

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

PGY2 Infectious Diseases Pharmacy Residency Program Manual

2019-2020

In affiliation with



MCPHS
UNIVERSITY

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Purpose Statement

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

Pharmacists are a vital component of the health care team, working in partnership with physicians and other health care professionals to provide optimal pharmaceutical care to the patients they serve. The Post Graduate Year two (PGY2) Infectious Diseases Pharmacy Residency Program at Beth Israel Deaconess Medical Center (BIDMC) provides a structured and advanced education and training experience that prepares its graduates to successfully practice in patient care positions, clinical faculty positions, or fellowship training programs in Infectious Diseases and/or Antimicrobial Stewardship.

The PGY2 pharmacy residency in Infectious Diseases is designed to transition PGY1 residency graduates from generalist practice to specialized practice focused on the care of patients with Infectious Diseases. Residency graduates are equipped to participate as integral members of interdisciplinary teams caring for patients with infectious diseases, assuming responsibility for their pharmaceutical care. They are also trained to provide this care as an independent practitioner. The wealth of residency graduates' knowledge of Infectious Diseases and their treatment with the anti-infectives class of medications combined with extensive care of individuals with an infectious disease produces a pharmacist who can successfully serve health care organizations as the ultimate resource for information about anti-infectives and for decision-making affecting the care of these patients. This includes leadership in formulary decision-making for anti-infectives.

Exiting residents have been trained to assume responsibility for identifying and implementing opportunities to improve the medication-use system in the Infectious Diseases practice area.

Groomed for practice leadership, infectious diseases pharmacy residency graduates can be expected to continue their pursuit of expertise in practice; to possess advanced skills to identify the pharmacotherapy and medication-use training needs of other health care professionals caring for individuals with infectious diseases; to deliver effective training to those health professionals; and to contribute to public health efforts for health improvement, wellness, and the prevention of infectious diseases. In this public health role they are trained to initiate efforts to reduce the spread of antibiotic resistance and vaccine preventable diseases.

Required Competency Areas, Goals, and Objectives

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.

- R1.1.1: Interact effectively with health care teams, including microbiologists and infection control preventionists, to manage medication therapy for patients with infectious diseases.
- R1.1.2: Interact effectively with infectious diseases patients, family members, and caregivers.
- R1.1.3: Collect information on which to base safe and effective medication therapy for infectious diseases patients.
- R1.1.4: Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.
- R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.
- R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.
- R1.1.7: For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.
- R1.1.8: Demonstrate responsibility to infectious diseases patients.

R1.2: Ensure continuity of care during infectious diseases patient transitions between care settings.

- R1.2.1: Manage transitions of care effectively for patients with infectious diseases.

R1.3: Manage antimicrobial stewardship activities.

- R1.3.1: Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship strategies used by organizations.
- R1.3.2: Participate in the institution's antimicrobial stewardship program.
- R1.3.3: Evaluate stewardship program processes and outcomes.

Competency Area R2: Advancing Practice and Improving Patient Care

R2.1: Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.

- R2.1.1: Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases patients.
- R2.1.2: Participate in the review of medication event reporting and monitoring related to care of infectious diseases patients.
- R2.1.3: Identify opportunities for improvement of the medication-use system related to care for patients with infectious diseases.

R2.2: Demonstrate ability to conduct a quality improvement or research project.

- R2.2.1: Identify and/or demonstrate understanding of specific project topic to improve patient care related to care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.2: Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.3: Collect and evaluate data for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.4: Implement quality improvement or research project to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.5: Assess changes or need to make changes to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
- R2.2.6: Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference.

R2.3: Manage and improve anti-infective-use processes.

- R2.3.1: Make recommendations for additions or deletions to the organization's anti-infective formulary based on literature and/or comparative reviews.

- R2.3.2: Contribute to the activities of the P&T committee, specifically the anti-infective subcommittee, when applicable.

Competency Area R3: Leadership and Management

R3.1: Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.

- R3.1.1: Implement a successful strategy for earning credibility with the organization to be an authoritative resource on the pharmaceutical care of individuals with an infectious disease.

R3.2: Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.

- R3.2.1: Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for infectious diseases patients.
- R3.2.2: Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for infectious diseases patients.

R3.3: Demonstrate management skills in the provision of care for infectious diseases patients.

- R3.3.1: Contribute to management of infectious diseases-related policies and issues.
- R3.3.2: Manage one's own infectious diseases practice effectively.

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

R4.1: Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).

- R4.1.1: Design effective educational activities related to care of patients with infectious diseases.
- R4.1.2: Use effective presentation and teaching skills to deliver education related to care of patients with infectious diseases.
- R4.1.3: Use effective written communication to disseminate knowledge related to care of patients with infectious diseases.
- R4.1.4: Appropriately assess effectiveness of education related to care of patients with infectious diseases

R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals) about care of patients with infectious diseases.

- R4.2.1: When engaged in teaching related to care of patients with infectious diseases, select a preceptor role that meets learners' educational needs.
- R4.2.2: Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of patients with infectious diseases.

Competency Area E1 Academia

E1.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.

- E1.1.1 Demonstrates understanding of key elements of the academic environment and faculty roles within it.

E1.3: Develops and practices a philosophy of teaching.

- E1.3.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.
- E7 Delivery of Medications

E7.1: Manage and facilitate delivery of medications to support safe and effective drug therapy for infectious diseases patients.

- E7.1.1: Manage aspects of the medication-use process related to formulary management for infectious diseases patients.
- E7.1.2: Manage aspects of the medication-use process related to formulary management for patients with infectious diseases.
- E7.1.3: Facilitate aspects of the medication-use process for patients with infectious diseases.
- E8: Medication-Use Evaluations
- **E8.1: Lead a medication-use evaluation related to care of patients with infectious diseases.**
 - E8.1.1: Lead a medication-use evaluation related to care for patients with infectious diseases.
- E9
- **E9.1: Participate in the publication process on an infectious diseases-related topic.**
 - E9.1.1: Submit an article on a infectious diseases-related topic for a peer-reviewed publication.
 - E9.1.2: Perform peer review of a manuscript submitted for publication or presentation.

