CAN BE FOUND IN THE PROGRAM APPENDICES

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.

PHARMACIST HUDDLE

The weekday pharmacist huddle 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 fifteen (15) 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) pharmacist huddle 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 pharmacist huddle meeting. Each resident is assigned a journal by August and will present updates on the analysis of new primary literature on a rotating schedule.

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 and evaluation questions are due two (2) 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

Critical Care PGY2 residents will be required to complete and present one CE to the department.

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, pharmacist huddle 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.

Shared Resident-Lead Initiatives

ADDITIONAL PROGRAM SPECIFIC INITIATIVES CAN BE FOUND IN THE PROGRAM APPENDICES

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 and on weekends to cover along with other staff pharmacists.

DRUG UTILIZATION REPORTING

Various drug utilization reporting occurs as part of monitoring programs, shift follow-up, or pharmacy stewardship. Examples include, but are not limited to heparin documentation, insulin infusion protocol documentation, override evaluations, 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. Residents are responsible for taking notes and sending out minutes.

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.

BWH PGY1 Pharmacy Residency Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- 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

PGY1 PROGRAM STRUCTURE

Orientation / Training	6 weeks
Residency Rotational Learning Experiences	44 weeks
Conferences	2 weeks

Nine Required Learning Experiences*	Choose Three Elective Learning Experiences	Longitudinal Experiences
<ul style="list-style-type: none"> • Orientation • Ambulatory (<u>one</u> of the following): <ul style="list-style-type: none"> ○ Primary Care (South Huntington, Jen Center, or 800 Huntington) ○ Anticoagulation Management Service • Cardiology (<u>one</u> of the following) <ul style="list-style-type: none"> ○ Heart Failure ○ General Cardiology ○ Cardiac ICU (CCU) • Critical Care (<u>one</u> of the following) <ul style="list-style-type: none"> ○ Medical ICU ○ Surgical ICU ○ Neuro ICU • General Medicine • Infectious Diseases • Pharmacy Leadership and Management • Advanced Integrated Clinical Pharmacy Practice (2 blocks) 	<ul style="list-style-type: none"> • Medical ICU[†] • Surgical ICU[†] • Burn/Trauma ICU[†] • Neuro ICU[†] • Thoracic ICU[†] • Coronary Care ICU[†] • Cardiac Surgery ICU[†] • Neonatal ICU • Hematology/Oncology • Hematopoietic Transplant • Solid Organ Transplant • Pain Management Clinic • Perioperative/Pain Services • Emergency Medicine • Investigational Drug Service • Center for Drug Policy • Inpatient psychiatry (McLean Hospital) • OPD 	<ul style="list-style-type: none"> • Research Project • Aminoglycoside Program • Committee Membership • Formal Presentations and Departmental Contributions

Rotation length: 4 weeks unless otherwise determined by RPD/RAC

*Unless otherwise approved by RPD/RAC

†A maximum of 2 additional adult ICU rotations may be selected.

RESIDENCY PROJECT TIMELINE

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

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 more than four (4) weeks prior to the presentation. Preceptors should have at least two weeks to review and edit the presentation, and the 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.

PGY1 RESIDENT-LEAD INITIATIVES (IN ADDITION TO SHARED INITIATIVES)

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.

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

Requirements for Successful Completion of the BWH PGY1 Pharmacy Residency Program

I, _____, understand that to graduate from the PGY1 Pharmacy Residency program at Brigham and Women's Hospital, I will have successfully completed the following:

- Successful completion of 12 Rotation Experiences:
 - 9 Required Rotational Learning Experiences (Orientation, Internal Medicine, Critical Care, Cardiology, Ambulatory Care, Infectious Disease, and Leadership/Management, Advanced Integrated Clinical Pharmacy Practice)
 - 3 Elective Rotational Learning Experiences
 - Must obtain "Achieved for Residency" status for at least 80% of the ASHP required goals and objectives
- Successful completion of longitudinal learning experiences (aminoglycoside program, committee membership, Formal Presentations and Departmental Contributions)
- Successful completion of a Medication Use Evaluation
- Successful completion of a Research Project and the presentation of its methods at the ASHP MidYear Meeting Vizient Poster Session and results at the Eastern States Residency Conference.
- Successful completion of a manuscript in a publishable format.
- Successful completion of all teaching requirements as defined in the Teaching Certificate Program
- Successful completion of the assigned service commitment (weekend/evening staffing)
- Successful completion of at least 10 clinical meeting presentations ("pharmacist huddle meetings")
- Successful completion of assigned Drug Administration Guidelines
- Successful completion of at least one pharmacy case conference
- Successful completion of at least 1 ACPE-accredited CE
- Completion of residency portfolio

BWH PGY2 Cardiology Pharmacy Residency Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- 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 one month. For PGY2 residents, the eleven (11) learning experiences listed below comprise the required residency experiences for the program. External residents will be provided 4 weeks of elective time in which they may experience one 4-week rotation. Early commit residents will be provided 8 weeks of elective time in which they may experience two 4-week elective experiences (unless otherwise discussed with the RPD/residency coordinator). All required and elective learning experiences are listed below.

