Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

in affiliation with the

MCPHS UNIVERSITY

PGY2 CRITICAL CARE PHARMACY RESIDENCY

PROGRAM MANUAL

2017-2018

BETH ISRAEL DEACONESS MEDICAL CENTER

BOSTON, MASSACHUSETTS

Critical Care Residency Manual (2017-18)
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Beth Israel Deaconess Medical Center
PGY2 Critical Care Pharmacy Residency Program 2017-18

Purpose Statement

The Post Graduate Year two (PGY2) Pharmacy Residency in Critical Care at Beth Israel Deaconess Medical Center (BIDMC), in conjunction with MCPHS University, builds upon a PGY-1 residency education and outcomes to contribute to the development of clinical pharmacists who are responsible for medication-related care of critically ill patients with a wide range of conditions. PGY2 residency graduates exit equipped to be fully integrated members of the interdisciplinary critical care team, able to make complex medication and nutrition support recommendations in this fast-paced environment. Training focuses on developing resident capability to deal with range of diseases and disorders that occur in the critically ill. Special emphasis is placed on the complexities of multiple organ system failure and the difficulties imposed on care when patients require life-sustaining equipment. The PGY-2 program in critical care will also develop the candidate's skills as a pharmacy educator and create foundational skills to be applied as a clinical researcher.

PGY2 Program 2017-18

ASHP Required Competency Areas
For Postgraduate Year Two (PGY2) Pharmacy Residencies in Critical Care

R1: Demonstrate leadership and practice management skills

R2: Optimize the outcomes of critically ill patients by providing evidence-based medication therapy as an integral part of an interdisciplinary team

R3: Demonstrate excellence in the provision of training, including preceptorship, or educational activities for healthcare professionals and healthcare professionals in training

R4: Demonstrate the skills necessary to conduct a critical care pharmacy research project

R5: Participate in the management of medical emergencies

BIDMC Additional Required Competencies

E1: Perform quality improvement activities aimed at enhancing the safety and effectiveness of medication-use processes in the critical care area

E2: Provide formalized critical care medication-related information

E5: Demonstrate skills required to function in an academic setting

BIDMC PGY2 Residency Program 2017-18

ASHP Required Competency Areas, Goals, and Objectives For Postgraduate Year Two (PGY2) Pharmacy Residency in Critical Care and Additional BIDMC Competencies

Outcome R1: Demonstrate leadership and practice management skills

Goal R1.1: Exhibit essential personal skills of a practice leader.

OBJ R1.1.1: (Characterization) Practice self-managed continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change.

OBJ R1.1.2: (Characterization) Demonstrate commitment to the professional practice of critical care pharmacy through active participation in the activities of local, state, and/or national professional organizations concerned with the health care of critically ill patients.

OBJ R1.1.3: (Characterization) Demonstrate the ability to make considered but rapid decisions in intense situations where time is at a minimum.

Goal R1.2: Contribute to the critical care practice area's leadership and management activities.

OBJ R1.2.1: (Application) Use effective negotiation skills to resolve conflicts.

OBJ R1.2.2: (Synthesis) Use group participation skills when leading or working as a member of a committee or informal work group.

Goal R1.3: Exercise practice leadership.

OBJ R1.3.1: (Characterization) Demonstrate a commitment to advocacy for the optimal care of patients through the assertive and persuasive presentation of patient care issues to members of the health care team, the patient, and/or the patient's representative(s).

OBJ R1.3.2: (Comprehension) Explain the nature of mentoring in pharmacy, its potential connection with achievement, and the importance of willingness to serve as mentor to appropriate individuals.

OBJ R1.3.3: (Characterization) Demonstrate a caring attitude toward critically ill patients and their representative(s).

OBJ R1.3.4: (Comprehension) Explain the general processes of establishing and maintaining a critical care pharmacy residency program.

Outcome R2: Optimize the outcomes of critically ill patients by providing evidence-based medication therapy as an integral part of an interdisciplinary team

Goal R2.1: Establish collaborative professional relationships with other members of the interdisciplinary critical care team.

OBJ R2.1.1: (Synthesis) Implement a strategy that establishes cooperative, collaborative, communicative, and effective working relationships with other members of the interdisciplinary critical care team.

Goal R2.2: Goal R2.2: Prioritize the delivery of care to critically ill patients.

OBJ R2.2.1: (Synthesis) Devise a plan for deciding which critical care patients to focus on if given limited time and multiple patient care responsibilities.

Goal R2.3: Act in accordance with a covenantal relationship with the patient.

OBJ R2.3.1: (Synthesis) Formulate a strategy to guide care for a critically ill patient and interaction with the patient's family that reflects the acceptance of a covenant with the patient for that patient's care**.**

Goal R2.4: Collect and analyze pertinent patient information.

OBJ R2.4.1: (Analysis) Collect and organize all patient-specific information needed to identify, prevent, and resolve medication and specialized nutrition support-related problems in order to provide appropriate evidence-based recommendations in critically ill patients with complex conditions. (See Appendix for medical problems.)

OBJ R2.4.2: (Evaluation) Assess the information base created for a critically ill patient for adequacy to identify problems and design a therapeutic regimen.

OBJ R2.4.3: (Analysis) Determine the presence of any of the following problems in a critically ill patient's current medication or specialized nutrition support therapy:

1. Medication or specialized nutrition support used with no medical indication
2. Patient has acute or chronic (e.g., steroid dependence) medical conditions for which there is no medication or specialized nutrition support prescribed

3. Medication or specialized nutrition support prescribed inappropriately for a particular medical condition
4. Current medication therapy or specialized nutrition support regimen contains something inappropriate (dose, dosage form, duration, schedule, route of administration, method of administration)
5. There is therapeutic duplication
6. Medication to which the patient is allergic has been prescribed
7. There are adverse drug or device-related events or potential for such events
8. There are clinically significant drug-drug, drug-disease, drug-nutrient, or drug-laboratory test interactions or potential for such interactions
9. Medical condition is complicated by social, recreational, nonprescription, or nontraditional (e.g., herbal) drug use by the patient
10. Patient not receiving full benefit of prescribed medication therapy or specialized nutrition support (e.g., system error)

OBJ R2.4.4: (Analysis) Prioritize a critically ill patient's health care needs

Goal R2.5: Design evidence-based therapeutic regimens for critically ill patients.

OBJ R2.5.1: (Synthesis) Specify therapeutic goals for a critically ill patient incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and, when possible, quality-of-life considerations.

OBJ R2.5.2: (Synthesis) Design a regimen that meets the evidence-based therapeutic goals established for a critically ill patient; integrates patient-specific information, disease and drug information, ethical issues and, when possible, quality-of-life issues; and considers pharmacoeconomic principles.

Goal R2.6: Design evidence-based monitoring plans for critically ill patients.

OBJ R2.6.1: (Synthesis) Design an evidenced-based monitoring plan for a critically ill patient's therapeutic regimen that effectively evaluates achievement of the patient-specific goals.

Goal R2.7: Recommend regimens and monitoring plans for critically ill patients.

OBJ R2.7.1: (Application) Recommend an evidence-based therapeutic regimen and corresponding monitoring plan in a way that is systematic, logical, accurate, timely, and secures consensus from the critical care interdisciplinary team

Goal R2.8: When appropriate, implement selected aspects of critical care patients' regimens and/or monitoring plans.

OBJ R2.8.1 (Application) When appropriate, order a therapeutic regimen for a critically ill patient according to the health system's procedures

OBJ R2.8.2: (Application) When appropriate, follow organizational procedures to implement (e.g., order tests) the monitoring plan.

Goal R2.9: Evaluate critically ill patients' progress and redesign regimens and monitoring plans.

OBJ R2.9.1: (Evaluation) Accurately assess the critically ill patient's progress toward the therapeutic goal(s) and the absence of adverse drug events.

OBJ R2.9.2: (Synthesis) Redesign an evidence-based therapeutic plan for a critically ill patient as necessary based on evaluation of monitoring data and therapeutic outcomes.

OBJ R2.9.3: (Application) Collect outcomes data based on the patient's response to therapy.

Goal R2.10: Communicate ongoing patient information.

OBJ R2.10.1: (Application) When given a patient who is transitioning out of the critical care setting, communicate pertinent pharmacotherapeutic information to the receiving health care professionals.

Goal R2.11: Document direct patient care activities appropriately.

OBJ R2.11.1: (Analysis) Appropriately select direct patient-care activities for documentation

Outcome R3: Demonstrate excellence in the provision of training, including preceptorship, or educational activities for health care professionals and health care professionals in training.

Goal R3.1: Provide effective education or training to health care professionals and health care professionals in training.

OBJ R3.1.1: (Comprehension) Explain the differences in effective educational strategies for health care professionals and for various levels of health care professionals in training.

OBJ R3.1.2: (Synthesis) Design an assessment strategy that appropriately measures the specified objectives for education or training and fits the learning situation.

OBJ R3.1.3: (Application) Use skill in the four preceptor roles employed in practice-based teaching (direct instruction, modeling, coaching, and facilitation).

OBJ R3.1.4: (Application) Use skill in case-based teaching.

OBJ R3.1.5: (Application) Use public speaking skills to speak effectively in large and small group situations.

Outcome R4: Demonstrate the skills necessary to conduct a critical care pharmacy research project.

Goal R4.1: Conduct a critical care practice research project using effective project management skills.

OBJ R4.1.1: (Synthesis) Identify a topic of significance for a critical care pharmacy research project.
OBJ R4.1.2: (Synthesis) Formulate a feasible design for a critical care pharmacy research project.
OBJ R4.1.3: (Synthesis) Secure any necessary approvals, including IRB and funding, for one's design of a project.
OBJ R4.1.4: (Synthesis) Implement a critical care pharmacy research project as specified in its design.
OBJ R4.1.5: (Synthesis) Effectively present the results of a critical care pharmacy research project.
OBJ R4.1.6: (Synthesis) Successfully employ accepted manuscript style to prepare a final report of a critical care pharmacy research project.
OBJ R4.1.7: (Evaluation) Accurately assess the impact, including sustainability if applicable, of the residency project

Outcome R5: Participate in the management of medical emergencies

Goal R5.1: Participate in the management of medical emergencies.