PGY2 Infectious Diseases Pharmacy Residency Program 2019-20 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 monthly 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

BIDMC PGY2 Infectious Diseases Pharmacy Residency Program Structure 2019-20

Core Rotations (8 weeks)	Preceptor
Antimicrobial Stewardship	Christopher McCoy, Howard Gold, MD
Infectious Diseases West Consult (Gen Med/Surg)	Ryan Chapin Nick Mercuro
Infectious Diseases East Consult (Immunocompromised)	Christopher McCoy
Core Rotations of Variable Length	Preceptor
HIV/HCV Outpatient Clinic (4 weeks)	Monica Mahoney Mary LaSalvia, MD
Infection Control/Health Care Quality (3 weeks)	Preeti Mehrotra, MD
Microbiology (2 weeks)	James Kirby, MD
Teaching: Group Case Facilitation weekly (12 weeks)	Yulia Murray
Academia: Teaching Assistant Anti-infectives (16 weeks)	Dorothea Rudolf
General Elective Rotations (4 weeks)	Preceptor
Critical Care	Mary Eche
Hematology/Oncology (Inpatient)	Stefanie Clark
Solid Organ Transplant	Katelyn Richards
Longitudinal Experiences	Preceptor
Pharmacy/Stewardship Services <ul style="list-style-type: none"> Staffing: preprescriptive approval pager 	Christopher McCoy Howard Gold, MD
Resident Report	Residency Advisor Committee
Interdisciplinary Management and Communication <ul style="list-style-type: none"> Participation in Monthly P&T Committee meetings Antibiotic Subcommittee 	Katherine Cunningham, Christopher McCoy
Pharmacy Administration <ul style="list-style-type: none"> Formulary Research Project Management 	Katherine Cunningham Christopher McCoy Howard Gold, MD Monica Mahoney Ryan Chapin Nick Mercuro
Drug Information / Communication <ul style="list-style-type: none"> Drug Information Questions Journal Club Presentations ASHP Vizient MUE Poster Presentation Continuing Education Presentations (1) 	Residency preceptor (aligns with resident report/ rotations) Christopher McCoy

Program Requirements 2019-20

Successful completion of the BIDMC PGY2 Residency Program requires the achievement of the required ASHP Residency Program Residency Learning System Outcomes, Goals and Objectives (outlined in detail at the beginning of the Residency Manual). Each resident is required to achieve required and selected elective residency goals by the end of the residency year. The resident's progress towards achieving all RLS goals will be monitored at least quarterly by the Program Director.

The following are detailed descriptions of required activities:

1. Participation in Residency Orientation 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, and to outline the expectations for the residency year.

1. Rotations- Required and Elective: **Mid July - June 30th**

Below is a grid of rotations, both core and elective, with lengths in weeks. Each resident is responsible to complete three core extended clinical rotations, each 8 weeks in total. A required HIV/ID outpatient experience is 4 weeks in length. Other non-clinical core rotations include Infection Control and Microbiology. Advanced teaching rotations include Case Seminar Facilitation weekly for 12 weeks, and a Teaching Assistant rotation twice weekly for 16 weeks. Required longitudinal experiences are in staffing/stewardship services, the once weekly resident report, management and interdisciplinary communication, administration and drug information. For elective rotations, two of three possible electives may be chosen, each for a period of four weeks in the second half of the year. Rotations will be evaluated using PharmAcademic. At the beginning of each rotation, the preceptor will provide the resident with the rotation goals and objectives, rotation 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 within a week following the conclusion of the rotation.

2. Residency Project: **See Project Timeline**

The 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 development, enhancement or evaluation of some aspect of pharmacy operations or patient care services. The project will be steered toward Antimicrobial Stewardship.

As a component of the project, the resident will submit to a national Infectious Diseases meeting for the fall (e.g. ID Week).

3. 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.

4. Active Participation In and Completion of a Medication Use Evaluation: **TBD**

The resident is required to participate in a Medication Use Evaluation (MUE) relative to antimicrobial stewardship. Satisfactory performance as determined by the Residency Program Director or his/her designee is required for successful completion of the program. The MUE will be presented ideally at the Vizient meeting just prior to the ASHP midyear.

5. 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, Contributions to Pharmacy Fast Facts, Pharmacy

& Therapeutics Committee Formulary Reviews, Journal Club, Clinical Pearls and the Department's clinical on-call program.

- The goal of these activities is to provide the resident with experience in the provision of pertinent drug information in a number of venues.

7. Presentation of a Pharmacy Continuing Education Program: **Date TBD**

Each resident will present one approved continuing education in-service during the residency program. The PGY2 resident will present in an area relative to antimicrobial stewardship. The presentation schedule will be developed in coordination with the Residency director and approved by the Residency Advisory Committee. The goal of the in-service is to improve the resident's communication skills and techniques, literature evaluation, and understanding of the continuing education process.

8. Participation in Recruitment Efforts: **November - March**

- 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.

9. Attendance/Poster Presentation- ID Week: **October**

The meeting is held in the fall of the year after residency and is a forum where broad subject matter expertise in healthcare epidemiology, research methods, clinical microbiology, patient safety and quality, antimicrobial stewardship, and networking are featured.

10. Pharmacy Practice Service: **Longitudinal**

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. For the PGY2 resident, this service component is generally 30 staffing shifts on weekends in a unit based practice site wherein infectious disease diagnoses and antimicrobial use crosses all specialties and service lines. As many have had experience as a PGY1 resident, the patient populations and acuity at BIDMC provide for a unique training and practice environment. Additionally, carrying the pre-prescriptive pager 8 hours a week during a Mon to Friday rotation will serve as an advanced Infectious Disease practice activity.

BIDMC PGY2 Pharmacy Residency Program

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 shall be graduates of an Accreditation Council for Pharmacy Education (ACPE)-accredited Doctor of Pharmacy degree program.
- Residents shall be graduates of an ASHP Accredited PGY1 Pharmacy training degree program.
- Residents will provide a signed copy of the ASHP Accredited PGY1 Pharmacy certificate prior to hospital orientation.
- Residents must be licensed or eligible for licensure in MA
- Residents shall participate in and obey the rules of the Residency Matching Program

Application to the BIDMC Residency PGY2 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:

Application

Interested BIDMC PGY1 residents need apply by November 24th with the following documents for RPD and Residency Advisory Committee Review. The resident(s) need not use PHORCAS for our internal review of applications.

- A letter of Intent including a statement of professional goals and reasons for pursuing the PGY2 Infectious Diseases Pharmacy Practice Residency at BIDMC
- Curriculum Vitae
- Three Letters of Recommendation

Since all residents in the PGY1 program are required to be licensed Pharmacists in the state, the RPD has access to this licensure.

Interview

All applicants from the BIDMC PGY1 program will be invited to interview as a professional courtesy. Their PharmAcademic portfolio will be reviewed prior to assess their advancement towards the PGY1 residency goals. The interviews will be scheduled just prior to the ASHP Midyear.