Required PGY2 Cardiology Learning Experiences*	Elective Learning Experiences	Longitudinal Experiences
<ul style="list-style-type: none"> • Orientation • Coronary Care ICU • Cardiac Surgery ICU • AMB – Cardiology Clinic • AMB – Anticoagulation Management Service • General Cardiology I: • General Cardiology II • Heart Failure • Heart Transplant • Hemostatic Antithrombotic Stewardship • Advanced Integrated Clinical Pharmacy Practice 	<ul style="list-style-type: none"> • AMB (focus on diabetes) <ul style="list-style-type: none"> ○ Jen Center ○ 800 Huntington ○ South Huntington • AMB – Virtual Hypertension and Hyperlipidemia Clinic • Critical Care (<u>one</u> of the following) <ul style="list-style-type: none"> ○ Medical ICU ○ Thoracic ICU • Academia • Emergency Medicine 	<ul style="list-style-type: none"> • Research project • Formal Presentations and Departmental Contributions • Aminoglycoside Program • Committee Membership • Inpatient Orthopedic Anticoagulation Management (AMMO) Service • Heart Failure Infusion Clinic • Student Precepting
*Unless otherwise approved by RAC ; AMB = ambulatory		

PROJECT TIMELINE

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
Heart Week Resident CE	Pharmacists	February/March
Order ACC Poster Deadline	ACC	End of February
ACC Poster Presentation	ACC	March/April
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>		

CARDIOLOGY PGY2 RESIDENT-LEAD INITIATIVES (IN ADDITION TO SHARED INITIATIVES)

HEART FAILURE INFUSION CLINIC

The infusion clinic is an ambulatory service that provides the opportunity for heart failure patients with fluid overload to come to clinic and get intravenous diuresis 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 perform medication reconciliation and medication counseling to any new patients in the clinic.

The clinic also serves as an infusion clinic for heart failure patients receiving intravenous iron repletion, hereditary transthyretin-mediated amyloidosis patients receiving patirisan, and any other additional therapies deemed necessary by the team running clinic. For these patients, the resident is required to verify the orders and assist in procurement for the nursing team.

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, pharmacist huddle meetings, and other related platforms. Cardiology PGY2 residents will be responsible for planning and organizing Heart Week, with guidance from preceptors.

Requirements for Successful Completion of the BWH Cardiology Pharmacy PGY2 Residency Program

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

- Successfully licensed as a practicing pharmacist in the state of Massachusetts within 90 days from the start date.
- Successful completion of all required rotation learning experiences
 - Orientation
 - Coronary Care ICU
 - Cardiac Surgery ICU
 - General Cardiology I
 - General Cardiology II
 - Heart Failure
 - Hemostasis and Antithrombotic Stewardship (HAT)
 - Anticoagulation Management Service (AMS)
 - Heart Transplant
 - Ambulatory cardiology clinic
 - Advanced Integrated Clinical Pharmacy Practice
- Successful completion of all longitudinal learning experiences (5 opportunities)
 - Aminoglycoside Program
 - Committee Membership
 - Inpatient Orthopedic Anticoagulation Management (AMMO) Service
 - Heart Failure Infusion Clinic
 - Formal Presentations and Departmental Contributions
- Successfully document the completion of all assigned disease states in the resident topic discussion spreadsheet
- Successfully reached 80% Achieved for Residency with objectives in PharmAcademic
- Adhere to duty hour policy and complete monthly duty hour tracking in PharmAcademic
- Conference poster presented at the ACC scientific sessions or some equivalent
- Successful completion of final report or manuscript of resident research project
- Successful completion of one ACPE-accredited continuing education program with completed PharmAcademic evaluation

- Continuing education program during heart week
- Successful completion of additional presentations as assigned with completion of longitudinal PharmAcademic evaluation
 - In-services as appropriate per rotation
 - At least 5 Pharmacist Huddle Clinical Meetings
- Participation in Conferences
 - ACC Scientific Sessions or alternative national conference
- Successful completion of professional practice requirements (staffing)
 - Central operations – every third weekend
- Successful completion of Medication Policy Requirements
 - At least one written drug administration guideline (DAG) prepared for DAG Committee Review and presented at a Pharmacy and Therapeutics Committee
- Successful completion of additional required manuscripts/publications/posters
 - Resident poster presented at ACC scientific sessions or other national conference
 - Manuscript draft for publication
- Successful completion of all required documentation
 - Initial ASHP assessment
 - Quarterly self-assessment as part of the Resident Development Plan
 - All learning experience and preceptor evaluations
 - Final assessment of residency and feedback
- Obtained both Basic Life Support certification and Advanced Cardiac Life support by the end of your residency year
- Completion of electronic residency binder with all required documents uploaded into the cardiology residency folder

BWH PGY2 Critical Care Pharmacy Residency Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- In collaboration with the health care team, 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.
- Manage and facilitate delivery of medications to support safe and effective drug therapy for critically ill patients.
- Demonstrate ability to manage formulary and medication-use processes for critically ill patients, as applicable to the organization.
- 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.