OBJ R5.1.1: (Application) Exercise skill as a team member in the management of medical emergencies as exhibited by certification in the American Heart Association Advanced Cardiac Life Support and, if applicable, Pediatric Advanced Life Support.

Outcome E1: Perform quality improvement activities aimed at enhancing the safety and effectiveness of medication-use processes in the critical care area.

Goal E1.1: Identify opportunities for improvement of aspects of the critical care area's medication-use process.

OBJ E1.1.1: (Comprehension) Explain the critical care area's medication-use processes and patients' vulnerability to medication errors and/or adverse drug events (ADEs).
OBJ E1.1.2: (Analysis) Analyze the structure and process and measure outcomes of the critical care environment's medication-use processes.
OBJ E1.1.3: (Evaluation) Identify potential opportunities for improvement in the critical care area's medication-use processes by comparing the medication-use system to relevant best practices.

Goal E1.2: Design and implement quality improvement changes to the critical care area's medication-use processes.

OBJ E1.2.1: (Synthesis) Lead the identification of need for, development of, implementation of, and evaluation of an evidence-based treatment guideline/protocol related to individual and/or population-based care of critically ill patients.
OBJ E1.2.2: (Synthesis) Design and implement pilot interventions to change problematic or potentially problematic aspects of the medication-use processes with the objective of improving quality.

Goal E1.3: Evaluate critically ill patients' medication orders and/or profiles.

OBJ E1.3.1: (Evaluation) Interpret the appropriateness of a critically ill patient's medication order following existing standards of practice and the organization's policies and procedures.
OBJ E1.3.2: (Evaluation) Assess a critically ill patient's medication profile for appropriateness following existing standards of practice and the organization's policies and procedures.

Goal E1.4: Participate in the health system's formulary process for pharmacotherapeutic agents used in critically ill patients.

OBJ E1.4.1: (Synthesis) Prepare monographs for pharmacotherapeutic agents used in critically ill patients to make formulary status recommendations.
OBJ E1.4.2: (Synthesis) Make recommendations for pharmacotherapeutic class decisions based on comparative reviews concerning the critical care population.
OBJ E1.4.3: (Comprehension) Explain the heightened expectations of a specialist's presentation of formulary recommendations.

Outcome E2: Provide formalized critical care medication-related information.

Goal E2.1: Provide concise, applicable, comprehensive, and timely responses to formalized requests for drug information pertaining to the critically ill from patients, health care providers, and the public.

OBJ E2.1.1: (Analysis) Discriminate between the requesters' statement of need and the actual drug information need by asking for appropriate additional information. .

OBJ E2.1.2: (Synthesis) Formulate a systematic, efficient, and thorough procedure for retrieving drug information.

OBJ E2.1.3: (Analysis) Determine from all retrieved biomedical literature the appropriate information to evaluate.

OBJ E2.1.4: (Evaluation) Evaluate the usefulness of biomedical literature gathered.

OBJ E2.1.5: (Evaluation) Determine whether a study's conclusions are supported by the study results.

OBJ E2.1.6: (Synthesis) Formulate responses to drug information requests based on analysis of the literature.

OBJ E2.1.7: (Synthesis) Provide appropriate responses to drug information questions that require the pharmacist to draw upon his or her knowledge base.

OBJ E2.1.8: (Evaluation) Assess the effectiveness of drug information recommendations.

Outcome E5: Demonstrate skills required to function in an academic setting

Goal E5.2 Exercise teaching skills essential to pharmacy faculty.

OBJ E5.2.1 (Synthesis) Develop an instructional design for a class session, module, or course.

OBJ E5.2.2 (Synthesis) Prepare and deliver didactic instruction on a topic relevant to the specialized area of pharmacy residency training.

OBJ E5.2.3 (Application) Develop and deliver cases for workshops and exercises for laboratory experiences.

OBJ E5.2.4 (Application) Serve as a preceptor or co-preceptor utilizing the four roles employed in practice-based teaching (direct instruction, modeling, coaching and facilitation).

OBJ E5.2.5 (Analysis) Develop a teaching experience for a practice setting (e.g., introductory or advanced pharmacy experience). .

OBJ E5.2.6 (Synthesis) Design an assessment strategy that appropriately measures the specified educational objectives for the class session, module, course, or rotation.

OBJ E5.2.7 (Evaluation) Create a teaching portfolio.

OBJ E5.2.8 (Evaluation) Compare and contrast methods to prevent and respond to academic and profession dishonesty.

OBJ E5.2.9 (Comprehension) Explain the relevance of copyright laws to developing teaching materials.

Beth Israel Deaconess Medical Center
PGY2 Critical Care Pharmacy Residency Program 2017-18
Administration and Governance

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BIDMC Residency Advisory Committee (RAC)

The Residency Advisory Committee governs the residency program. The committee is comprised of preceptors and members of the Pharmacy Administrative Group. The Committee is chaired by the Residency Program Director and meets at least quarterly to review and discuss the progress of the residents. Interactive feedback within the committee is utilized to direct the resident in his/her current and upcoming residency activities and to provide mentoring and guidance in the resident's pharmacy practice. The committee will recommend modifications to the residents' schedule as necessary. Each member of the RAC is expected to:

- Act as an advocate for the resident.
- Provide expertise for the residency project (when possible) or identify other appropriate resources
- Provide feedback and suggestions on improving current rotation sites, as well as identifying future potential rotation sites
- Provide feedback and suggestions on the current structure of the residency program, and offer possibilities for future direction

PGY 2 Resident Advisor

Mentoring and advising are key elements of the BIDMC PGY2 Pharmacy Residency Program. The Residency Advisory Committee governs the residency program and is designed so that the resident will be afforded the opportunity to meet regularly with the committee members at large to discuss and receive feedback on their progress within the residency program and address any issues or concerns that may arise. To provide the resident with the opportunity for individualized mentoring and advising, the RAC will work with each incoming resident to coordinate the selection of an individual Resident Advisor for the academic year.

The principle role of the Resident Advisor is to act as a personal contact for the resident in all matters dealing with the successful completion of the residency program. The Resident Advisor will work with the resident to develop their residency plan and will monitor the plan's progress. The resident and advisor will collaborate and determine the degree of contact and involvement necessary to meet these objectives. Key areas that will be focused on include: advice on projects (initiation, completion, deadlines etc.), elective rotation selection, time management, professional interpersonal relationships and conflict, career opportunities after residency and any other residency-related issues that may arise. The Resident Advisor will collaborate with the RPD (if different) to complete the resident's quarterly assessments.

Determination of a Resident Advisor will be made in alignment with the determination of the resident project. In general, the project advisor works closely with the resident throughout the year and is the most appropriate RAC member to fulfill the mentoring and advising role that is central to the Resident Advisor position.

Should circumstances during the residency year warrant reevaluation of the selection of a resident's advisor, discussion with and approval by the RPD will be required before any changes are made.

BIDMC PGY2 Critical Care Pharmacy Residency Program Structure 2017-18

Core Rotations (4 weeks)	**Preceptor**
MICU Red	Quynh Dang, PharmD
MICU Blue	Mary Eche, PharmD, BCPS, BCCCP
Neurological ICU	Natalya Asipenko, PharmD, BCPS
Surgical ICU	Julia Kats, PharmD
Trauma ICU	Michelle Zacchetti, PharmD, BCPS
Cardiovascular Surgical ICU	Mary Eche, PharmD, BCPS, BCCCP
Medication Safety/Quality	May Adra, PharmD BCPS
Cardiac Intensive Care	Beata Rucinski, PharmD
Teaching Rotation: MCPHS	John Marshall PharmD, BCPS, BCCCP, FCCM
Core Elective Rotations (2- 4 weeks: 2 Required)	**Preceptor**
Antimicrobial Stewardship	Christopher McCoy, PharmD, BCPS AQ-Infectious Disease
Palliative Care (2 weeks)	Julie Knopp NP
Toxicology (2 weeks)	Michael Ganetsky, MD
Infectious Diseases Consult Service	Monica Mahoney, PharmD, BCPS
Nutrition (2 weeks)	TBD
Finard ICU (Mixed Medical/Surgical	TBD
Longitudinal Learning Experiences	**Preceptor**
Pharmacy Administration/Leadership/Safety • Formulary/Leadership/Project Management	John Marshall, PharmD, BCPS, BCCCP, FCCM
Pharmacy Services • Pharmacy Orientation/Training • Staffing: One evening / wk, one weekend/ mo • Code Response Training/Participation	Diane Soulliard, PharmD Julia Kats, PharmD John Marshall, PharmD, BCPS, BCCCP, FCCM
Resident Report	Residency Advisory Committee
Teaching • Facilitate MCPHS Therapeutics Seminar • Participate as a teaching assistant in Critical Care elective	Philip Grgurich, PharmD, BCPS
Interdisciplinary Management and Communication • Participate in P&T Committee meetings (2)) • Participation in Departmental and Rotation-Coordinated Hospital Committee Meetings	Katherine Cunningham, PharmD, BCPS John Marshall, PharmD, BCPS, BCCCP, FCCM
Drug Information / Communication • Drug Information Questions • Journal Club • Eastern States Research Project Presentation • ASHP Midyear Poster Presentation	Residency preceptor (DI aligns with resident report/ rotations) Mary Eche, PharmD, BCPS, BCCCP John Marshall, PharmD,BCPS, BCCCP, FCCM
Residency Projects ▪ MUE ▪ Residency Research Project ▪ P&T/Clinical Division Presentations	Residency preceptor/s, RPD

BIDMC PGY2 Critical Care Residency Program Requirements 2017-18

Successful completion of the BIDMC PGY2 Residency Program requires the achievement of the required ASHP Residency Program Residency Learning System Outcomes, Goals and Objectives. Each resident is required to achieve all required and selected elective residency goals by the end of the residency year. Progress towards achieving these goals will be monitored at least quarterly by the Resident Advisor in conjunction with the RPD.