Standardized interview questions are provided to the following individuals/groups for the process with a rubric for “grading”

- PGY2 Infectious Diseases RPD (Attachment 1: Interview Rubric RPD).
- Clinical Director (Attachment 2: Interview Rubric CD)
- Infectious Diseases MDs/Preceptors (Stewardship Director, 2 or 3rd year Stewardship Fellow, Infection Control MD, Microbiology Director, Clinic Director) (Attachment 3: Interview Rubric MD)
- PGY2 Pharmacist Preceptors (Infectious Diseases Coordinator, Hem-Onc Coordinator, Critical Care Coordinator, Solid Organ Transplant Coordinator) (Attachment 4: Interview Rubric Pharm coordinator)
- Current PGY2 Resident (Attachment 5: Interview Rubric PGY2 Res)

Post Interview Ranking process for Early Commitment:

Based on those interview scores, a follow up rubric will be supplied so that comparisons can be made for multiple candidates. This is the post interview rubric for comparisons and ranking. (Attachment 6: Post Interview Rubric and ranking)

The rubric consists of the following.

Personal (30 points)	Max	Score:
1. Communication Skills -Consider candidate's verbal, and nonverbal communication skills during the interview day-e.g. asking and responding to questions, communicating in between the interviews, etc.	10	
2. Interpersonal interactions -What is your impression that this candidate would be a good team-player and work well with our staff/other residents on a day to day basis; would you enjoy precepting this applicant?	10	
3. Demeanor : Rank the applicant's enthusiasm to be at the interview. (Engaged in the conversation, good eye contact, active listener, etc.)	10	
Professional (30 points)		
1. Clinical skills : Rate this applicant's potential for patient care competency	10	
2. Professional Maturity : Rate this applicant's maturity, poise, ability to take direction and work independently, time management, ability to accept feedback, etc.	10	
3. Professional Practice : Rate this applicant's self-motivation, leadership potential	10	
Program Fit (30 points)		
1. Are the candidate's career goals compatible with our program's offerings?	10	
2. Did the applicant provide strong reasons for interest in our program, residency training?	10	
3. Did the candidate display aptitude/ interest in precepting/teaching/education of others	10	
Overall, how well do you think this candidate and our residency program would be a good match? (10 points)	10	
Total score (max 100 points)		

Rank score considerations:

86-100 = Exceptional: high likelihood he/she would be a high performing resident

70-85 = Above Average: demonstrates significant potential for resident performance and motivation for development of weaknesses

50-69 = Average: no significant "negatives", but nothing stands out either

40-55 = Below Average: several concerns regarding residency fit, consider not ranking

<40 = Do not place on rank list

Note: The final decision for early commitment may be subject to movement based upon the program "fitness" factor with a final review by the Residency Program Director.

The RAC and RPD determine which resident or if one resident, whether to extend the offer for early match. If the resident declines the next resident in order may be chosen for early match. Alternately, the residents may

be placed into the regular match to evaluate the grouping of outside candidates met during MidYear. Residents may also decline and then decide later to enter the standard match where they will be ranked against a larger group of candidates.

Standard match application

Applicants to the program via the Standard Match will complete an electronic application in Phorcas and submit by the application deadline. Materials to be included are:

- A letter of Intent including a statement of professional goals and reasons for pursuing the PGY2 Pharmacy Practice Residency
 - Curriculum Vitae
 - Three Letters of Recommendation
 - Official transcript from accredited School/College of Pharmacy
 - Proof of continued PGY1 status at an ASHP accredited program
 - Proof of Pharmacy licensure in their current state and eligibility for licensure in MA
-
- Completed applications will be reviewed by members of the RAC to determine candidates that most closely match the BIDMC program goals and opportunities
 - Rubric includes scoring of site of PGY1 residency, Posters, Publications, Community Service, Professional involvement, Teaching experience, Certifications, Infectious Diseases and advanced institutional rotations, Letter of intent, CV, and references
 - In determining the invitation list, input from the RAC may be used to adjust the calculated application rank score. The RPD will utilize this information to make the final decision in determining the interview list that most closely matches the BIDMC program goals and training opportunities at the medical center.
 - Selected applicants will receive an e-mail of interview interest from the RPD. A predetermined list of interview dates will be sent to the candidates, and interview slots will be filled on a first-come-first-serve basis.

a. Interview

Standardized interview questions are provided to the following individuals/groups for the process with a rubric for “grading”

- PGY2 Infectious Diseases RPD (Attachment 1: Interview Rubric RPD).
- Clinical Director (Attachment 2: Interview Rubric CD)
- Infectious Diseases MDs/Preceptors (Stewardship Director, 2 or 3rd year Stewardship Fellow, Infection Control MD, Microbiology Director, Clinic Director) (Attachment 3: Interview Rubric MD)
- PGY2 Pharmacist Preceptors (Infectious Diseases Coordinator, Hem-Onc Coordinator, Critical Care Coordinator, Solid Organ Transplant Coordinator) (Attachment 4: Interview Rubric Pharm coordinator)
- Current PGY2 Resident (Attachment 5: Interview Rubric PGY2 Res)

Post Interview Ranking process:

Based on those interview scores, a follow up rubric will be supplied so that comparisons can be made for multiple candidates. This is the post interview rubric for comparisons and ranking. (Attachment 6: Post Interview Rubric and ranking)

The rubric is the same as the one used for Early Commitment.

- A rank list will be submitted to the Resident Matching Program by the deadline

First Match Failure

In the event of a first match failure, the RPD may engage applicants who were not ranked or not interviewed to apply in the Second Match or may choose to go into the Post Match Scramble. Interested applicants will be asked to submit the same elements and go through a more rapid review process using the same rubrics as described above. If there are local candidates, onsite interviews may be offered or alternately Skype/telephone interviews. The decision to rank in the Second Match or extend an offer in the Scramble will be made by RAC with the ability of the RPD to make the final selection based on appropriateness of fit.

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 State 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 will take the MA law exam upon successful transfer of NAPLEX scores from another state, or
- He/she already has a valid MA pharmacy license.

The resident will provide the department a copy of the licensure certificate to remain on file during the resident's year at BIDMC. 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.