LEARNING EXPERIENCES

PGY2 Critical Care residents must complete the required learning experiences below. Standard length of time for a required learning experience is one month (4-5 weeks). Some elective experiences may be for shorter time periods depending on the resident schedule, rotation availability, and the ability for assigned objectives to be addressed in the defined period.

Required PGY2 Critical Care Learning Experiences*	Elective Learning Experiences	Longitudinal Experiences
<ul style="list-style-type: none"> • Orientation • Medical ICU • Burn/Trauma ICU • Thoracic Surgery ICU • Neuroscience ICU • Surgical ICU or Cardiac Surgery ICU • Coronary Care ICU • Emergency Medicine • Infectious Diseases • Medication Safety • Advanced Integrated Clinical Pharmacy Practice 	<ul style="list-style-type: none"> • Allergy • Solid Organ Transplant <ul style="list-style-type: none"> ○ Cardiovascular ○ Thoracic • Hemostatic and Antithrombotic Stewardship • Academia • Neonatal ICU • Any required Learning Experience may be considered as an elective Learning Experience with different Goals and Objectives 	<ul style="list-style-type: none"> • Research project • Formal Presentations and Departmental Contributions • Aminoglycoside Program • Committee Membership • Inpatient Orthopedic Anticoagulation Management (AMMO) Service • Medication Safety/Quality Improvement • Medication-use evaluation
*Unless otherwise approved by RAC		

PROJECT TIMELINE

PGY2 Critical Care

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Preceptor project proposals	RAC	Early Spring RAC Meeting
PRC project proposal	PRC	July/August
Detailed project timeline	Project Preceptor (s)	End of July/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>		

Requirements for Successful Completion of the BWH Critical Care Pharmacy PGY2 Residency Program

OVERVIEW

I, _____,

(Print)

(Signature)

(Date)

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

- Successfully licensed as a practicing pharmacist in the state of Massachusetts within 90 days from the start date.
- Successful completion of program and department orientation as appropriate per resident track (internal vs external residents) as defined in learning experience description
- Successful completion of all required rotation learning experiences
 - Medical ICU
 - Burn/Trauma ICU
 - Surgical ICU or Cardiac Surgery ICU
 - Coronary Care ICU
 - Neuroscience ICU
 - Thoracic Surgery ICU
 - Emergency Department
 - Infectious Disease
 - Medication Safety
 - Advanced Integrated Clinical Pharmacy Practice
- Successful completion of 1 (external candidates) or 2 (internal candidates) elective learning experience(s)
- Successful completion of all required longitudinal learning experiences
 - Research Project
 - Formal Presentations and Departmental Contributions
 - Aminoglycoside Program
 - Committee Membership
 - Inpatient Orthopedic Anticoagulation Management (AMMO) Service
 - Medication Safety and Quality Improvement
 - Medication-use Evaluation
- Successfully document the completion of all assigned disease states in the resident topic discussion spreadsheet

- Successfully reached 80% Achieved for Residency with required objectives in PharmAcademic
 - Must include required objectives (R1.1.1, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.2.1, R1.3.1, R2.1.2, R2.1.3, R2.1.4, R2.2.6, R3.1.1, R3.2.2, R4.1.2)
- Successful completion of required formal presentations
 - Continuing education program
 - Pharmacist Huddle Clinical Meeting - #5
 - Presentation of clinical pearl at a local, regional, or national conference
 - Successful presentation/submission for presentation of year-long project
- Successful completion of professional practice requirements
 - Completion of Advanced Integrated Clinical Pharmacy Practice and weekend staffing requirements
 - Documentation of moonlighting and duty hours as appropriate in PharmAcademic
 - Documentation of Benefit Time/Time off in PharmAcademic
- Successful completion of Medication Policy Requirements
 - At least one written drug administration guideline (DAG) and/or IV push guideline prepared for DAG Committee Review and presented at a Pharmacy and Therapeutics Committee as appropriate
 - Publication in the Pharmacy and Therapeutics Committee Newsletter
- Successful completion of all required documentation
 - Initial assessment
 - Quarterly self-assessment as part of the Resident Development Plan
 - All learning experience and preceptor and learning experience evaluations
 - Final assessment of residency and feedback
 - Completion of electronic residency binder with all required documents uploaded into the critical care residency folder
- Other requirements
 - Advanced Cardiac Life Support/Basic Life Support certification