The following are detailed descriptions of required activities:

1. Participation in Residency Orientation/Training Program: **Start of Residency**
   A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. This orientation period is to introduce the incoming residents to the BIDMC Department of Pharmacy, the BIDMC Medical Center at large, MCPHS University; and to outline the expectations for the residency year.

2. Department of Pharmacy Practice-Service: **July 1st – June 30th**
   - Each resident is required to complete a pharmacy service component of the residency program. Often referred to as "staffing," the service component of the residency is crucial to the development of professional practice and distribution skills so as to provide safe and effective pharmaceutical care.
   - Residents will gain insight into the operations, policies and procedures of an acute-care facility, with specific emphasis on care of critically ill patients
   - The staffing requirement will comprise 30 shifts over the course of the residency year. Additional shifts may be worked with approval from the residency program director, and will be paid at the rate of a per diem pharmacist.

3. Rotations- Core and Elective: **July 1st - June 30th**
   - Each resident is responsible to complete a defined number of core clinical and management rotations as well as a determined number of elective rotations. Rotations will be evaluated using the PharmAcademic web-based software tool.
   - One week prior to each rotation, the resident will submit their pre-rotation goals in PharmAcademic so as to provide an opportunity for the preceptor to evaluate, and if possible, to design specific activities to meet the resident's goals. At the beginning of each rotation, the preceptor will provide residents with the rotation: goals and objectives, learning activities and method of evaluation.
   - Residents are responsible for coordinating their evaluations with the rotation preceptor. Rotation evaluations should be scheduled during the last week of rotation and are to be completed no later than one week following the conclusion of the rotation. Copies of the evaluation will be maintained in the resident's portfolio.

4. Medication Use Evaluation: **TBD**
   Each resident is required to participate in and complete a Medication Use Evaluation (MUE). Topics may be pertaining to direct patient care, quality improvement; fiscal oversight or others. This MUE will be presented at the annual VIZIENT meeting prior to the Midyear Clinical Meeting, and at the relevant multidisciplinary meeting(s) at the institution.

5. Residency Project: **Longitudinal**
   - Each resident is responsible for the completion of residency project. The project typically takes the form of a research project, including IRB submission/correspondence, data collection, data analysis, and manuscript preparation.
   - Each resident will complete a project report using an accepted manuscript style suitable for publication in the professional literature to a pharmacy or critical-care related journal.

6. Participation in Departmental and External Leadership Activities: **Longitudinal**

A number of activities and opportunities for leadership development will be scheduled throughout the residency year to foster an understanding of leadership within the department of pharmacy, within the profession of pharmacy and within the field of healthcare. These include participation in the critical care executive committee and critical care practice committees.

7. Participation in Drug Information Services: **Longitudinal**
   - Each resident will participate in several venues to provide drug information, which include but are not limited to Drug Information Questions, Development/update of PPGD, P & T Committee Formulary Reviews, Journal Club and other drug information activities, etc.
   - The goal of these activities is to provide the resident with experience in the provision of pertinent drug information in a number of venues.

8. Participation in Teaching Activities: **TBD per MCPHS University calendar**
   Resident involvement in the teaching activities fosters clinical development and refinement of the resident's teaching and communication skills.
   - The residents will serve as preceptors to MCPHS University students during their 6 week Advanced Pharmacy Practice Experience. The residents will be responsible for developing the rotation goals and objectives for the students as well as coordinating all on-site activities and evaluations.
   - The resident will actively participate as a facilitator for MCPHS University Therapeutics Seminar.
   - The resident will participate in the longitudinal MCPHS University Teaching Certificate Program if one has not been previously completed.
   - Additional teaching activities may be assigned at the discretion of the residency director and MCPHS University Coordinator.

9. Participation in Recruitment Efforts: **November 2017-March 2018**
   - Each resident will assist with the new resident recruitment efforts of the department. Because each resident is an important source of information and advice for potential candidates, there will be scheduled time within the interview process for interviewees to interact with current residents.
   - Additionally, each resident is required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting.

10. Attendance – Society of Critical Care Medicine Meeting: **January 2018**
    - The Society of Critical Care Medicine Conference is held in the winter of the year (generally in Jannuary/Februaury) and is a forum where the resident can continue to develop critical care knowledge while networking with critical care pharmacy practitioners around the country.

11. Participation in Resident Advisory Council (RAC) Meetings: **Longitudinal**
    - Residents will attend scheduled RAC meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc.
    - Meetings will be scheduled by the Director of the Residency Program.

12. Participation in the New England Critical Care Pharmacy symposium (NECCPS) (March 2018)
    - Residents will present a clinical pearl at the NECCPS
    - Residents will present their research findings to date at NECCPS in poster format

BIDMC PG2 Critical Care Pharmacy Residency Program 2017-18

Qualification of the Resident:

Qualifications for participation in the BIDMC PGY2 Residency Program are in accordance with criteria set forth by the American Society of Health System Pharmacists (ASHP).

- Residents must be graduates of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
- Residents must be licensed or eligible for licensure in order to be licensed in MA within 90 days of the commencement of the residency.
- Residents must be authorized to work in the United States on a full-time basis. Work authorization sponsorship for this position is unavailable.
- Residents must have completed an ASHP-accredited PGY-1 residency program.
- Residents shall participate in and obey the rules of the Residency Matching Program.

Application to the BIDMC Residency Program:

For a current PGY1 resident ONLY at BIDMC, an Early Commitment Process, whereby a position in the PGY2 program can be committed to in advance of the matching process can be achieved by fulfilling the following:

- Current PGY1 resident at BIDMC lending to continuous years of employment for the resident
- Completion of the required Critical care rotation and a commitment to complete at least one more elective in critical care before the end of the PGY1 year.
- Applicant should supply the following to the RPD by December 1st.
  - A letter of Intent including a statement of professional goals and reasons for pursuing the PGY2 Pharmacy Practice Residency at BIDMC
  - Curriculum Vitae
- Review of the applicant(s) by the RPD and select preceptors to determine that the resident could fulfill the requirements of the PGY2 program and his/her goals closely match the program goals
- Successful progress towards ACH status for required goals/objectives as reflected in the Pharmacademic system for early match candidates
- Selected candidates will be invited to an abbreviated onsite interview with the RPD, select preceptors and trainers
- Following the interview process, the expedited candidate(s) will be ranked based upon the collaborative input from the RAC with regard to the interviews and qualifications of the candidate
- The number one candidate will be offered the position three days before the early Commitment deadline. In the event that the candidate declines, the next candidate will be offered the position.

Applicants to the BIDMC Residency Program will complete an electronic application in Phorcas and submit by the application deadline. Materials to be included are:

- A one-page letter of Intent including a statement of professional goals and reasons for pursuing the PGY2 Residency
- Curriculum Vitae
- Three Letters of Recommendation
- Official transcript from accredited School/College of Pharmacy

To determine candidates for an on-site interview, completed applications will be reviewed by members of the RAC to determine candidates that most closely match the BIDMC program goals and opportunities. The letter of intent, CV, current PGY-1 residency program, scholastic record and letters of recommendation weigh highly

in the review process. We also consider work experience, career goals, leadership activities, teaching experience and involvement in professional activities as important factors in our selection process.

- Following the interview process, residency candidates will be ranked based upon the collaborative input from the RAC with regard the interviews and qualifications of the candidate.
- A rank list will be submitted to the Resident Matching Program

Acknowledgement of Residency Match:

Residents matched to the BIDMC Residency program will receive an acceptance letter acknowledging the match and delineating the general terms and conditions of the residency. Acknowledgment in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year.

Pharmacy Licensure Verification:

Participation in the BIDMC PGY2 Residency Program is contingent on securing and maintaining a license without restriction in the Commonwealth of Massachusetts (MA). It is the expectation that the resident will complete these licensure requirements within 90 days of the commencement of the program. The resident will provide the Residency Program Director confirmation that:

- He/she has already taken or is scheduled to take the NAPLEX and the Multistate Pharmacy Jurisprudence Examination (MPJE), or
- He/she will take the MPJE upon successful transfer of NAPLEX scores from another state, or
- He/she has already has a valid MA pharmacy license.
- Upon notification of successful completion of the NAPLEX and/or MPJE the resident will provide documentation of licensure to the Residency Program Director.
- Failure to attain licensure is grounds for dismissal from the residency program. Residents should contact the Residency Program Director should any issue arise with licensure.

BIDMC PGY2 Pharmacy Residency Program 2017-18

Obligations of the Program to the Resident

The PGY2 residency at BIDMC, in conjunction with the MCPHS University, provides a 12-month advanced education and training experience for the Pharmacy Resident. It is the intent of the pharmacy residency program to provide an exemplary environment conducive to resident learning.

Program Competencies, Goals and Objectives for the BIDMC PGY2 program are in alignment with the ASHP PGY2 Residency required standards. Activities taught and evaluated throughout the program are intended to assure the desired outcomes are achieved through structured learning experiences.

Individualized Resident Plan

Flexibility has been built into the program to allow the resident to select learning experiences to meet their interests and focus on identified areas for improvement. A customized residency plan will be designed and updated during the program for each resident based upon these criteria.

BIDMC PGY 2 Critical Care Pharmacy Residency Evaluations

An essential component of developing the skills of a resident and continuous improvement to the residency program is frequent two-way feedback between residents and preceptors. The goal of such discussion and interaction is to:

- Discuss the resident's achievements in terms of learning objectives established for the rotation
- Provide feedback that may assist the resident with future rotations or practice
- Provide feedback to the preceptors for continuous improvement of preceptor skills, that may strengthen mentoring during future rotations
- Provide feedback to the coordinator, in order to improve the residency program, and coordinator skills.

