

Beth Israel Lahey Health



Beth Israel Deaconess Medical Center

PGY2 Transplant Pharmacy Residency Program Manual

2020-2021

In affiliation with



MCPHS
UNIVERSITY



| Accredited

Transplant Pharmacy Residency Manual (2018-2019)
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**Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-2021**

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 or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The Post Graduate Year two (PGY2) Transplant Pharmacy Residency at Beth Israel Deaconess Medical Center (BIDMC), in conjunction with MCPHS University, builds upon a PGY-1 residency education and outcomes to contribute to the development of clinical pharmacists who are responsible for medication-related care of transplant recipients. The PGY-2 program in transplant pharmacy will develop the candidate's skills as a transplant pharmacotherapy specialist, pharmacy educator, and create foundational skills to be applied as a clinical researcher.

PGY2 Program 2020-2021

**ASHP Required Competency Areas
For Postgraduate Year Two (PGY2) Pharmacy Residencies in Solid Organ Transplant**

R1 Patient Care	
	R1.1 In collaboration with the health care team, provide comprehensive medication management to solid organ transplant patients following a consistent patient care process.
	R1.1.1 Interact effectively with health care teams to manage solid organ transplant patients' medication therapy.
	R1.1.2 Interact effectively with solid organ transplant patients, family members, and caregivers.
	R1.1.3 Collect information on which to base safe and effective medication therapy for solid organ transplant patients.
	R1.1.4 Analyze and assess information on which to base safe and effective medication therapy for solid organ transplant patients.
	R1.1.5 Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for solid organ transplant patients.
	R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) for solid organ transplant patients by taking appropriate follow-up actions.
	R1.1.7 For solid organ transplant patients, document direct patient care activities appropriately in the medical record, or where appropriate.
	R1.1.8 Demonstrate responsibility to solid organ transplant patients for patient outcomes.
	R1.2 Ensure continuity of care during solid organ transplant patient transitions between care settings.
	R1.2.1 Manage transitions of care effectively for solid organ transplant patients.
	R1.3 Manage and facilitate delivery of medications to support safe and effective drug therapy for solid organ transplant patients.
	R1.3.1 Facilitate delivery of medications for solid organ transplant patients following best practices and local organization policies and procedures.
	R1.3.2 Manage aspects of the medication-use process related to formulary management for solid organ transplant patients.
	R1.3.3 When presented with a real or hypothetical drug shortage, identify appropriate alternative medications.
R2 Advancing Practice and Improving Patient Care	
	R2.1 Demonstrate ability to manage formulary and medication-use processes for solid organ transplant patients, as applicable to the organization.
	R2.1.1 Prepare or revise a protocol, treatment guideline, drug class review or monograph; implement a proposal for medication safety technology improvement; or develop a new clinical service related to care of solid organ transplant patients.
	R2.1.2 Participate in medication event reporting process related to care for solid organ transplant patients.
	R2.1.3 Identify opportunities for improvement of the medication-use system related to care for solid organ transplant patients.
	R2.2 Demonstrate ability to conduct a quality improvement or research project.
	R2.2.1 Identify and/or demonstrate understanding of a specific project topic to improve care of solid organ transplant patients or for a topic to advance the solid organ transplant pharmacy profession.
	R2.2.2 Develop a plan or research protocol for a practice quality improvement or research project for the care of solid organ transplant patients or for a topic for advancing the solid organ transplant pharmacy profession.

	R2.2.3 Collect and evaluate data for a practice quality improvement or research project for the care of solid organ transplant patients or for a topic for advancing the solid organ transplant pharmacy profession.
	R2.2.4 Implement a quality improvement or research project to improve patient care for solid organ transplant patients or for a topic for advancing solid organ transplant pharmacy.
	R2.2.5 Assess changes or need to make changes to improve care for solid organ transplant patients or for a topic for advancing solid organ transplant pharmacy.
	R2.2.6 Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care of solid organ transplant patients or for a topic for advancing solid organ transplant pharmacy at a local, regional, or national conference
R3 Leadership and Management	
	R3.1 Demonstrate leadership skills for successful self-development in the provision of care for solid organ transplant patients.
	R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for solid organ transplant patients.
	R3.1.2 Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for solid organ transplant patients.
	R3.2 Demonstrate management skills in the provision of care for solid organ transplant patients.
	R3.2.1 Contribute to solid organ transplant pharmacy departmental management.
	R3.2.2 Manage one's own solid organ transplant practice effectively.
R4 Teaching, Education, and Dissemination of Knowledge	
	R4.1 Provide effective medication and practice-related education to solid organ transplant patients, caregivers, health care professionals, students, and the public (individuals and groups).
	R4.1.1 Design effective educational activities related to solid organ transplant.
	R4.1.2 Use effective presentation and teaching skills to deliver education related to solid organ transplant.
	R4.1.3 Use effective written communication to disseminate knowledge related to solid organ transplant.
	R4.1.4 Appropriately assess effectiveness of education related to solid organ transplant.
	R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in solid organ transplant.
	R4.2.1 Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to solid organ transplant.