BWH PGY2 Emergency Medicine Pharmacy (Pre-Candidate Status) Residency Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- In collaboration with the health care team, provide comprehensive medication management to patients following a consistent patient care process
- Ensure continuity of care during patient transitions between care settings
- Manage and facilitate delivery of medications to support safe and effective drug therapy for patients
- Demonstrate ability to manage formulary and medication-use processes for patients, as applicable to the organization
- Demonstrate ability to conduct a quality improvement or research project to improve patient care in the Emergency Medicine practice area
- Demonstrate leadership skills for successful self-development in the provision of patient care
- Demonstrate management skills in the provision of patient care
- Provide effective medication and practice-related education to 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)
- Participate in and exercise leadership in the management of medical emergencies
- Describe the role of the poison center or medical toxicologist in the care of the toxicology patient

LEARNING EXPERIENCES

PGY2 Emergency Medicine residents must complete the required learning experiences below. Standard length of time for a required learning experience is one month (4-5 weeks). Some elective experiences may be for shorter or longer time periods depending on the resident schedule, rotation availability, and the ability for assigned objectives to be addressed in the defined period.

Required PGY2 Emergency Medicine Learning Experiences*	Elective Learning Experiences	Longitudinal Experiences
<ul style="list-style-type: none"> • Orientation • Emergency Medicine I • Emergency Medicine II • Emergency Medicine Overnight • Community Emergency Medicine • Burn/Trauma ICU • Medical ICU • Neurosciences ICU • Coronary Care ICU • Medication Safety • Advanced Integrated Clinical Pharmacy Practice 	<ul style="list-style-type: none"> • Toxicology • Pediatric Emergency Medicine • Infectious Disease • Allergy • Transitions of Care • Surgical ICU • Thoracic ICU • Cardiac Surgery ICU • Mixed-ICU • Leadership • Thrombosis and Hemostasis Management • Volunteer for Boston medical events • Boston MedFlight ride-along program 	<ul style="list-style-type: none"> • Research project • Formal presentations and departmental contributions • Aminoglycoside Program • Committee Membership • Medication Safety/Quality Improvement • Medication-Use evaluation • Interdisciplinary education session to EM team
*Unless otherwise approved by residency program director and RAC		

PROJECT TIMELINE

PGY2 Emergency Medicine

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Preceptor project proposals	RAC	Early Spring RAC meeting
PRC project proposal	PRC	July/August
Detailed project timeline	Project preceptors	End of July/August
IRB submission	IRB	End of September
Conference abstract due	PRC, conference	Deadline dependent on conference deadlines
Conference poster due	PRC, conference	Deadline dependent on conference deadlines
Manuscript draft	Project preceptors	End of May
Manuscript complete	Residency Program Director and Coordinators	Resident close out meeting- last week of June
<i>RAC = resident advisory committee; PRC = peer review committee; IRB = investigational review board</i>		

Requirements for Successful Completion of the BWH Emergency Medicine Pharmacy (Pre-Candidate Status) PGY2 Residency Program

OVERVIEW

I, _____
(Print) (Signature) (Date)

understand that to graduate from the Emergency Medicine (EM) pharmacy residency program at Brigham and Women's Hospital, I will have successfully completed the following:

- Successfully licensed as a practicing pharmacist in the state of Massachusetts by October 1st. If licensure not obtained within 90 days from the state date, the RPD will discuss disciplinary action with the resident.
- Successful completion of program and department orientation as appropriate per resident track (internal vs external residents) as defined in learning experience description.
- Successful completion of all required rotation learning experiences
 - Emergency Medicine I
 - Emergency Medicine II
 - Community Emergency Medicine
 - Emergency Medicine – Overnight
 - Burn Trauma ICU
 - Medical ICU
 - Coronary Care ICU
 - Neurosciences ICU
 - Medication Safety
 - Advanced Integrated Clinical Pharmacy Practice
- Successful completion of 1 (external candidates) or 2 (internal candidates) elective learning experiences
- Successful completion of all required longitudinal learning experiences
 - Research project
 - Formal presentations and department contributions
 - Aminoglycoside program
 - Emergency Medicine Committee membership
 - Medication safety and quality improvement