The preceptors, program director, and residents will frequently provide feedback to one another during individual rotations, resident activities and in general throughout the residency program.
Specific program and rotation feedback may be given via different formats depending upon the learning experience. This will include both oral and written feedback and evaluation.

Evaluations will occur as described below:

1. Resident Self-Evaluation:
   Self-assessment and evaluation is an important component of the learning experience for the resident. For each rotation, the resident will complete pre-rotation goals in PharmAcademic prior to the start of the learning experience. It is the expectation that these goals will provide a focus for self-directed learning for the resident and will assist the preceptor in preparing an individualized plan for the resident. At the conclusion of the rotation/ learning experience, the resident will complete a summative self-evaluation of their progress and attainment in meeting the goals and objectives of that rotation in PharmAcademic. Quarterly self-evaluations by the resident should be submitted to the Resident Advisor one week prior to the scheduled review date with the Advisor.

2. Rotation Summative Evaluations:
   At the end of each rotation, in addition to the resident's summative self-evaluation of his/her performance during that rotation, residents will also complete a preceptor and learning experience summative evaluation in PharmAcademic. Rotation preceptors will utilize PharmAcademic to complete an independent criteria-based, summative assessment of the resident's performance for each of the respective rotation-selected educational goals and objectives assigned to the learning experience. The resident and preceptor will meet to review and discuss these evaluations together.

3. Criteria Based Assessments:
   Rotation preceptors will provide periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance and to document criteria-based, summative self-assessments (snap-shots) of achievement of the educational goals and objectives assigned to the learning experience. Feedback and evaluation of such selected activities will be conducted throughout the residency for both rotation and longitudinal activities. These will include but is not limited to:
   - Case Discussion (Primary preceptor during that experience)
   - Communication (Primary preceptor during that experience/Advisor/RPD)
   - Intervention Documentation (Primary preceptor during that experience/Advisor)
   - Problem solving (Primary preceptor during that experience/Advisor)
   - Researched DI Questions (Primary preceptor during that experience)
     - Journal Club (Primary preceptor during that experience/pharmacy staff /students)
     - Other project assignments(evaluation preceptor will be assigned)

4. Quarterly Evaluation:
   These are longitudinal evaluations providing written evaluation of the resident's progress within the residency program. The quarterly evaluation will address progress towards the resident's individual residency goals and objectives as well as the required and longitudinal activities of the program. The resident will complete a quarterly self-assessment and submit this to his/her Resident Advisor one week prior to the scheduled Quarterly Evaluation meeting time with the advisor. Following the review and discussion of the quarterly evaluation between the resident and his/her Advisor, a meeting with the RPD will be scheduled to discuss the resident's overall progress and to complete the quarterly update of the resident's customized plan.

5. Residency Advisory Committee Assessments:

Immediate feedback on specific topics/issues is provided during each RAC meeting. Throughout the residency year, the resident will seek feedback on various assignments, presentations, drug information questions, project work and other activities. Assessment by committee members will be provided in a number of formats, each contributing to the progress of the resident in achieving his/her residency goals.

6. Custom Evaluations:
   Some residency experiences will be evaluated utilizing custom evaluations that are not in PharmAcademic. Resident's should maintain a copy of each evaluation and these should be filed by the resident in his/her Residency Portfolio

Evaluation scale definitions to be utilized in the summative rotation and quarterly evaluations:

Achieved: Resident consistently demonstrates high level of performance for evaluated skill, ability, initiative, or productivity. All associated assignments/responsibilities are completed above the level of expectation.

Satisfactory Progress: Resident displays an understanding of evaluated skill, ability, initiative, or productivity, however he/she requires additional work to develop and sustain an effective level of performance for the evaluated skill, ability, initiative, or productivity. Resident needs occasional preceptor intervention.

Needs Improvement/Unsatisfactory: Resident displays inconsistency in the performance of the evaluated skill, ability, initiative, or productivity review and performance frequently falls below acceptable levels. Frequent preceptor intervention is needed and development is required to meet expected performance level.

- At least 75% of a Resident's monthly or quarterly evaluations should be scored at satisfactory or above in order to successfully complete the residency program. An objective will be marked Achieved (ACH) at the discretion of the Residency Director and preceptors. Typically, this will be considered when a resident has scored two or more achieved in an area during rotation.

- The Resident must achieve the required ASHP goals and objectives for successful completion of the program.

Residency Preceptors

In alignment with accreditation and practice standards set forth by ASHP, the BIDMC PGY2 residency program is committed to provide residency training precepted by qualified pharmacists. Criteria regarding the required minimum qualifications of preceptors include:

- Preceptors must be licensed pharmacists who have completed an ASHP-accredited PGY-2 residency followed by a minimum of one year of pharmacy practice experience. Alternatively, licensed pharmacists who have not completed an ASHP-accredited residency may be preceptors but must demonstrate mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency and have a minimum of three years of pharmacy practice experience.
- Preceptors must have training and experience in the area of pharmacy practice for which they serve as preceptors, must maintain continuity-of-practice in that area, and must be practicing in that area at the time residents are being trained.
- Preceptors must have a record of contribution and commitment to pharmacy practice. Examples of such commitment include but are not limited to:
    - Documented record of improvements in and contributions to the respective area of advanced pharmacy practice (e.g., implementation of a new service, active participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
    - Appointments to appropriate drug policy and other committees of the department/organization.
    - Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
    - A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
    - Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
    - Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.
    - Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).

- In addition to the aforementioned preceptor qualifications, preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating).
  Further, preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills. Examples of opportunities to enhance precepting and teaching skills are described under preceptor development.

- Select learning experiences in later stages of the residency, (when the primary role of the preceptor is to facilitate resident learning experiences), may be precepted by practitioners who are not pharmacists (e.g., physicians, physician assistants, and certified nurse practitioners.) In these instances, a pharmacist preceptor will work closely with the non-pharmacist preceptor to select the educational goals and objectives as well as participate actively in the criteria-based evaluation of the resident's performance. Such learning experiences will be conducted only at a point in the residency when the RPD and preceptors agree that the resident is ready for independent practice. Evaluations conducted at the end of previous learning experiences will reflect such readiness to practice independently.

Preceptor and Program Development

The RPD will provide preceptors with opportunities to enhance their teaching skills during the residency year. Select Residency Advisory Committee Meetings, the Annual Preceptor Retreat and specific educational programs will be utilized to schedule preceptor development activities.

Additionally, a wide number of Preceptor Development resources are available online and examples include:

- Pharmacist Letter Preceptor Home: http://www.pharmacistsletter.com (on-line access through the schools of pharmacy)
- American Society of Health Systems Pharmacist (ASHP): www.ashp.org
- Precepting tools though the Colleges of Pharmacy (e.g. Preceptors for NEU and have e-value access and access to the Collaborative Education Institute)
- VIZIENT (formerly UHC) preceptor development webinars, to be held quarterly

To foster ongoing ***individual*** preceptor development, the RPD will review and provide feedback on the preceptor's rotation summaries as well as the preceptor evaluations. Preceptors will be committed to self-reflection and will make active use of feedback provided to them so as to promote continual improvement of their rotations and precepting skills. Issues identified by the RPD in any of these evaluations will be addressed by the RPD with the persons involved. Action steps and corrective actions will be identified and implemented on an as needed basis.

At least annually, the RPD in collaboration with members of the Residency Advisory Committee will consider overall program changes based on evaluations, observations, and other information.

Beth Israel Deaconess Medical Center
PGY2 Pharmacy Residency Program 2017-18
Expectations and Responsibilities of Residents

Professional Practice:

Professional Conduct:
It is the responsibility and expectation of all Residents participating in the BIDMC Residency to maintain the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

Professional Dress:
All residents are expected to dress in an appropriate professional manner whenever they are within the Medical Center or participating in or attending any function as a representative of the BIDMC or MCPHS University. A detailed policy is found in the BIDMC Department of Pharmacy Policies and Procedures. It is the expectation that the resident will wear a clean, pressed white lab coat at all times in patient care areas.

Employee Badges:
BIDMC requires all personnel (including residents) to wear his/her badge at all times when they are within the medical center. Badges will be obtained from the BIDMC Security office during Orientation. If the employee badge is lost the resident must report the loss immediately to Security, and render a fee for replacement.

Communication:
The resident is responsible for promoting good communication between the pharmacists, patients, physicians, and other health care professionals. The resident shall abide by the BIDMC hospital policies regarding the use of hospital and cellular phone within the hospital and in patient care areas.

Constructive criticism is a means of learning and is not meant to embarrass. Any conflicts which may arise between the candidate and preceptor should first be handled by discussing it with one another. If resolution is not achieved, then discussing the situation with the Residency Program Director is the next appropriate step to achieve resolution.

Patient Confidentiality:
Patient confidentiality will be strictly maintained by all residents. Time for completion of HIPPA training will be scheduled during pharmacy practice training. It is the expectation that residents will not discuss patient-specific information with other patients, family members or other person not directly involved in the care of the patient. Similarly, residents will not discuss patients in front of other patients or in areas where people may overhear. Residents will not leave confidential documents (profiles, charts, prescriptions, etc.) in public places. Residents should understand that inappropriate conduct (e.g., breach of confidentiality) may result in disciplinary action.

Attendance:
Residents are expected to attend all functions as required by the Residency Advisory Committee, the Residency Program Director and rotation preceptors. The residents are solely responsible for meeting the obligations of their assigned service commitments (staffing). Specific hours of attendance will be delineated by each preceptor in accordance to the individual rotation requirements.

Duty Hour policies:

Standards have been established by the Accreditation Standard for Pharmacy Residencies regarding the time residents spend performing patient care duties and other activities related to their program. (http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx)
It is recognized that providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being.