Pre-employment checks

Background Checks

All applicants for employment, employees, volunteers, students and or interns in trainee positions, and other individuals who serve within the Medical Center community who wish to begin serving or continue serving the Medical Center whom the Medical Center so requires, must complete the following forms: (1) the Department of Criminal Justice Information Services' (DCJIS) CORI authorization form; (2) "Notice and Authorization for Consumer Reports" form required by the Federal Fair Credit Reporting Act and state consumer credit reporting law; and (3) other forms as may be required by the Medical Center's background checking vendor or otherwise required. Any individual, including a current employee, who refuses to complete the required forms, will not be permitted to commence or continue his or her relationship with the Medical Center. Applicants for employment will generally not be permitted to commence employment with the Medical Center until after the background check is processed and reviewed.

Where a background check reveals information of concern to the Medical Center and/or about which it is required by law or regulation to take specific actions, the Medical Center will consider several factors in order to determine whether to commence or continue the employment or other relationship at issue. Specifically with regard to criminal record history information, the Medical Center will consider, when permitted, factors including, but not limited to the following:

- the amount of time that has passed since the charge or offense
- the individual's age at time of the charge or offense
- the seriousness and specific circumstances of the charge or offense
- the relationship of the charge or offense to the work to be performed
- the number of charges or offenses

- relevant evidence of rehabilitation or lack thereof including any information submitted by the individual or requested by the Medical Center
- conclusions from the individual's criminal justice official or qualified mental health professional as to whether the individual poses a risk of harm
- employment or character references or other relevant information regarding fitness for the position held or sought
- the length and consistency of the individual's employment history before and after the offense
- evidence that the individual performed the same type of work post-conviction with no known incidents of criminal conduct
- the interest of the Medical Center in protecting property, and the safety and welfare of other employees, patients or the general public
- other legitimate, non-discriminatory factors on a case-by-case basis

Depending on the Medical Center's assessment and any applicable laws or regulations, the Medical Center may determine to commence or continue the employment or other relationship at issue; not to commence or continue the employment or other relationship at issue; or to delay commencing or continuing the employment or other relationship at issue for further assessment. The Medical Center will provide an individual with a copy of the criminal record obtained prior to questioning the individual about his or her criminal record.

If the Medical Center has obtained the background check information at issue through a background checking agency and is considering delaying or not commencing/continuing the employment or other relationship at issue, then it will provide the individual with a copy of the following: (1) CORI report or other background check report at issue, (2) "Pre-Adverse Action Disclosure" form consistent with the requirements of the federal Fair Credit Reporting Act and CORI, (3) "A Summary of Your Rights Under the Fair Credit Reporting Act," (4) the DCJIS' "Information Concerning the Process in Correcting a Criminal Record" and (5) a copy of this Policy. The Medical Center will allow the individual a reasonable period of time to dispute the accuracy or completeness of any of the information in the background check report before making a decision concerning the individual's employment or other relationship with the Medical Center.

If the Medical Center has obtained the background check information at issue through a background checking agency and determines to delay or not to commence/continue the employment or other relationship at issue, then it will further provide the individual with an "Adverse Action Notice," consistent with the requirements of the Fair Credit Reporting Act. In all circumstances, the Medical Center will inform the individual of the decision and basis for the decision in a timely manner.

CORI Record Keeping Requirements

Access to CORI reports is limited to personnel who have been authorized by the Medical Center's CORI Representative and the DCJIS, and to legal counsel. CORI reports may always be shared with the individual to whom they pertain.

CORI reports are kept separate from any other personnel files in a secured location when not being inspected. Only one copy of an individual's CORI report is kept in the file at any time.

Health Clearance

For pre-employment screening purposes, you will need to provide the following through Human resources.

Health Clearance as defined by BIDMC Employee Health Services division (617-632-0710) with documentation of TB testing and screening, vaccinations and serologies

Official documentation (i.e. completed by your medical provider/school health record OR laboratory results) of your immunizations must be provided to the Employee Occupational Health Service prior to your start date at the Medical Center and shall include the following:

- Tuberculosis (PPD) test: Official documentation within 90 days. If there is no documentation of a TB skin test within the past year, you will be required to complete 2-step testing (baseline test and repeat testing in 1-3 weeks.)
- Those with history of BCG are still required to have TB testing
- Those with history of positive TB test must submit:
 - Official documentation of the positive result in mm of induration
 - Official report of chest xray performed within past year
- TB Symptom Review within 90 days
- Official Documentation of treatment (list of medication(s) and duration)
 - Rubella (German measles): Official documentation of vaccine or positive blood test result

- Rubeola (Measles): Official documentation of 2 vaccines or positive blood test
- Mumps: Official documentation of 2 vaccines or a positive blood test
- Mumps: Official documentation of 2 vaccines or a positive blood test
- Hepatitis B Vaccine: Official documentation of 3 vaccines and positive Hepatitis B antibody test
- Tetanus-Diphtheria Booster: Official documentation of vaccine with in the last 10 years
- Varicella: Official documentation of 2 varicella vaccines or positive blood test if no hx of disease

This offer of employment is contingent upon the successful fulfillment of the following requirements: New Employee Orientation attendance, education verification, a criminal background check (CORI-Criminal Offender Record Information), and/or other background checks satisfactory to the Medical Center with relationship to the position offered to you, clearance by Employee Occupational Health Services following a pre-employment health screen, and successful completion of the I-9 Employment Eligibility Verification Form. A Talent Acquisition Associate will contact you to coordinate these appointments. You can also contact Human Resources at (617) 975-9800, Monday-Friday, 8:30-5pm to talk directly with one of our HR Associates committed to helping you get the information you need.

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 adapt the program to meet their interests and focus on identified areas for improvement. A customized residency plan will be designed for each resident based upon these criteria.

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 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:

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.

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.

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)

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.

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.

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

Achieved for Residency:

Achieved for Residency (ACH-R) may only be designated by the program director based upon review and assessment of each individual resident's performance from summative evaluations. Typically, this will be considered when a resident has scored two or more scores of ≥ 4 for that objective. At least 75% of a resident's monthly or quarterly evaluations should be scored at 3-5 in order to successfully complete the residency program

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

5- Major Strength [Excellent]: 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.

4- Solid Performance [Very Good]: Resident demonstrates high level of performance for evaluated skill, ability, initiative, or productivity; exceeding requirements in some areas, but not consistently or not without exception. Resident is capable of independent performance the majority of the time with only minimal preceptor intervention.

3- Developing: [Satisfactory] 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.

2- Needs Improvement: 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.