- Medication-use evaluation
 - Formal presentation to EM interdisciplinary staff
- Successfully document the completion of all assigned disease states in the resident topic discussion spreadsheet
 - Successfully reached 80% Achieved for Residency with required objectives
 - Must include required objectives (R1.1.1, R1.1.2, R1.1.3, R1.1.5, R1.2.1, R1.3.1, R2.1.1, R2.2.2, R3.1.1, R3.2.1, R3.2.2, R4.1.1, R4.2.1)
 - Successful completion of required formal presentations
 - Continuing education program
 - EM clinical pearl email to EM interdisciplinary staff
 - Presentation of year-long project
 - Successful completion of professional practice requirements
 - Completion of Advanced Integrated Clinical Pharmacy Practice and weekend staffing requirements
 - Documentation of moonlighting and duty hours as appropriate in PharmAcademic
 - Documentation of Benefit Time/Time off in PharmAcademic
 - Successful completion of Medication Policy Requirements
 - At least one written drug administration guideline (DAG) and/or IV push guideline prepared for DAG Committee Review and presented at a Pharmacy and Therapeutics Committee as appropriate
 - Publication in the Pharmacy and Therapeutics Committee Newsletter
 - Successful completion of all required documentation
 - Initial assessment
 - Quarterly self-assessment as part of the Resident Development Plan
 - All learning experience and preceptor and learning experience evaluations
 - Final assessment of residency and feedback
 - Completion of electronic residency binder with all required documents uploaded into the EM residency folder
 - Other Requirements
 - Successfully attend one regional or national research summit/conference
 - Obtain Basic Life Support/ Advanced Cardiac Life Support/Pediatric Advanced Life Support/Emergency Neurological Life Support certification by the end of the residency year

BWH PGY2 Infectious Diseases Pharmacy (Candidate Status) Residency Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.
- Ensure continuity of care during infectious diseases patient transitions between care settings.
- Manage antimicrobial stewardship activities.
- Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.
- Demonstrate ability to conduct a quality improvement or research project.
- Manage and improve anti-infective-use processes
- Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.
- Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.
- Demonstrate management skills in the provision of care for infectious diseases patients.
- Provide effective medication and practice-related education to infectious diseases 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 about care of patients with infectious diseases.

LEARNING EXPERIENCES

PGY2 Infectious Diseases residents must complete the required learning experiences below. Standard length of time for a required learning experience is one month (4 weeks). Some elective experiences may be for shorter time periods depending on the resident schedule, rotation availability, and the ability for assigned objectives to be addressed in the defined period.

Required PGY2 Infectious Diseases Learning Experiences*	Elective Learning Experiences	Longitudinal Experiences
<ul style="list-style-type: none"> • Orientation • ID General Medicine Consult • ID Immunocompromised Consult • BWH Antimicrobial Stewardship • Infection Control • Microbiology • HIV • OPAT • Academia • Advanced Integrated Clinical Pharmacy Practice 	<ul style="list-style-type: none"> • Antimicrobial Stewardship (MGB) • Allergy • Solid Organ Transplant <ul style="list-style-type: none"> ○ Cardiovascular ○ Thoracic • Intensive Care <ul style="list-style-type: none"> ○ Medical ○ Burn/Trauma ○ Thoracic Surgery ○ Neurosurgery ○ Surgical ○ Cardiac Surgery ○ Coronary Care • Emergency Medicine • Investigational Drug Services 	<ul style="list-style-type: none"> • Research project • Formal Presentations and Departmental Contributions • Aminoglycoside Program • Committee Membership • Medication Safety/Quality Improvement • Medication Use Evaluation
*Unless otherwise approved by RAC		

PROJECT TIMELINE

PGY2 Infectious Diseases

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Preceptor project proposals	RAC	Early Spring RAC Meeting
PRC project proposal	PRC	July/August
Detailed project timeline	Project Preceptor (s)	End of July/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>		

Requirements for Successful Completion of the BWH Infectious Diseases Pharmacy (Candidate Status) PGY2 Residency Program

OVERVIEW

I, _____,

(Print)

(Signature)

(Date)

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

- Successfully licensed as a practicing pharmacist in the state of Massachusetts within 90 days from the start date.
- Successful completion of program and department orientation as appropriate per resident track (internal vs external residents) as defined in learning experience description
- Successful completion of all required rotation learning experiences
 - Infectious Diseases General Medicine Consult
 - Infectious Diseases Immunocompromised Medicine Consult
 - BWH Antimicrobial Stewardship
 - Infection Control
 - Microbiology
 - HIV
 - OPAT
 - Academia
 - Advanced Integrated Clinical Pharmacy Practice
- Successful completion of 2 (external candidates) or 3 (internal candidates) elective learning experience(s)
- Successful completion of all required longitudinal learning experiences
 - Research Project
 - Formal Presentations and Departmental Contributions
 - Aminoglycoside Program
 - Committee Membership
 - Medication Safety and Quality Improvement
 - Medication Use Evaluation