The BIDMC Residency Program is structured so that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations and that didactic and clinical education have priority in the allotment of residents' time and energy.

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, 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, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- 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 duties, and must have at a minimum 8 hours between scheduled duty periods.
- 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.

External Employment Policy (Moonlighting)

Successful completion of the residency program leading to certification is a function of the successful completion of all the program's requirements, which determine the primary schedule of the resident. It must be understood that he responsibilities of the resident may not correspond to a consistent day to day schedule and at times, extra hours of coverage may be necessary to complete residency requirements. Patient-care rotations, teaching, and service requirements take precedence over scheduling for external employment and thus, the residency program is considered the primary priority of each resident.

- External employment, if desired, may not interfere with the resident's responsibilities or requirements. All additional shifts to be picked up by the resident require approval by the current rotation preceptor as well as the Residency Director.

- There is a provision regarding employment at BIDMC to work as a pharmacist should additional staffing hours be available.

- Working additional hours for BIDMC is considered outside employment and as specified, must not interfere with the activities of the residency program, nor conflict with the Duty Hours Policy.

Resident Disciplinary Action:

Residents are expected to conduct themselves in a professional manner at all times and to follow all relevant departmental and hospital policies and procedures.

Disciplinary action will be initiated if a resident:

- Does not follow policies and procedures of the BIDMC Department of Pharmacy Services, or Residency Program
- Does not present him/herself in a professional manner
- Does not make satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency requirements (e.g. residency project, rotation requirements, longitudinal activities service requirements, etc.)

Disciplinary Action Policy and Procedure:

Disciplinary Actions within the BIDMC Pharmacy Residency Program will align with the BIDMC Corrective Action Policy and the BIDMC GME Policy for Remediation and Discipline.

In the event of the identification of need for disciplinary action of a resident or if a resident fails to make satisfactory advancement in any aspect of the residency program, the following disciplinary steps shall be taken:

1. The Resident will meet with the RPD and/or involved preceptor to discuss the identified issue/s. If the RPD is not involved in the initial discussion, he/she will be notified of the meeting and of the events that transpired. Action steps that will follow include: In conjunction with the resident, an appropriate solution to rectify the behavior, deficiency or action will be determined. A corrective action plan and specific goals for monitoring progress must be determined and outlined. These suggestions will be documented in the resident's personnel file by the RPD. Corrective actions will be in progress before the next scheduled quarterly evaluation.
2. The resident will be given a **second warning** if the resident has not improved within the determined time period set forth by the RPD.
3. If the preceptor/RPD determines that the resident may not complete the residency program in the designated time frame, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Director of Pharmacy Services reviews the report and recommendations concerning any final action to be taken. If the Director of Pharmacy Services feels that the action recommended by the Preceptor / RPD is appropriate, the action will be implemented. Action may include remedial work or termination.
4. When and if dismissal is recommended by the Residency Program Director, the Director of Pharmacy Services will have a meeting with the resident and RPD to discuss the final decision,

Completion of Program Requirements:

Upon successful completion of all requirements of the residency program, the resident will be awarded a certificate of completion. This certificate will attest that the resident has achieved competencies consistent with and in accordance with accreditation standards as set forth by ASHP and/or other accrediting bodies.

Prior to certification of completion, residents must have all major program requirements "signed off" by their residency director. Return of identification badge, pagers, keys, etc. will also be required prior to receiving the certificate.

BIDMC PGY2 Pharmacy Residency Program 2017-18
General Information:

Salary/Paid Time off (PTO):

- The **2016-17** residents will receive a stipend of $50,000.00, with accrued PTO.
- Residents earn approximately 30 PTO days during their 12-month program, which are used for: Holidays, Sick Time, Vacation Days, Seminars, Interviews and Personal Days.

Benefits:

- Health Insurance: comprehensive medical, dental and eye coverage
- Public transportation and parking discounts
- Reimbursement for one major national meeting (ASHP Midyear) and for the Eastern States Residency Conference
- Additional benefits (provided and optional) are detailed in the ***BIDMC Employee Benefits Handbook*** provided by the BIDMC Human Resource Department

Vacation/Personal Days:

- Scheduled time off for vacation and personal days will be used from the resident's earned PTO bank in accordance with the ***BIDMC Employee Benefits Policy*** and will not exceed a total of 2 weeks during the residency year.
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations, staffing and other residency responsibilities.
- Time-off requests **must be received in writing at least two weeks** prior to the scheduled time off.
- **All** requests for time-off, vacation and schedule changes should be directed to and approved by the pharmacy supervisor responsible for scheduling, the preceptor for the rotation during which the time off will occur, and the residency program director.
- Approval for vacation and time off will follow departmental policy and procedures.
- Attendance at the ASHP Midyear and the Eastern States Conference are considered Professional Absences and do not affect PTO.

Sick Days/ Extended Medical Leave/Personal Leave:

- Sick days must be reported to the Pharmacy Administrator on call (92429) as early as possible as outlined in the Department of Pharmacy Policy and Procedures. In addition, the resident should also notify the current rotation preceptor and Residency Program Director as early as possible of their absence.
- It is the responsibility of the resident to coordinate and make up any missed work associated with preceptor for that rotation.
- If an employee is absent for three consecutive work shifts without notifying her/his supervisor, s/he will be considered to have resigned without notice.
- Illnesses longer than 5 days will follow the Department of Pharmacy Policy: "**Employee Dependability (Attendance and Tardiness) Expectation."** If an employee is absent for five consecutive shifts and has notified her/his supervisor, s/he must report to Employee/Occupational Health Services for evaluation and clearance prior to returning to work.
- In the event of a serious medical or personal condition requiring extended leave, communication with the RPD and Human Resources should be initiated as soon as possible to ensure that the resident is aware of their benefit status and he/she can determine what actions, if any, are available for continued benefits. BIDMC Policies regarding extended illness**, "Employee Paid Time Off (PM-03)" and "Employee Leaves of Absence (PM-11)"** are located on the portal within the **BIDMC Policy Manual.**
- Whereas the residency program is a designed to be completed in a 12 month period, an extended leave may impact the resident's ability to successfully complete the requirements of the program during this 12

month period. Every effort will be made to work with the resident to develop a plan to accomplish making up missed days, however this may not be possible. In situations where an extended leave of absence (greater than 4 weeks) necessitates an extension beyond the 12 months of the residency in order to complete the residency requirements, the resident may petition the RPD and DOP for an extension of their residency end date. All decisions related to extensions will be made on a case-by-case basis and cannot be guaranteed.

- If the resident is unable to complete the formulated plan and fulfill the requirements of the program, they will not be awarded a certificate of completion.

Beth Israel Deaconess Medical Center
PGY2 Pharmacy Residency Program 2017-18

BIDMC Department of Pharmacy

The Department of Pharmacy at BIDMC employs approximately 120 FTEs including: pharmacists, technicians, students and other support personnel who provide pharmacy services to patients and healthcare professionals. In-patient pharmacy services at BIDMC are provided by decentralized clinical pharmacists in a unit-based practice model. Within this model, pharmacists are assigned to cover several patient care areas and are responsible for the pharmaceutical care of the patients on those units. The pharmacy's computer system interfaces with the hospital's Provider Order Entry (POE) computer program, allowing the pharmacists to access patient information throughout the medical center. Unit-based pharmacists screen medication orders for potential problems with dosing, drug allergies, drug interactions, and other drug-related problems and inform prescribers of potential problems and possible drug therapy modification. In addition to medication order processing, pharmacists are actively involved in providing drug information, performing pharmacokinetic evaluation and dosing for select medications, reviewing medications for renal dose adjustment, evaluating patients for potential intravenous to oral medication interchange and monitoring target medications. This spectrum of care includes provision of services to adult and geriatric patient populations as well as premature and full term infants. In addition to the unit-based pharmacy practice, the pharmacy staffs and operates several specialty areas including parenteral nutrition/metabolic support, investigational drug services, oncology, and operating room services. The Department provides 24-hour drug distribution from central pharmacy areas and automated dispensing units throughout the hospital. The department utilizes state of the art technology including Omnicell automated dispensing cabinets and Omnicell Carousel Inventory management.

Medication reliability and safety are integral to the provision of optimal pharmaceutical care and the pharmacy continually reviews medication incident reports, adverse drug events and medication errors to identify potential areas for improvement of systems. Active involvement in multidisciplinary quality assurance programs, assist the pharmacy in evaluating the specific needs of its patients.

The Department of Pharmacy works with the Pharmacy and Therapeutics (P&T) committee to review mediations for formulary status, to perform and review medication use evaluations, to develop medication use policies, and to contribute to clinical resource management activities of the medical center. The P&T Committee provides an interdisciplinary forum that facilitates consistent communication between the members of the Department of Pharmacy and physicians, nurses, and other allied health professionals.

In additional to the provision of inpatient and outpatient pharmaceutical services, the pharmacy also serves as an Advanced Pharmacy Practice Experience and Cooperative Education site for pharmacy students from both MCPHS University and Northeastern University College of Pharmacy.

Mission Statement

To work collaboratively with all members of the Medical Center's healthcare team to promote safe, effective and fiscally responsible pharmacotherapy

Operating Principles

- To always realize that the patient is at the center of all that we do
- To provide pharmaceutical care responsibly, professionally, and with the utmost compassion
- To foster fail-safe medication use through education, research and scholarly activities
- To increase awareness among all members of the healthcare team and among administrators, about the valuable role the pharmacist plays in delivering patient care
- To foster a work environment conducive to the delivery of optimal pharmaceutical care across the continuum of services provided at the Medical Center
- To foster an environment conducive to individual professional development and advancement
- To foster an environment conducive to the education and training of pharmacy students and residents

Beth Israel Deaconess Medical Center
PGY2 Pharmacy Residency Program 2017-18

Rotations

Residents rotate assignments throughout the year and, to the extent possible, areas of assignment are designed around the resident's interests. In all areas to which the residents are assigned, they assume the role and responsibility of team members in the clinical service, as well as teaching and administrative aspects of the unit.