1- Unsatisfactory: Resident's performance is consistently below expectations, and/or he/she has failed to make reasonable progress toward agreed upon expectations and goals. Significant improvement is needed in most aspects of their performance. (A plan to improve performance with specified timelines must be outlined and monitored for improvement.)

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 residency followed by a minimum of one year of pharmacy practice experience OR if no ASHP accredited residency, at least three years of experience and demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY1 residency.
- 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 (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.

Preceptor and Program Development Plan

The Residency Program Director evaluates the qualifications of potential preceptors and reevaluates current preceptors based on the ASHP Accreditation Standard for Pharmacy Practice Residency Programs. In addition to the RPD evaluation, all residency preceptors and preceptors in training will complete an annual self-assessment survey to evaluate their practice and precepting skills. Based on these evaluations and self-assessments, the RPD will coordinate with RAC to select and provide preceptors with opportunities to develop and enhance their precepting 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.

To complement the preceptor development programs and activities conducted at BIDMC a wide number of Preceptor Development resources are available online and can be utilized by preceptors for their personal development. Examples include:

- Pharmacist Letter Preceptor Home: <http://www.pharmacistsletter.com>
- American Society of Health Systems Pharmacist (ASHP): www.ashp.org
- Precepting tools through the Colleges of Pharmacy (e.g. Preceptors for NEU and have e-value access and access to the Collaborative Education Institute)

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.

New Preceptors and Preceptors in Training

Clinical Pharmacists who wish to become preceptors should submit their intent for consideration to the Residency Program Director (RPD). Based upon their academic and professional record, the RPD will determine if they meet the ASHP standards for qualifications of a residency preceptor or if they will be considered a preceptor-in-training while attaining the required qualifications. Preceptors-in-training will be assigned a mentor who is a qualified preceptor; and, will have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years. The preceptor candidate will maintain and submit all of the following records for consideration:

- Completed annual preceptor-self assessment form
- Review of the current residency program manual
- Review of the PharmAcademic preceptor training slides
- RAC meeting attendance record
- Preceptor development continuing education training program/s
- Co-preceptorship activities

PGY2 Pharmacy Residency Program 2019-20

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 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/RegulationsStandards/DutyHours.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 wellbeing.

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 the 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 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 first warning** is enacted. A corrective action plan and specific goals for monitoring progress will 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.
3. Should another event or deficiency occur, 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.
4. The resident will be given a **second warning** if the resident has not improved within the determined time period set forth by the RPD.
5. 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/Chief of Pharmacy reviews the report and recommendations concerning

any final action to be taken. If the Chief of Pharmacy feels that the action recommended by the Preceptor / RPD is appropriate, the action will be implemented. Action may include remedial work or termination.

6. When and if dismissal is recommended by the Residency Program Director, the Chief of Pharmacy will have a meeting with the resident to discuss the final decision.

Grounds for Dismissal

Time commitment:

Whereas the residency program is 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 CPO 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 does not adhere to the specific policies related to leave or time off, this will be considered grounds for dismissal.

Licensure:

- Failure to obtain licensure by 90 days from the start of the residency is grounds for dismissal from the program. Should a resident not attain licensure within the 90 days, consideration may be given to extend this deadline on a case by case basis if the resident is progressing in the program appropriately, has no documented corrective action/s and can be licensed within the next 30 days.
- Residents who have not attained MA licensure by 120 days of the start of the residency will be dismissed from the program.

Other potential grounds would be in the event that the 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.)

Details surrounding the possible dismissal align with the BIDMC Corrective Action Policy and the BIDMC GME Policy for Remediation and Discipline.

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.

General Information:

Salary/Paid Time off (PTO):

- The **2019-20** resident will receive a stipend of \$53,000 (The International Track program receives a predetermined stipend).
- 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.
 1. Residents are permitted to take up to 10 days as vacation during the residency year. No more than 5 days of vacation may be taken during any 1 learning experiences.
 2. Residents will use PTO days for all holidays. These include Labor Day, Thanksgiving, Christmas, New Year's Day, and Memorial Day.
 3. Any PTO not taken at the end of the year from #1, #2, or as sick days will be cashed out to the resident upon completion of the program

Benefits:

- Health Insurance: comprehensive medical, dental and eye coverage.
- Public transportation and parking discounts.
- Reimbursement for one major national meeting (e.g. ASHP Midyear, ID week)
- 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. For International Track residents, the same total applies.
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations 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 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 Infectious Diseases meeting 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.

- Residents are not eligible for FMLA
- 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 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. (GME Policy for Extension of Training (GME-04))**
- The resident may receive a stipend during an approved extension of training subject to the availability of funding, however this funding cannot be guaranteed. In the event a stipend is paid, it will be at the pay rate the resident received during their residency year. **(GME Policy for Extension of Training (GME-04))**
- 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.

Departmental Overview

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 medications 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 addition 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 Massachusetts College of Pharmacy and Health Sciences 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

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.

Required Rotations: *Clinical Component*

Antimicrobial Stewardship (8 weeks in 2 by 4 week blocks)

Preceptor: Christopher McCoy

Associate Director, Antimicrobial Stewardship

Rotation description:

The Antimicrobial Stewardship (AST) rotation provides the resident with the opportunity to gain insight in the management of Infectious Diseases from the perspective of antibiotic resistance, evidence based practice, cost effectiveness, decreasing collateral damage and improving the selection of antibiotics throughout the institution. The resident will develop problem-solving skills relative to guidance of house staff in the selection of antibiotics, an evaluation of risk factors for drug resistance as well as antimicrobial pharmacokinetics and pharmacodynamics. The resident works with the Antimicrobial Stewardship team at daily rounds and independently, maintaining a responsibility to survey key drugs and infections in order to promote effective and evidence based use of antimicrobials with the ultimate goals of improving patient care and maintaining cost effectiveness. This includes setting durations of antibiotic therapy, ensuring compliance with hospital pathways and national guidelines. Additionally, surveillance of resistance throughout the institution will be important. The AST sees a wide variety of patients across the entire institution. The resident will also participate in the P&T antibiotic subcommittee as well as in current medication use evaluations and other research activities within the Pharmacy and ID Departments.