- Successfully document the completion of all assigned disease states in the resident topic discussion spreadsheet
- Successfully reached 80% Achieved for Residency with required objectives
 - Must include required objectives (R1.1.1, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.2.1, R1.3.1, R1.3.2, R1.3.3, R2.1.1, R2.1.2, R2.1.3, R2.2.6, R2.3.2, R3.1.1, R3.2.1, R3.2.2, R3.3.1, R4.1.2, and R4.2.1)
- Successful completion of required formal presentations
 - Continuing education program
 - Pharmacist Huddle - 5 presentations
 - Presentation of a clinical pearl at a local, regional, or national conference
 - Successful presentation/submission for presentation of residency project
- Successful completion of professional practice requirements
 - Completion of Service commitment (Staffing) requirement
 - Documentation of moonlighting and duty hours as appropriate
 - Documentation of Benefit Time/Time off
- Successful completion of Medication Policy Requirements
 - At least one written drug administration guideline (DAG) prepared for DAG Committee Review and presented at a Pharmacy and Therapeutics Committee as appropriate
 - At least one infectious diseases guideline (update or initial creation)
- Successful completion of all required documentation
 - Initial assessment
 - Quarterly self-assessment as part of the Resident Development Plan
 - All learning experience and preceptor and learning experience evaluations
 - Final assessment of residency and feedback
 - Completion of electronic residency binder with all required documents uploaded into the infectious diseases residency folder
- Successful completion of the residency program appendix

BWH PGY2 Investigational Drug & Research Pharmacy Residency (Pre-Candidate Status) Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- In collaboration with the health care team, provide comprehensive medication management to research participants following a consistent patient care process.
- Ensure continuity of care during research participant transitions between care settings.
- Manage and facilitate delivery of investigational products to support safe and effective drug therapy for research participants.
- Manage the medication-use processes for investigational drug services, as applicable to the organization.
- Demonstrate ability to conduct a quality improvement or research project.
- Serve as an authoritative resource on the optimal use of the investigational products used in clinical research.
- Demonstrate ability to assess the feasibility of research protocols for the organization.
- Serve as an authoritative source to the institutional review board (IRB) to ensure the safety of human subjects.
- Demonstrate the ability to evaluate the federal, state, and the institution regulations as it pertains to clinical trials.
- Demonstrate leadership skills for successful self-development in the provision of care for research participants.
- Demonstrate management skills in the provision of care for research participants.
- Demonstrate skills in the financial management and budgeting to conduct clinical trials.
- Provide effective clinical trial and medication education to participants, 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 about care of research participants and investigational drug services.

LEARNING EXPERIENCES

PGY2 Investigational Drug Service residents must complete the required learning experiences below. Standard length of time for a required learning experience is one month (4-5 weeks). Some elective experiences may be for shorter or longer time periods depending on the resident schedule, rotation availability, and the ability for assigned objectives to be addressed in the defined period.

Required PGY2 IDS Learning Experiences*	Elective Learning Experiences	Longitudinal Experiences
<ul style="list-style-type: none"> • Orientation • Investigational Drug Services Operations I • Protocol/Project Management • Hematology/Oncology Research Operations I • Disease State/Study Team Operations** I • Human Research Affairs/Institutional Review Board • Leadership in Investigational Drug Services • BWH Research Administration/Center for Clinical Investigation • Disease State/Study Team Operations** II • NIH/NIAD: DAIT (Division of Allergy Immunology and Transplantation) Clinical Research Operations • Digital Health eCare (DHeC) Pharmacy Informatics 	<ul style="list-style-type: none"> • Independent Practice • Hematology/Oncology Research Operations II • Investigational Drug Service Operations II • USP (United States Pharmacopeia) Compounding Standards/Investigational Drug Compounding and Safety • Disease State-Study Team Operations** III 	<ul style="list-style-type: none"> • IRB Membership • Teaching (Student Preceptorship) • Investigational Drug Services Residency Project • Pharmacy Committee Assignment • IDS Protocol Management responsibilities • Pharmacy, Nursing and Physician In-service education • Staffing responsibilities and duty hours • Harvard Medical School Master of Medicinal Sciences in Clinical Investigation (NMSCI) audit program***

*Unless otherwise approved by residency program director

**Disease State/Study Team Operations Opportunities:

- BWH AIDS Clinical Trials Group (ACTG)
- Center for Alzheimer’s Research and Treatment (CART)
- Asthma Research Center
- Diabetes Clinical Research
- Division of Allergy and Clinical Immunology
- DF/HCC Neuro-Oncology Surgery
- Gastroenterology Research Group
- The Human Cardiovascular Endocrinology Research Group (CERG)
- Kidney and Pancreas Transplantation Research
- Nephrology (Dialysis) Research Group
- Pulmonary Vascular Disease Research
- BWH Vaccine Research Group: HIV Vaccine Trial Network (HVTN), HIV Prevention Trial Network (HPTN), COVID-19 Prevention Network (CoVPN)