Core Rotations:

Medical Intensive Care Unit (MICU Red)
4 weeks

Preceptor: Quynh Dang, PharmD, John Marshall, PharmD, BCPS, BCCCP, FCCM

Rotation description:

The PGY 2 Medical Intensive Care Unit (MICU Red) rotation is a one month required learning experience at Beth Israel Deaconess Medical Center. The goal of this rotation is to allow the resident to develop expertise in critical care pharmacotherapy with an emphasis on the care of the critically ill patient with medical-associated critical illness. The resident will develop the advanced knowledge and skills necessary for the provision of pharmaceutical care in the MICU. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the medical ICU population. As the rotation progresses, it is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a MICU pharmacist thereby ensuring positive drug therapy outcomes.
The rotation consists of rounding with the MICU Red team, covering primarily the 7th floor of the Rosenberg building, but may include MICU patients boarding in other units. The MICU Red team consists of an attending pulmonologist, 3 medical residents, 3 medical interns, nurses, a clinical pharmacist, and a respiratory therapist. A team "huddle with physical therapy and case management occurs daily between 7:40am and 7:50am. Interdisciplinary rounds begin at 8:30am and typically ends between 11am and 11:30am depending on the volume and acuity of patients. Weekend rounds begin at 8am. Didactic teaching sessions take place from 8:00 – 8:30 AM Monday through Friday

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Neurological Intensive Care
Preceptor: Natalya Asipenko, PharmD, BCPS

Rotation Description:

The PGY 2 Neuroscience Intensive Care Unit (NSICU) rotation is a 4-weeks learning experience at Beth Israel Deaconess Medical Center (BIDMC). The goal of this rotation is to allow the resident to develop expertise in comprehensive pharmaceutical care of the critically ill patients with various neurological diseases. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the neuroscience ICU population. As the rotation progresses, it is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a NSICU pharmacist thereby ensuring positive drug therapy outcomes.

The rotation primarily utilizes NSICU, an eight bed ICU located on the 6th floor of the Farr building. Depending on the census, additional patients may be admitted to NIMU (neuroscience intermediate care unit), adjacent to NSICU. The NSICU team consists of an attending, an anesthesia fellow, NSICU resident, NSICU nurse practitioners, a neurology resident, nurses, medical students and a clinical pharmacist. Interdisciplinary rounds begin at 7:30am and typically end between 11am and 11:30am depending on the volume and acuity of patients.

Infectious Diseases (5 weeks)

Preceptor: Monica Mahoney, PharmD, BCPS-AQ ID
BIDMC Clinical Coordinator, Infectious Diseases

Rotation description: The Infectious Diseases (ID) rotation is an elective, four week learning experience at the Beth Israel Deaconess Medical Center. BIDMC has 649 licensed beds, located on two campuses. There are two ID teaching teams: one focusing on the immunocompromised patient and the other on the immunocompetent patient. Each team includes an attending physician and 2 ID fellows. Additional team members may include medical interns, medical residents, medical students, pharmacists and/or pharmacy students. The ID consult service sees a wide variety of patients from many different backgrounds (medical service, critical care, oncology, HIV, etc.).

The resident works with the ID consult team at daily rounds, maintaining a responsibility to optimize anti-infective therapy for the consult patients. This includes dosing recommendations based on organ function, avoidance or mitigation of adverse reactions, and daily monitoring of anti-infective therapies, including performing kinetics consultations. While on rotation, the resident will also participate in the P&T Antimicrobial Subcommittee as well as in current medication use evaluations and other research activities within the Pharmacy and ID Departments.

Good communication and intrapersonal skills are vital to success in this experience. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame.

Surgical Intensive Care

Preceptor: Julia Kats, PharmD, John Marshall, PharmD, BCPS, BCCCP, FCCM

Rotation description: The PGY 2 Surgical Intensive Care Unit (SICU) rotation is a one month learning experience at Beth Israel Deaconess Medical Center. The goal of this rotation is to allow the resident to develop expertise in critical care pharmacotherapy with an emphasis on the care of the critically ill patient with primary surgery related issues. The resident will develop the advanced knowledge and skill set necessary for the provision of pharmaceutical care in the SICU. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the surgical ICU population. As the rotation progresses, it is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a SICU pharmacist thereby ensuring positive drug therapy outcomes.

The rotation primarily utilizes the SICU, an 8 bed ICU located on the 7th floor of the Rosenberg building. Depending on the census, there may be medical ICU patients in the SICU (boarders), which the resident will not round on. Very rarely, additional SICU patients may be admitted to other ICUs. The SICU team typically consists of a critical care or anesthesia attending, a fellow, 3 surgery or anesthesia residents, nurses, clinical pharmacist(s), a respiratory therapist, and occasionally a medical student. Interdisciplinary rounds begin at 7:30am daily, with the exception of Wednesdays when rounds start after surgery M&M- typically around 8:30am or 9:00am. Rounds may end anywhere from 10:00am to after noon. Weekend rounds begin between 7:00am and 7:30am, depending on the attending.

Medical Intensive Care Blue (MICU) (4weeks)

Preceptor: Mary Eche, PharmD, BCPS, BCCCP

Rotation description: The PGY 2 Medical Intensive Care Unit (MICU Blue) rotation is a one month learning experience at Beth Israel Deaconess Medical Center. The goal of this rotation is to allow the resident to develop expertise in critical care pharmacotherapy with an emphasis on the care of the critically ill patient with primary pulmonary issues. The resident will develop the advanced knowledge and skills necessary for the provision of pharmaceutical care in the MICU. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the medical ICU population. As the rotation progresses, it is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a MICU pharmacist thereby ensuring positive drug therapy outcomes.
The rotation primarily utilizes MICU A an 8 bed ICU located on the 7th floor of the Rosenberg building. Depending on the census, additional patients may be admitted to other ICUs. The MICU blue team consists of an attending pulmonologist, a pulmonary fellow, 3 medical residents, nurses, clinical pharmacist(s), and a respiratory therapist. A team "huddle with physical therapy and case management occurs daily between 7:40am and 7:50am. Interdisciplinary rounds begin at 8:30am and typically ends between 11am and 11:30am depending on the volume and acuity of patients. Weekend rounds begin at 8am. Didactic teaching sessions take place from 8:00 – 8:30 AM Monday through Friday.

The decentralized clinical pharmacist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team, including active participation in work and attending rounds daily, education of physicians and nurses, and education of pharmacy trainees, participation on organizational, pharmacy department and nursing unit-based medication policy and continuous quality improvement committees. When a pharmacy resident is on service, they will assume the roles of the decentralized clinical pharmacist, under the supervision of the preceptor. The decentralized pharmacist is available to the resident for any questions or assistance as needed. By week 2 of the rotation experience, the resident will also be asked to process all medication orders for the MICU team on which they are rounding as well as complete all departmental drug monitoring requirements (Vancomycin and anticoagulation)

Medication Safety

Preceptor: May Adra, Pharm.D., BCPS

Description of Rotation: Medication Safety is a

4 week learning experience. The goal of the medication safety rotation is to offer the resident experience in identifying methods to enhance the medication use system to minimize the risk of adverse drug events. During this 4-week elective rotation, the resident will gain knowledge and experience in identifying and analyzing medication errors, adverse drug reactions and adverse drug events. The resident will identify opportunities for improvement in the organization's medication-use system by comparing the medication-use system to relevant best practices using the Institute for Safe Medication Practices newsletters or other recent literature on patient safety as a comparator. The resident will have the opportunity to develop and implement safe medication practices. Activities will include participating in medication error reporting, performing a root cause analysis, and when feasible completing a failure mode and effects analysis. The resident will work collaboratively with members of the medication safety subcommittee and other quality improvement committees in the hospital. The resident's responsibilities will include preparing meeting agendas, taking minutes, analyzing medication events, publishing a medication safety newsletter, performing quality improvement initiatives, and providing educational sessions on safe medication practices.

MCPHS University APPE Preceptor, BIDMC (Teaching Rotation-Required) (6 weeks)

Preceptor: John Marshall, PharmD, BCPS, BCCCP, FCCM

Rotation description: BIDMC is one of the Advanced Pharmacy Practice Experience (APEP) sites for 6th year PharmD students from MCPHS. The resident will be involved in providing experiential education to the clerkship students, including teaching and student assessment as it relates to providing pharmaceutical care. One of the main goals of the rotation is for each resident to effectively develop essential teaching skills utilizing his/her own experience and guidance from the teaching rotation preceptor. The rotation will allow the resident to use a variety of learning activities that meet MCPHS objectives for the in-patient APEP rotation. The resident will design a syllabus incorporating those learning activities and formulate site-specific goals and objectives for student-centered activities. During the rotation the resident will guide students in developing professional skills required for in-patient pharmacy activities and assess student performance in accordance with the MCPHS PharmD experiential program guidelines.

Trauma Intensive Care

Preceptor: Michelle Zacchetti, PharmD

Rotation Description:

The PGY2 Trauma Surgical Intensive Care Unit (TSICU) rotation is a 4-week learning experience at Beth Israel Deaconess Medical Center (BIDMC). The goal of this rotation is to allow the resident to develop expertise in critical care pharmacotherapy with an emphasis on the care of the critically ill patient requiring surgical interventions. The resident will develop the advanced knowledge and skills necessary for the provision of pharmaceutical care in the TSICU. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the trauma surgical ICU population. It is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a TSICU pharmacist thereby ensuring positive drug therapy outcomes.