**Selected ASHP Elective Competency Areas
For Postgraduate Year Two (PGY2) Pharmacy Residencies in Solid Organ Transplant**

E1 Academia	
	E1.2 Exercise case-based and other teaching skills essential to pharmacy faculty.
	E1.2.1 Develop and deliver cases for workshops and exercises for laboratory experiences.
	E1.3 Develops and practices a philosophy of teaching.
	E1.3.2 Prepare a practice-based teaching activity.
	E1.3.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

**Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-21
Administration and Governance**

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BIDMC Residency Advisory Committee (RAC)

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

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

BIDMC PGY2 Transplant Pharmacy Residency Program Structure 2020-21

Required Rotations (6 weeks)	Preceptor
Acute Care – Kidney/Pancreas Transplant	Kaitlyn Zheng, PharmD or Katelyn Richards, PharmD, BCPS
Acute Care – Liver Transplant	Katelyn Richards, PharmD, BCPS or Kaitlyn Zheng, PharmD
Ambulatory Care – Kidney/Liver Transplant	Katelyn Richards, PharmD, BCPS or Kaitlyn Zheng, PharmD
Immunocompromised Infectious Disease	Nick Mercurio, PharmD, BCIDP or Chris McCoy, PharmD, BCPS
Pharmacy Student Experiential Education	Katelyn Richards, PharmD, BCPS
Elective Rotations (4 weeks) Minimum 2	Preceptor
Heart Failure/VAD – Heart Transplant	Miae Kim, PharmD, BCPS (BWH)
Surgical Critical Care	Pansy Elsamadisi, PharmD, BCPS, BCCCP or Holly Reed, PharmD
Bone Marrow/Stem Cell Transplant	Stefanie Clark, PharmD, BCOP
Lung Transplant	Kerri Townsend, PharmD, BCPS (BWH)
Longitudinal Learning Experiences	Preceptor
Transplant Practice Leadership <ul style="list-style-type: none"> • Formulary/Leadership/Project Management 	Katelyn Richards, PharmD, BCPS and Kaitlyn Zheng, PharmD
Pharmacy Practice (staffing) <ul style="list-style-type: none"> • Pharmacy Orientation/Training (minimum of 4 weeks) • Staffing: 30 weekend shifts per year • Code Response Training/Participation • Clinical on-call: ~every 2 months 	Kaitlyn Zheng, PharmD
Resident Report	Katelyn Richards, PharmD, BCPS
MCPHS Univ – Teaching/Group Seminar Facilitation <ul style="list-style-type: none"> • Facilitate MCPHS Therapeutics Seminar • Participate as a preceptor for 2 MCPHS University students 	Yulia Murray, PharmD, BCPS
Residency Research Projects <ul style="list-style-type: none"> ▪ MUE ▪ Residency Research Project ▪ P&T/Clinical Division Presentations 	Katelyn Richards, PharmD, BCPS and Kaitlyn Zheng, PharmD

Detailed descriptions of all rotations is provided in Pharmaccademic

BIDMC PGY2 Transplant Residency Program Requirements 2020-21

Successful completion of the BIDMC PGY2 Residency Program requires the achievement of > 85% of the required ASHP Residency Program Residency Learning System Outcomes, Goals and Objectives. Progress towards achieving these goals will be monitored at least quarterly by the RPD.

Marking a Goal/Objective Achieved for Residency (ACH-R)

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. Evidence of consistent performance (ie progression from a score of 2 \rightarrow 3 \rightarrow 4 and a lack of regression in scores) will also be taken into account when evaluating whether a resident has achieved ACH-R for a particular goal or objective.

In addition to completion of >85% of the ASHP Residency Program Residency Learning System Outcomes, Goals and Objectives all residents must complete the required activities outlined below.