***Elective

PROJECT TIMELINE

PGY2 Investigational Drugs & Research

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Disease group/Study team rotation selection	RPD/RPC	April/May (prior to start of program)
IRB Membership	RPD/IRB	July/August
Research Project Topic Proposal	RPD/Project preceptor(s)	July/August
Protocol Management Responsibilities	RPD/RPG	August/September
Elective rotation selections	RPD/RPC	November/December
Research Project Drafted	Project preceptor(s)	End of May
Research Project Complete	RPD, RPG	Resident Close-Out Meeting – Last week of June
<i>RPD = Residency Program Director; IRB = Institutional Review Board; RPG = Resident Preceptor Group; RPD = Residency Program Coordinator</i>		

Requirements for Successful Completion of the BWH Investigational Drug & Research Pharmacy (Pre-Candidate Status) PGY2 Residency Program

OVERVIEW

I, _____
(Print) (Signature) (Date)

understand that to graduate from the Investigational Drug Service (IDS) pharmacy residency program at Brigham and Women's Hospital, I will have successfully completed the following:

- Successfully licensed as a practicing pharmacist in the state of Massachusetts by October 1st. If licensure not obtained within 90 days from the state date, the RPD will discuss disciplinary action with the resident.
- Successful completion of program and department orientation as appropriate per resident track (internal vs external residents) as defined in learning experience description.
- Successful completion of all required rotation learning experiences
 - Investigational Drug Services Operations I
 - Protocol/Project Management
 - Hematology/Oncology Research Operations I
 - Disease State/Study Team Operations I
 - Human Research Affairs/Institutional Review Board
 - Leadership in Investigational Drug Services
 - BWH Research Administration/Center for Clinical Investigation
 - Disease State/Study Team Operations II
 - NIH/NIAD: DAIT (Division of Allergy Immunology and Transplantation) Clinical Research Operations
- Successful completion of 2 elective learning experiences
- Successful completion of all required longitudinal learning experiences
 - IRB Membership
 - Teaching (Student Preceptorship)
 - Investigational Drug Services Residency Project
 - Pharmacy Committee Assignment

- IDS Protocol Management responsibilities
 - Pharmacy, Nursing and Physician In-service education
 - Staffing responsibilities and duty hours
- Successfully meet and document the completion of progress of each quarter with residency program director in the IDR Training Program Spreadsheet
 - Successfully reached 80% Achieved for Residency with required objectives
 - Must include required objectives (R1.1.1, R1.3.1, R1.3.3, R2.1.1, R2.2.2, R3.1.2, R3.2.1, R3.2.3, R3.3.1, R4.1.1, R4.2.4, R5.1.1, R5.1.3)
 - Successful completion of required formal presentations
 - Continuing education program
 - Pharmacist Huddle - #3
 - Presentation of a clinical pearl at a local, regional, or national conference
 - Presentation of year-long project
 - Successful completion of professional practice requirements
 - Completion of IDS staffing requirements
 - Completion of Committee assignment and associated work
 - Documentation of duty hours as appropriate
 - Documentation of Benefit Time/Time off
 - Successful completion of year-long protocol management
 - Create medication entry in Pharmacy Dictionary
 - Adequately build a protocol in IDSIS
 - Request a new or change of EPIC medication entry in ServiceNow
 - Successful completion of Institutional Review Board (IRB) Membership
 - Successfully submitted for membership within 45 days of start date
 - Successfully attend one monthly IRB meeting as a voting member
 - Successful completion of all required documentation
 - Initial assessment
 - Quarterly self-assessment as part of the Resident Development Plan
 - All learning experience and preceptor and learning experience evaluations
 - Final assessment of residency and feedback
 - Completion of electronic residency binder with all required documents uploaded into the IDS residency folder
 - Other Requirements
 - Successfully attend one regional or national research summit/conference
 - Basic Life Support certification / Advanced Cardiac Life Support

BWH PGY2 (Demonstration) Thrombosis and Hemostasis Pharmacy Residency Program Appendix

PROGRAM GOALS

Program goals are set by the ASHP standard.

- In collaboration with the health care team, provide comprehensive thrombosis and hemostasis management to medical, surgical, and critically ill patients following a consistent patient care process.
- Ensure continuity of care during transition of critically ill patients between care settings.
- Manage and facilitate delivery of medications to support safe and effective drug therapy for patients.
- Demonstrate ability to manage formulary and medication-use processes as applicable to the organization.
- Demonstrate ability to conduct a quality improvement or research project.
- Demonstrate leadership skills for successful self-development in the provision of care for patients' thrombosis and hemostasis management.
- Demonstrate management skills in the provision of care for thrombosis and hemostasis management
- Provide effective medication and practice-related education to 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 as it relates to thrombosis and hemostasis.
- Demonstrate understanding of the management of cardiovascular (ACLS) medical emergencies.