The rotation primarily utilizes TSICU a 10 bed ICU located on the 5th floor (CC5B) of the Rosenberg building. Depending on the census, additional patients may be admitted to other ICUs. The TSICU team consists of an attending, a fellow, three residents (surgical, anesthesia, emergency medicine), nurses, and a clinical pharmacist. Interdisciplinary rounds begin at 7:00 am each day (except on Wednesdays where rounds begin following teaching conference at ~9:00 am) and end at varying times depending on the volume and acuity of patients.

Cardiovascular Surgical Intensive Care

Preceptor: Mary Eche PharmD, BCPS, BCCCP

Rotation Description: The PGY 2 Cardiovascular Intensive Care Unit (CVICU) rotation is a one month learning experience at Beth Israel Deaconess Medical Center. The goal of this rotation is to allow the resident to develop expertise in critical care pharmacotherapy with an emphasis on the post-operative care of cardiac and vascular surgery patients. The resident will develop the advanced knowledge and skills necessary for the provision of pharmaceutical care in the CVICU. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the cardiovascular ICU population. As the rotation progresses, it is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a CVICU pharmacist.

The CVICU rotation utilizes CVICU A and CVICU B which are two 8 bed ICUs primarily servicing post-operative cardiac and vascular patients. Both units are located side by side on the 6th floor of the Rosenberg building. Critical care services are coordinated by the mid level practitioners in conjunction with the anesthesia critical care team. The resident is expected to develop a good working relationship with all members of the team, participate at multidisciplinary rounds/meetings, monitor and present assigned patients and ensure positive drug therapy outcomes. Following rounds the resident will be required to follow up on patient specific issues and work on projects assigned for the rotation.

The decentralized clinical pharmacist on the team is responsible for ensuring safe and effective medication use for all patients admitted to the team, including active participation on rounds, education of mid-levels, physicians, nurses and pharmacy trainees, participation on organizational, pharmacy department and nursing unit-based medication policy and continuous quality improvement committees. When a pharmacy resident is on service, they will assume the roles of the decentralized clinical pharmacist, under the supervision of the preceptor. The decentralized pharmacist is available to the resident for any questions or assistance as needed. By week 1 of the rotation experience, the resident will also be asked to process all medication orders for the CVICU team on which they are rounding as well as complete all departmental drug monitoring requirements (Vancomycin and anticoagulation)

Cardiac Intensive Care

Preceptor: Beata Rucinski, PharmD

Rotation Description: The PGY 2 Cardiac Intensive Care (CCU) rotation is a one month learning experience at Beth Israel Deaconess Medical Center. The goal of this rotation is to allow the resident to develop expertise in critical care pharmacotherapy with an emphasis on the acute management of critically ill cardiac patients. The resident will develop the advanced knowledge and skills necessary for the provision of pharmaceutical care in the CCU. The resident will review pathophysiology and pharmacologic management strategies of various disease states through utilization of primary literature and patient cases specific to the cardiac ICU population. As the rotation progresses, it is expected that the resident will assume complete clinical and operational responsibility for patient care and develop autonomy as a CCU pharmacist.

Electives: (2- 4 weeks)

Hepatology	Preceptor; Katelyn Richards, PharmD, BCPS
Infectious Diseases: Antibiotic Stewardship	Preceptor; Christopher McCoy, PharmD, BCPS
Infectious Diseases Consult Service-Advanced	Preceptor; Monica Mahoney, PharmD, BCPS
Toxicology	Preceptor; Michael Ganetsky MD
Nutrition	
Palliative Care	Preceptor; Julie Knopp, NP

Additional Required Longitudinal Experiences:
***Management, Drug Information, Research and Teaching Experiences*:**

Activity	Advisor	Description
P & T Committee (2 months)	John Marshall, PharmD, BCPS, BCCCP, FCCM	▪ Take minutes at meetings and summarize ▪ Develop and present a drug monograph/ guideline for formulary consideration ▪ Develop and complete a MUE ▪ Contribute to hospital drug information communications
Resident Report (weekly)	Residency Advisory Committee members	▪ Develop oral and written skills through a variety of clinical skills activities

Research Project	Residency Advisory Committee members	▪ Design and execute an original pharmacy related research project and present findings at Eastern States Residency Conference
Drug Information (# Questions-TBD)	Residency Advisory Committee members	▪ Research and write drug information responses to question (may be assigned or from clinical rotations/ staffing/other
MCPHS University Therapeutics Seminar Facilitator	Yulia Groza, PharmD	▪ The resident will serve as an instructor in PPB 551, Pharmacotherapeutics Seminar, during the fall and spring semester. The course requires the resident to be at the College for three hours per week. The goal of this rotation is for the resident to gain experience in problem based learning techniques and small classroom facilitation. The resident will facilitate a weekly case based discussion with fifth year PharmD students to assist in the students' development of professional problem solving skills. During each class, the resident will be expected to encourage an open forum for discussion to help enhance the students' ability to communicate and to help them develop life-long learning skills
MCPHS University Teaching Certificate Program (if not previously completed)	Snehal Bhatt, PharmD	▪ The aim of the Residency Teaching Certificate Program (RTCP) is to motivate and prepare the resident to be a proficient clinical educator. The RTCP will provide residents with a foundation of core educational principles presented in live and online didactic modules. Mentored by an academic faculty preceptor, the resident will also gain practical teaching experience in a variety of educational settings (large/small classroom, clerkship, laboratory, or seminar). Residents will also develop, with the assistance of their faculty mentor, a formative teaching portfolio that will document their progress and enhance the learning experience.

Beth Israel Deaconess Medical Center
PGY2 Pharmacy Residency Program 2017-18
Resident Project

Overview:

Each resident is responsible for the completion of a residency project. The project may be in the form of original research, a problem-solving exercise, or the development, enhancement or evaluation of some aspect of pharmacy operations or patient care services. Each resident will be provided time during the management activities scheduled between rotations to work on his or her project. Completed residency projects will be presented at the New England Critical Care Pharmacy Symposium of the residency year.

Project selection / Scope of projects/ Approval:

A list of potential projects will be generated by the Residency Advisory Committee and distributed to the residents for consideration. It is the aim of the committee to provide the resident with a number of research topics related to: current activities and/or clinical practice issues at the medical center, current issues in pharmaceutical care, medication safety, pharmacy services and/or other areas of interest of the sponsoring committee members. In addition to projects submitted by RAC members, projects may be submitted by any College of Pharmacy faculty member, BIDMC pharmacy administrator, pharmacy staff personnel and/or others as appropriate. Alternately, the resident may independently select a project and submit this to the RAC committee for approval.

The Residency Advisory Committee will approve the final list of potential projects before it is distributed to the residents.

Project Advisor/s:

Project advisor/s function as project mentors and co-principal investigators. They will work directly with the resident to oversee the initiation, development, and completion of the research project. The advisor will collaborate on the research project itself and serve as a resource for the resident, as they would with any other research undertaking. It is expected that the advisor will participate in all committee meetings, provide periodic feedback to the resident and committee, critically review the all data collection and presentations, and perform any other functions of a collaborator.

Beth Israel Deaconess Medical Center
PGY2 Pharmacy Residency Program 2017-18
Resident Project Timeline

General Project Timeline:
Project management is a significant component of the Residency Project. The following timeline will serve as general template for the resident to prepare his/her own individual timeline and project deadlines.

July 1st - August 15th: The resident, in conjunction with his/her Residency Program Director / Coordinator, and/or potential project preceptor(s), will identify a residency project A written summary of the project's goals, methods, and anticipated impact on services signed by the project preceptor must be submitted to his/her residency director no later than **August 15th**.
(See attached form). Earlier submission is encouraged. If changes are needed, comments will be returned to the resident no later than two weeks from receipt of the proposal

August 15th-September 1st: The resident, in collaboration with the project advisor, will develop the study design and methods and present to the RAC for review and comments.

September 1st- October 1st: The resident is responsible for developing a personal project timeline to be reviewed and submitted to the project advisor and/or the Residency Director by: September 15th. The project timeline will include specific time points for data collection, data analysis and presentation preparation.)

Additionally, during this time period, the resident will prepare an abstract, pertinent to the study, for application to the ASHP Midyear Residency Poster Session (refer to the ASHP website for specific deadline.) All abstracts must be submitted to the project coordinator and/or RAC for review at least 2 weeks prior to the final ASHP deadline.

October 1st – February 28th: The resident will submit an application to the BIDMC IRB for review and approval of their project. Pending approval, the resident will commence/continue working on their project; or should a project be denied, the resident will work with the project coordination and Residency Director to make the appropriate changes to attain approval or if necessary, select an alternate project.

The resident will work within his/her individual timeline to complete data collection, data analysis, and final project summaries. Status reports from the resident and the project preceptor should be completed and presented to the Residency Director and RAC Committee as part of the quarterly evaluation.

February 28th – March 17th : In preparation for the New England Critical Care Pharmacy symposium poster presentation, the resident will present a study synopsis with project results to the RAC for review. Prior to the conference the resident will present, in full, the poster of their project to the RAC for final review and approval. During this time, consideration should be given to presenting study results to the BIDMC division/clinical area

which may be most closely involved in the study or impacted by the study results. Completed projects will be presented to the BIDMC Pharmacy and Therapeutics Committee.

Project Completion:
The project will be considered complete when the stated objectives have been met. A residency certificate will not be awarded until the project is completed.