Infectious Diseases General Medicine/Surgery (8 weeks)

Preceptors:

Ryan Chapin

BIDMC Clinical Specialist, Infectious Diseases/Antimicrobial Stewardship

Nick Mercuro

BIDMC Clinical Specialist, Infectious Diseases/Antimicrobial Stewardship

Rotation description:

The goal of this rotation is for the resident to gain insight in the management of a broad range of Infectious Diseases, develop problem-solving skills in Infectious Disease therapy, and establishment of a firm knowledge base in antimicrobial pharmacokinetics and pharmacodynamics. The resident will work with the Infectious Disease consult team and will be expected to attend daily rounds. The resident is responsible for optimizing anti-infective therapy for all consult patients, including pharmacokinetic dosing and daily monitoring of anti-infective therapies. The ID consult service sees a wide variety of patients from many different backgrounds (medical, surgical, critical care, HIV, etc). The resident will also participate in the P&T antibiotic subcommittee as well as in current medication use evaluations and other research activities within the Pharmacy and Infectious Disease Departments.

Immunocompromised Infectious Diseases (8 weeks)

Preceptor: Christopher McCoy

Associate Director, Antimicrobial Stewardship

Rotation description:

The Immunocompromise Infectious Diseases (ID) rotation provides the resident with the opportunity to gain insight in the management of an Infectious Diseases that affect the immunocompromised host, to develop problem-solving skills in the pharmacotherapy of these diseases, and to establish a firm knowledge base in antimicrobial pharmacokinetics and pharmacodynamics. 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 and daily monitoring of anti-infective therapies. The ID immunocompromised consult service sees patients on the East campus and those admitted to the Hepatobiliary Service as well as Solid Organ Transplant, Hematology-oncology, HSCT, etc). The resident will also participate in the P&T antibiotic subcommittee as well as in current medication use evaluations and other research activities within the Pharmacy and ID Departments.

Core Abbreviated Rotations

Infectious Diseases Clinic: HIV/HCV (4 weeks)

Preceptors: **Monica Mahoney**

Clinical Specialist, Outpatient Infectious Diseases

Mary LaSalvia

Infectious Diseases Physician, Clinic Director

Rotation Description:

The HIV/HCV Clinic rotation provides the resident with the opportunity to gain insight in the management of outpatients with chronic infections, to develop problem-solving skills in the pharmacotherapy of these, and to broaden their knowledge base in antimicrobial/antiviral and antiretroviral pharmacokinetics and pharmacodynamics. The resident works with the Clinic team and independently, maintaining a responsibility to provide patient education, assess medication adherence, assess medication profiles, and to document quality initiatives. The clinic sees a wide variety of patients with unique comorbidities.

Infection Control/Health Care Quality (4 weeks)

Preceptors: **Preeti Mehrotra**

Infectious Diseases Physician, Infection Control Epidemiologist

Christopher McCoy

Associate Director, Antimicrobial Stewardship

Rotation Description:

The rotation incorporates collaborative work on quality measures related to infection prevention, tracking hospital acquired events and potentially responding to outbreaks or local public health issues. The resident may engage in surveillance, prevention and control projects. The resident should work towards independent data collection and analysis and is responsible for: Identifying the essential elements of the Infection Control dashboard for QA, including surgical prophylaxis, immunization, and hospital acquired infections as they relate to CMS and or state regulations.

Additionally, the resident will participate in a short report of activities that are relevant to pharmacy collaboration with the IC division including influenza tracking, CDC recommendations for antivirals and immunizations.

Medical Microbiology (4 weeks)

Preceptors: **James Kirby**
Microbiology Director

Rotation Description:

This rotation provides training in clinical bacteriology, mycobacteriology, mycology, parasitology, virology, and infectious diseases serology. Residents can observe bench work in techniques and methods in diagnostic medical microbiology. Diagnostic techniques will also be included. Residents can also participate in weekly joint infectious disease-microbiology conferences. The resident will choose a topic of particular interest on which to give a presentation to medical and technical staff.

MCPHS University Seminar (Teaching Rotation) (6 weeks)

Preceptor: MCPHS Faculty Preceptor: Yulia Murray

Rotation description: MCPHS conducts group case based seminars for fifth year students facilitated by a faculty member. The resident will serve as the faculty facilitator, using group teaching techniques and will provide a 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 group teaching skills utilizing his/her own experience and guidance from the teaching rotation preceptor. During the rotation the resident will guide students in developing professional skills required for case based activities and assess student performance in accordance with the MCPHS PharmD program guidelines.

MCPHS University Teaching Assistant (Teaching Rotation) (6 weeks)

MCPHS Faculty Preceptor: Dorothea Rudolf

Rotation description: MCPHS Virology and Anti-infectives course is a mandatory therapeutics curriculum item for PharmD candidates. The resident will act as the official teaching assistant for the course. The resident will attend all therapeutic lectures twice weekly. The resident will prepare and deliver a one hour lecture in Infectious Diseases pharmacy practice. The resident will conduct tutoring sessions for students once weekly. The resident will write 4 case-based/ multiple-choice questions for each 2-hour and 2-3 questions for each 1-hour lecture to be posted on Blackboard. The resident will become familiar with policies for early warning slips, make-up exams and policies for failing course; missing time; academic support; plagiarism).

Elective Rotations:

Core Electives: (4 weeks) select at least two (2) of the following:

Medical Intensive Care (MICU) (4 weeks)

Preceptor: Mary Eche
BIDMC Clinical Coordinator, Critical Care

Rotation description: The Medical Intensive Care rotation offers residents an opportunity to develop the skills necessary to provide pharmaceutical care to the critically ill patient. During the MICU rotation, the resident will develop competencies in the areas of critical care pharmacology

primarily related to anti-infective management, through direct patient care involvement. As an integral member of the multidisciplinary critical care team, the resident will actively participate in therapeutic decision making, drug therapy selection and appropriate dosing and monitoring of the critical care patient.

Solid Organ Transplant (4 weeks)

Preceptor: Katelyn Richards

BIDMC Clinical Coordinator, Solid Organ Transplant

Rotation Description: The solid organ transplant rotation will allow the resident to gain experience in management of kidney, liver and pancreas transplant recipients and particularly related to Infectious Diseases problems. The resident will make daily rounds with both the liver and kidney transplant teams and will assist in the management of immunosuppressive medications as well as infectious diseases in the transplant patient. As part of the transplant team the resident will participate in intake meetings where the resident will be exposed to the evaluation process that takes place prior to listing a patient for transplant. In addition to clinical roles the resident will also be responsible for providing discharge counseling to all new transplant recipients. The resident may be given the opportunity to participate in pre transplant ID evaluations within clinic.

Hematology/Oncology- Inpatient (4 weeks)

Preceptor: Stefanie Clark, BCOP

BIDMC Clinical Coordinator, Hematology/Oncology

Rotation Description: The Hematology/Stem Cell Transplant block is an elective experience for PGY2 pharmacy residents. The two to four week rotation will include the clinical management of patients with hematology disease in the inpatient setting.