LEARNING EXPERIENCES

(Demonstration) PGY2 Thrombosis and Hemostasis residents must complete the required learning experiences below. Standard length of time for a required learning experience is one month (4-5 weeks). Some elective experiences may be for shorter time periods depending on the resident schedule, rotation availability, and the ability for assigned objectives to be addressed in the defined period.

Required PGY2 Thrombosis and Hemostasis Learning Activities*	Elective Learning Activities	Longitudinal Activities
<ul style="list-style-type: none"> • Orientation/Anticoagulation Certificate Program • Coronary Care ICU • Cardiac Surgery ICU • Hemostatic Antithrombotic Stewardship (HAT) • AMB – Anticoagulation Management Service (AMS) • Benign Hematology • Emergency Medicine • Medication Safety/ Stewardship Program Leadership • Neurology • Advanced Integrated Clinical Pharmacy Practice 	<ul style="list-style-type: none"> • Vascular Medicine Clinic • Hematology Clinic • Solid Organ Transplant • Special Coagulation Laboratory 	<ul style="list-style-type: none"> • Research project • Formal Presentations and Departmental Contributions • Committee Membership • Inpatient Orthopedic Anticoagulation Management (AMMO) Service • Student Precepting • Anticoagulation Leadership Committee
<p>AMB: ambulatory; ICU: intensive care unit</p>		

PROJECT TIMELINE

PGY2 Thrombosis and Hemostasis

ACTION ITEM	SUBMIT TO	COMPLETION DATE
Preceptor project proposals	RAC	Early Spring RAC Meeting
PRC project proposal	PRC	July/August
Detailed project timeline	Project Preceptor (s)	End of July/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
<p><i>RAC = resident advisory committee; PRC = peer review committee; IRB = investigational review board</i></p>		

Requirements for Successful Completion of the BWH PGY2 (Demonstration) Thrombosis and Hemostasis Pharmacy (Candidate Status) Residency Program

OVERVIEW

I, _____,

(Print)

(Signature)

(Date)

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

- Successfully licensed as a practicing pharmacist in the state of Massachusetts within 90 days from the start date.
- Successful completion of program and department orientation as appropriate per resident track (internal vs external residents) as defined in learning experience description
- Successful completion of all required rotation learning experiences
 - Orientation/Anticoagulation Certificate Program
 - Coronary Care ICU
 - Cardiac Surgery ICU
 - Hemostatic Antithrombotic Stewardship (HAT)
 - AMB – Anticoagulation Management Service (AMS)
 - Benign Hematology
 - Emergency Medicine
 - Medication Safety/ Stewardship Program Leadership
 - Neurology
 - Advanced Integrated Clinical Pharmacy Practice
- Successful completion of 1 (external candidates) or 2 (internal candidates) elective learning experience(s)
- Successful completion of all required longitudinal learning experiences
 - Research Project with a completed manuscript
 - Formal Presentations and Departmental Contributions
 - Committee Membership

- Inpatient Orthopedic Anticoagulation Management (AMMO) Service
 - Medication Safety and Quality Improvement
 - Medication-use Evaluation
 - Student and resident precepting
 - Anticoagulation Leadership Committee
- Successfully document the completion of all assigned disease states in the resident topic discussion spreadsheet
- Successfully reached 80% Achieved for Residency with required objectives
 - Must include required objectives (R1.1.1, R1.1.3, R1.1.4, R1.1.5, R1.1.6, R1.2.1, R1.3.1, R2.1.2, R2.1.3, R2.3.6, R3.1.1, R3.2.2, R4.1.2)
- Successful completion of required formal presentations
 - Continuing education program
 - In-service ad hoc during rotation(s)
 - Pharmacist Huddle - #5
 - Submission of clinical pearl at a local, regional, or national conference
 - Successful presentation/submission for presentation of year-long project
 - Successful completion of professional practice requirements (staffing)
 - Pharmacy operations – every third weekend and one evening every two weeks
 - Documentation of moonlighting and duty hours as appropriate
 - Documentation of Benefit Time/Time off
 - Successful completion of Medication Policy Requirements
 - At least one written drug administration guideline (DAG) and/or IV push guideline prepared for DAG Committee Review and presented at a Pharmacy and Therapeutics Committee as appropriate
 - Publication in the Pharmacy and Therapeutics Committee Newsletter
 - Successful completion of all required documentation
 - Initial assessment
 - Quarterly self-assessment as part of the Resident Development Plan
 - All learning experience and preceptor and learning experience evaluations
 - Final assessment of residency and feedback
 - Completion of electronic residency binder with all required documents uploaded into the critical care residency folder
 - Other requirements
 - Obtained both Basic Life Support certification and Advanced Cardiac Life support by the end of the residency year
 - Plan to sit for the Certified Anticoagulation Care Provider (CACP) Exam
 - Completion of Program Appendix