Beth Israel Deaconess Medical Center
Pharmacy Practice Residency: Resident Project Approval Sheet

Part I: Project Approval

Resident: _____

Project title: _____

_____

Project Advisor(s): _____

_____

_____

Project objective(s) including primary and secondary endpoints, if applicable:

Methods to be used to complete project including patient population and number of subjects, if applicable:

Signatures:

Resident: _____ **Date:** _____

Project Advisor: _____ **Date:** _____

Residency Program Director: _____ **Date:** _____

Beth Israel Deaconess Medical Center Pharmacy Practice Residency
Residency Program Resident Project Completion Sheet

Resident: _____

Part II: Completion of Project components
(Include updates in the Quarterly Evaluation with RPD)

Project Timeline/Sign off	**Date:**	**Project Advisor:**
1. Project Submission to RAC Committee:	_____	_____
2. Submission to IRB:	_____	_____
3. Project Timeline to Project Advisor/RPD	_____	_____
4. Abstract presented to RAC for Review:	_____	_____
5. Abstract Submitted to ASHP for Poster Presentation:	_____	_____
6. Poster submitted to RAC Committee for review:	_____	_____
7. Data Collection:	_____	_____
8. Completed Project submitted to RAC for review:	_____	_____
9. Completed Project submitted to pertinent BIDMC Committee/department for review:	_____	_____
10. Completed Project presented to P&T:	_____	_____

Beth Israel Deaconess Medical Center
Current and Past Resident Research Projects

- 2016-17: George Abdallah: Phenobarbital loading dose pharmacokinetics in the critically ill

Beth Israel Deaconess Medical Center
Resident Continuing Education (CE) Program Guideline

Each resident will present one formal CE program during the residency year. Several residency goals will be addressed within this residency requirement. Upon successful completion of this residency requirement, the resident will demonstrate proficiency in:

1. Critical evaluation of the literature pertaining to the presentation topic
2. Enhancement of presentation, teaching and communication skills
3. Understanding of the provision of CE programs for pharmacists and other health care professionals
4. Development of skills in responding to audience questions and comments
5. Familiarization with different audiovisual equipment and techniques

CE Topic:
The CE topic will be chosen by the resident, with guidance from the Residency Program Director and Residency Advisory Committee. The topic selected should involve a current therapeutic or pharmacy practice management controversy, developing clinical or practice management research, or therapeutic area. The resident will be responsible for identifying a residency program preceptor to serve as "preceptor" for their CE program.

CE Format:
The date, time, location, and title of the Resident CE program will be determined by 60 days prior to the assigned presentation date.

The length of the Resident CE Program will be limited to one hour, with at least 10 minutes of this time reserved for questions and/or comments from the audience.

Handouts should be prepared in advance and reviewed with the CE preceptor prior to the presentation.

Approval for CE credit:
The resident will coordinate with the Pharmacy Administration Team to secure CE credits from the MA Board of Pharmacy for their CE program. A template application form is available for submission for CE credit.

At least **eight weeks prior to the presentation** the resident should submit the following CE program information to the Board: Presentation title; Educational Objectives; Date and time of presentation; Location of presentation; His/Her curriculum vitae; The Resident's CE preceptor's curriculum vitae.

A sign-in sheet is required to document attendance of participants seeking CE credit for the program. (found on shared drive, residency, forms)

CE Evaluation:
Each resident will receive an evaluation of the CE presentation from a minimum of two preceptors –at least one other than the CE preceptor). The evaluation will be discussed with the resident immediately following the CE program.

The audience will also be encouraged to submit written comments to the resident using the Oral Presentation Evaluation form. (found on shared drive, residency, forms)

Post Program:
1. Review the audience evaluation forms with CE preceptor.
2. Deliver the audience evaluation forms to the CE coordinator.
3. Return sign in sheets to CE Coordinator, so that attendees receive CE credit.

Longitudinal Activities Tracking Grid

This tracking tool is intended to assist in the planning and documentation of longitudinal activities and requirements assigned throughout the residency. This tool should be maintained and kept up to date so that it can be provided to your advisor and the RAC membership at large to assist in the tracking of your progress towards completion of these activities and your achievement of the associated residency goals and objectives.

Resident:

Residency Longitudinal Activities:		**Completed in:**			
	Due Date:	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
		Signature	**Signature**	**Signature**	**Signature**
CE Program					
Topic Selection					
Submission Diane and BOP for CE					
Slide Review with preceptor/s					
CE Presentation					
Drug Information Questions					
DI Question 1					
DI Question 2					
DI Question 3					
DI Question 4					
DI Question 5					
COBTH Clinical Pearl					
Other					
Leadership Activities					
BIDMC Leadership Meeting					
John Web Lecture					
ASHP Midyear Meeting Keynote					
Other					
Medication Safety					
Quarterly Medication Event Review					
ISMP Quarterly Action Summary Review					
Med Safety Meeting/s					
Medical Peer Review Committee					
Other					
MUE					
Selection					

Data Collection					
Data Analysis					
Midyear Poster					
Presentation of Results					
Residency Longitudinal Activities:		**Completed in:**			
	Due Date:	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
P&T Committee		**Signature**	**Signature**	**Signature**	**Signature**
Minutes Meeting 1					
Newsletter Summary 1					
Minutes Meeting 2					
Newsletter Summary 2					
Project Presentation					
Other					
Presentations (Resident Report)					
Case Presentation					
Journal Club					
PBL					
SOAP					
Management					
Project					
CITI Training					
New Investigator Training					
Project Selection					
Draft Methods					
Abstract for NECCPS					
IRB					
NECCPS Poster					
Patient Identification					
Data Collection Tool					
Interim analysis					
Manuscript					
Data Analysis					
Presentation to Committees					
Project presentation to P&T					
Residency Porfolio					

BIDMC CRITICAL CARE PHARMCY RESIDENCY
PROGRAM YEAR 2017-18

Tentative Timelines for Residents

(Dates are subject to change based on individual resident goals/assigned tasks)
****This may not be all inclusive – watch your residency requirements tracking form!****

July:

- ☐ Residency Program Orientation
- ☐ Finalize dates for taking the NAPLEX and MPJE
- ☐ Review ASHP Residency Standards
  - Initial self-assessment (Entering resident goals and objectives)
  - Establish Resident Account in PharmAcademic
- ☐ Begin Pharmacy Practice Training
- ☐ Meet regularly with RPD to review issues and verify how training is going
- ☐ Schedule meeting and orientation with MCPHS University
- ☐ Review Early Core Rotation schedule/verify dates/timelines with preceptors
- ☐ Review / schedule longitudinal experiences (P&T, CE, Med Safety, Drug Information, etc.)
- ☐ Start evaluation and selection process for topic for longitudinal Residency Project
- ☐ Establish Practice Management Goals/Activities (MUE, policy development, P&T/Med Safety, meetings with the DOP, Leadership activities, etc.)

August:

- ☐ Attend MCPHS University Orientation
- ☐ Begin MCPHS University Teaching Certificate Program
- ☐ Project topic/preceptor confirmed **(Due Date 8/15/17)**
- ☐ Register for ASHP Midyear Meeting
- ☐ Establish personal deadlines for various projects, assignments, longitudinal work (P&T minutes, newsletter articles, CE program for pharmacists, etc.)
- ☐ Establish meeting times for RAC
- ☐ Begin Clinical Rotations (ensure pre/post rotation goals/evaluations completed)

September:

- ☐ Project Design/Methods write-up
- ☐ Project Proposal Summary and begin IRB application
- ☐ Begin working on abstract for ASHP poster application
- ☐ Begin MCPHS longitudinal activities (facilitate Therapeutics Seminar)
- ☐ Begin working on recruitment information for prospective new residents: area showcases are in November

October:

- ☐ Submit project application to IRB if not already done (**deadline October 15th**)
- ☐ ASHP poster abstract for residents **due October 1st**
- ☐ Complete 1st Quarter Self-Evaluations and meet with Advisor
- ☐ Schedule time with RPD for review of Residency Plan

November:

- ☐ Discuss CV preparation and interview opportunities at midyear
- ☐ Prepare poster for ASHP midyear presentation. Present to RAC for review by committee
- ☐ Complete recruitment materials for ASHP Residency/MCP Showcase

December:

- ☐ ASHP Midyear – MUE Posters, showcase
- ☐ Determine 3rd Quarter Rotations (core and elective)
- ☐ Complete 2nd Quarter Self-Evaluations and meet with Advisor
- ☐ Schedule time with RPD for review of Residency Plan
- ☐ Coordinate MCPHS activities for upcoming block (seminar, etc.)

January:

- ☐ Continue project work-data collection and analysis
- ☐ Determine medication safety activities, MUE and CE program for staff if not already planned
- ☐ Review MCPHS activities for Spring Semester
- ☐ Begin to prepare materials for teaching rotation
- ☐ Begin preparing data for NECCPS (verify deadline for submission)
- ☐ Finalize remaining rotations
- ☐ Coordinate recruitment activities of new residents with RPD

February:

- ☐ Participate in interview activities of new residents with RPD
- ☐ Continue project work-data collection and analysis

March:

- ☐ Finalize any outstanding project work.
- ☐ Complete analysis of residency project
- ☐ Poster Presentation to NECCPS
- ☐ Review Residency Requirement List and determine what outstanding projects need to be completed
- ☐ Complete 3rd Quarter Self-Evaluations and meet with Advisor
- ☐ Schedule time with RPD for review of Residency Plan

April:

- ☐ Pre-Eastern States project presentation to RAC
- ☐ Determine what hospital committees/persons would be targets audience for project presentation

May:

- ☐ Eastern States
- ☐ P&T presentation (May or June)

June:

- ☐ All Residency Requirements completed by Jun 15.
- ☐ Residency Portfolio to RPD by June 15th
- ☐ MCPHS presentations
- ☐ Complete 4th Quarter Self-Evaluations and meet with Advisor
- ☐ Schedule final residency review with RPD

CRITICAL CARE RESIDENT SCHEDULE 2017-2018		
Date	**Resident –Pansy Elsamadisi**	**Weeks**
July 3- July 28	Residency Orientation	4
Aug 1- Aug 26		
Aug 29- Sept 23		
Sept 26 – Oct 21		
Oct 24- Nov 18		
Nov 21 – Dec 23		
Dec 26 – Jan 7		
Jan 9 – Feb3		
Feb 6 – Mar 3		
Mar 6 – Mar 31		
Apr 3 – Apr 28		
May 1 – June 2		
June 5- June 30		
***Preceptors and Rotations TBD**		