The inpatient Hematology/stem cell transplant service has an average of 25 patients. There are a wide variety of patients on the team, including acute leukemia, lymphomas and patients undergoing a stem cell transplant. The team consists of a hematology attending, a medical oncology fellow, three interns and the pharmacist. Patient rounds by the inpatient teams occur in the mornings between 8:00-8:30. The resident is responsible for pre-rounding on his or her assigned patients as well as rounding with his or her inpatient team. The resident will round with one of the interns and will be responsible for all patients. The resident should work towards independent medication management of the inpatient team and is responsible for the following particularly as they pertain to Infectious diseases treatment or prophylaxis in this high risk population:

- identifying and resolving medication therapy issues
 - providing drug information to the rounding team members
 - participating in discharge planning and patient education
-

Additional Required Longitudinal Experiences:

Ambulatory, Drug Information, and Research Modules:

Activity	Advisor	Description
Administration/Management <ul style="list-style-type: none"> • Drug Monograph • MUE • Abx subcommittee minutes • Drug information (Clinical Pearl BLAM) • CE prep and presentation • Guideline development • P&T presentation 	Christopher McCoy	<ul style="list-style-type: none"> ▪ Develop and present a drug monograph for formulary consideration ▪ Develop and complete a MUE ▪ Take and prepare a minutes report ▪ Provide oral and written drug information in a variety of settings ▪ Research and write drug information responses to question (may be assigned or from clinical rotations/ staffing/other) ▪ Select an Infectious Diseases related topic for continuing staff education (CE) ▪ Prepare learning objectives and submit to MA board ▪ Design and deliver a PowerPoint presentation to pharmacy staff ▪ Select a guideline in Infectious Diseases practice for local adaptation ▪ Design methods for guideline implementation and education ▪ Research, draft and present the guideline to the Antimicrobial Subcommittee and P&T Committee
Research	Christopher McCoy, PharmD	<ul style="list-style-type: none"> ▪ Complete CITI ▪ Complete IRB application ▪ Identify a patient population, screening method, and data collection tool ▪ Perform a data analysis ▪ Design and execute an original pharmacy related research project, prepare abstracts and present findings at an ID Meeting ▪ Submit findings to the Antibiotic Subcommittee with recommendations for change
Public Health	Christopher McCoy, PharmD	<ul style="list-style-type: none"> ▪ Develop a patient teaching tool around a Public Health issue in Infectious Diseases ▪ Participate in a community service program in Infectious Diseases
Program Improvement and Quarterly Assessments	Christopher McCoy, PharmD	<ul style="list-style-type: none"> ▪ Review accreditation reports and recommendations ▪ Review outgoing resident feedback ▪ Design an improvement plan for the residency ▪ Assess resources available for practice training
Clinical Decision Support Evaluation	Christopher McCoy, PharmD	<ul style="list-style-type: none"> ▪ Review a clinical decision support tool for effectiveness and ease of use ▪ Validate data entry for a clinical decision support tool
Systematic Adverse Drug Event Identification	May Adra	<ul style="list-style-type: none"> ▪ Identify an Antimicrobial related institutional or systematic problem ▪ Draft a report on the scope ▪ Develop a solution plan
Wellness Fair Participation	Christopher McCoy	<ul style="list-style-type: none"> ▪ Participate in a patient centered wellness fair related to Infectious Diseases
Journal Article Peer Review	RAC	<ul style="list-style-type: none"> ▪ Perform a peer review for an Infectious Diseases draft for a peer reviewed journal

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 in the area of Antimicrobial Stewardship. Each resident will be provided time during the management activities scheduled between rotations to work on his or her project. Projects will be presented at different stages at the Midyear Meeting and SHEA in May or ID Week in October.

Project selection / Scope of projects/ Approval:

A list of potential projects will be generated by the Antibiotic Subcommittee and Stewardship Workgroup. It is the aim of the committee to provide the resident with a number of research topics related to: Stewardship activities and/or clinical practice issues at the medical center, Antibiotic and Stewardship related medication safety, and/or Implementation of pharmacy services to enhance Stewardship. Alternately, the resident may independently design a project and submit this to the Antibiotics Subcommittee for approval.

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 ABX subcommittee 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 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 a Spring or Fall Infectious Diseases meeting, e.g. SHEA, ID Week. All abstracts must be submitted to the director.

October 1st - March 15th: 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 should be completed and presented to the Residency Director as part of the quarterly evaluation.

March 15th – April 15th: In preparation for the SHEA/ID Week poster, the resident will present a study synopsis with project results to the Abx Subcommittee for review. Prior to SHEA/ID week, the resident will present, in full, at least one oral presentation 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.

Infectious Diseases/Stewardship Current and Past Resident Research Projects

- Impact of an antimicrobial stewardship initiative aimed at reducing concomitant vancomycin and piperacillin/tazobactam for treatment of pneumonia, Catherine Li, 2019-20.
- Evaluation of empiric antifungal therapy in critically ill patients with liver disease, sepsis, and no evidence of active fungal infection, Rachel Britt, 2018-19.
- Impact of a prospective audit and feedback antimicrobial stewardship initiative on pneumonia treatment at an academic teaching hospital without rapid diagnostics, Jeff Pearson, 2017-18.
- Assessment of a Healthcare-Associated Pneumonia (HCAP) Risk Stratification and Empiric Treatment Guideline: A New Antimicrobial Stewardship Initiative, Ryan Chapin, 2016-17.
- A Pre-intervention Analysis of a Stewardship-Driven Protocol for Early Cessation of Antimicrobial Therapy in Patients with Complicated Intraabdominal Infections Undergoing Successful Source Control Procedures. Ethan Smith, 2015-16
- Evaluation of the Adequacy of Empiric Antimicrobial Therapy and Frequency of De-escalation for Diabetic Foot Infections. Khalid Eljaaly, 2014-15
- Comparison of broad- versus narrow-spectrum gram-negative antimicrobial treatment for patients with suspected healthcare-associated pneumonia. Nick O'Donnell, 2013-14
- "Daptomycin versus linezolid for the treatment of vancomycin-resistant enterococcal urinary tract infections" Dziuba K 2013-14
- "Outcomes of cefepime therapy for treatment of Enterobacteriaceae bloodstream infections (BSI): an evaluation of the revised susceptibility breakpoints" Jonchhe S. 2013-14
- Evaluation of antiretroviral and prophylactic antimicrobial prescribing for HIV-infected hospitalized patients and the impact of clinical pharmacist interventions. Monique Bidell, 2012-13
- Creatinine phosphokinase elevations in patients on daptomycin with or without a statin. Jason Mordino, PharmD 2011-12
- Vancomycin utilization in neutropenic oncology patients: A retrospective review of prescribing patterns and concordance with national guidelines. Kelley Carlstrom, PharmD 2010-11
- Evaluation of empiric therapy with aztreonam plus vancomycin vs cefepime with or without vancomycin for the treatment of fever and neutropenia: A retrospective review. Riley Vetter, PharmD 2009-10
- Assessment of initial empiric antimicrobial choice in septic shock patients in the emergency department (ED). Rachel Weber, PharmD 2009-10
- Evaluation of Linezolid versus Daptomycin for the Treatment of Vancomycin Resistant Enterococcus Bacteremia. Aimee Mertz, PharmD 2008-09
- Development, implementation and evaluation of a collaborative antimicrobial dosing and monitoring program with a hospitalist service: a targeted aminoglycoside and vancomycin pharmacokinetic program. Yulia Groza, PharmD 2007-2008
- Evaluation of the relationship between gastric-acid suppression therapy and the development of Clostridium difficile associated disease (CDAD) in hospitalized patients. Philip Grgurich, PharmD 2006-2007
- Experience with beta-lactam antibiotic desensitization protocols at a Tertiary Care Medical Center: Impact on care and outcomes. R. Wayne Shipley, PharmD 2006-2007
- Implementation and outcome of a new administration model for Meropenem at a tertiary care teaching institution: lower doses with increased frequency. Natalya Asipenko, PharmD 2005-2006.
- Evaluation of a drotrecogin alfa administration guideline and dosing weight protocol: Impact on patient outcomes, adverse events, and cost. Marissa McCann, PharmD 2005-2006.
- Impact of a Computerized Provider Order Entry (CPOE) Linked Infectious Disease (ID) Approval Process on Antimicrobial Delivery Time. Danielle M. Harris, PharmD 2003-2004.
- Examination of the Incidence of and Potential Risk Factors for Linezolid-associated Thrombocytopenia or Myelosuppression. Sheri N. Ober, PharmD 2003-2004.

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 **six 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.

**BIDMC PHARMACY PRACTICE RESIDENCY
PROGRAM YEAR 2019-20**

Tentative Timelines for Residents

(Dates are subject to change based on individual resident goals/assigned tasks)

**This may not be all inclusive

July:

- ☐ Residency Program Orientation
- ☐ Review RLS
 - ☐ Initial self-assessment (Entering resident goals and objectives)
 - ☐ Establish Resident Portfolio
- ☐ Review Early Core Rotation schedule/verify dates/timelines with preceptors
- ☐ Review / schedule longitudinal experiences (Management, Med Safety, Drug Information, etc)
- ☐ Determine schedule for P&T participation, CE presentation and other
- ☐ Start working on proposed Residency Project
- ☐ Establish Practice Management Goals/Activities (MUE, policy development, P&T/Med Safety, meetings with the CPO, Leadership activities, etc)

August:

- ☐ Project topic/preceptor confirmed (**Due Date 8/15**)
- ☐ Register for ASHP Midyear Meeting
- ☐ Establish deadlines for various projects and assignments (Abx subcommittee minutes, CE program for pharmacists, etc.)

September:

- ☐ Project Design/Methods write-up
- ☐ Project Proposal Summary and complete IRB application
- ☐ Submit MUE idea for ASHP
- ☐ Begin working on recruitment information for prospective new residents (area showcases are in October and early November)

October:

- ☐ Submit project application to IRB if not already done
- ☐ IDWeek
- ☐ ASHP abstract for residents **due October 1st**
- ☐ Complete 1st Quarter Self-Evaluations
- ☐ Schedule 1st Quarter Evaluations with RPD

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 at Vizient
- ☐ Determine 3rd Quarter Rotations (core and elective)
- ☐ Complete 2nd Quarter Self-Evaluations
- ☐ Schedule 2nd Quarter Evaluations with RPD

January:

- ☐ Coordinate applications for new residents
- ☐ Continue project work-data collection and analysis
- ☐ Determine medication safety activities, MUE and CE program for staff if not already planned
- ☐ Begin preparing abstract for SHEA/ID Week (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
- ☐ Make travel arrangements for SHEA/ID Week

March:

- ☐ Finalize any outstanding project work.
- ☐ Present Project summary analysis to RAC
- ☐ Review Residency Requirement List and determine what outstanding projects need to be completed (MUE, Drug Policy)
- ☐ Complete 3rd Quarter Self-Evaluations
- ☐ Schedule 3rd Quarter Evaluations with RPD

April:

- ☐ SHEA/ID Week project presentation to Abx subcom
- ☐ Determine what hospital committees/persons would be targets audience for project presentation

May:

- ☐ SHEA/ID Week
- ☐ 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
- ☐ Schedule 4th Quarter Evaluations with RPD

Resident Schedule 2019-20			
Dates	Assignment	Wks	Preceptor(s)
Jul 1-July 19	Orientation/Training	3	Chris/Diane/Ryan/Wendy
July 22-Aug 16	Stewardship 1	4	Chris
Aug 19-Sep 20	ID Immunocomp Consult	6	Chris
Sep 10- Nov 17	MCPHS Seminar Facilitation*	-	Yulia
Sep 23- Oct 4	Admin/ID Week	2	Self
Oct 7-Oct 18	ID Immunocomp Consult	2	Chris
Oct 21-Nov 15	ID Clinic	4	Monica
Nov 18- Nov 29	Micro	2	James/Lorinda
Dec 2-Dec 13	Admin/Midyear	2	Self
Dec 16-Feb 7	ID West consult	8	Ryan/Nick
		33	
Feb 10- Feb 21	Infection Control	2	Sharon/Preeti
Feb 24-Feb 28	Admin	1	Self
Mar 2- Mar 27	Stewardship II Advanced	4	Chris/Howard
Mar 30-Apr 24	OPAT	4	Monica
Apr 27- May 22	Elective 1	4	TBD
May 25 – Jun 19	Elective 2	4	TBD
Jun 22- Jun 26	Admin	1	
		19	

*Some training and teaching are in concert with other activities

I have reviewed and agree to all requirements of the BIDMC PGY2 Infectious Diseases residency as described in the manual herein.

Resident name

Date