The following are detailed descriptions of required activities:

1. **Participation in Residency Orientation/Training Program: Start of Residency**
A formal orientation program for all residents is scheduled in July of each year. All new residents are expected to attend these sessions. This orientation period is to introduce the incoming residents to the BIDMC Department of Pharmacy, the BIDMC Medical Center at large, MCPHS University; and to outline the expectations for the residency year.
2. **Department of Pharmacy Practice-Service: July 6th – June 30th**
 - Each resident is required to complete a pharmacy service component of the residency program. Often referred to as "staffing," the service component of the residency is crucial to the development of professional practice and distribution skills so as to provide safe and effective pharmaceutical care.
 - Residents will gain insight into the operations, policies and procedures of an acute-care facility.
 - The PGY2 Transplant Resident is required to staff 30 shifts, shift preference is for weekend transplant coverage
3. **Rotations-Required and Elective: July 6th - June 30th**
 - Each resident is responsible to complete a defined number of required clinical and management rotations as well as a determined number of elective rotations. Rotations will be evaluated using the PharmAcademic web-based software tool.
 - One week prior to each rotation, the resident will submit their pre-rotation goals in PharmAcademic so as to provide an opportunity for the preceptor to evaluate, and if possible, to design specific activities to meet the resident's goals. At the beginning of each rotation, the preceptor will provide residents with the rotation: goals and objectives, learning activities and method of evaluation. Residents are responsible for coordinating their evaluations with the rotation preceptor. Rotation evaluations should be scheduled during the last week of rotation and are to be completed no later than one week following the conclusion of the rotation.
4. **Medication Use Evaluation: TBD**
Each resident is required to participate in and complete a Medication Use Evaluation (MUE). Topics may be pertaining to direct patient care, quality improvement; fiscal oversight or others. This MUE will be presented at the relevant multidisciplinary meeting(s) at the institution.
5. **Residency Project: Longitudinal**
 - Each resident is responsible for the completion of residency project. The project typically takes the form of a research project, including IRB submission/correspondence, data collection, data analysis, and manuscript preparation.

- Each resident will complete a project report using an accepted manuscript style suitable for publication in the professional literature.
6. Participation in Departmental and External Leadership Activities: **Longitudinal**
A number of activities and opportunities for leadership development will be scheduled throughout the residency year to foster an understanding of leadership within the department of pharmacy, within the profession of pharmacy and within the field of healthcare. These include participation in the Transplant QAPI, Transplant M&M, AST conference calls and Kidney and Liver Selection Committee meetings.
7. Participation in Drug Information Services: **Longitudinal**
- Each resident will participate in several venues to provide drug information, which include but are not limited to Drug Information Questions, Development/update of PPGD, P & T Committee Formulary Reviews, Journal Club and other drug information activities, etc.
 - The goal of these activities is to provide the resident with experience in the provision of pertinent drug information in a number of venues.
 - The PGY2 Transplant resident will be required to write up 5 formal DI questions during the year
8. Participation in Teaching Activities: **TBD per MCPHS University calendar**
Resident involvement in the teaching activities fosters clinical development and refinement of the resident's teaching and communication skills.
- The residents will serve as preceptors to MCPHS University students during their 6 week Advanced Pharmacy Practice Experience. The residents will be responsible for developing the rotation goals and objectives for the students as well as coordinating all on-site activities and evaluations. The preferred rotation for students will be the Epstein Trey Medicine Service on Far10.
 - The resident will actively participate as a facilitator for MCPHS University Therapeutics Seminar for the fall and spring semesters.
 - The resident will participate in the longitudinal MCPHS University Teaching Certificate Program if one has not been previously completed.
 - The resident will be responsible for teaching one lecture (preferably Transplant Immunosuppression) at MCPHS University.
 - Additional teaching activities may be assigned at the discretion of the residency director and MCPHS University Coordinator.
9. Participation in Recruitment Efforts: **November 2020-March 2021**
- Each resident will assist with the new resident recruitment efforts of the department. Because each resident is an important source of information and advice for potential candidates, there will be scheduled time within the interview process for interviewees to interact with current residents.
 - Additionally, each resident is required to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting.
10. Attendance – American Transplant Congress: **June 2021**
- The American Transplant Congress is held in the Spring of the year (generally in May/June) and is a forum where the resident can continue to develop transplant specific knowledge while networking with transplant pharmacy practitioners around the country.
11. Participation in Resident Advisory Council (RAC) Meetings: **Longitudinal**
- Residents will attend scheduled RAC meetings to discuss upcoming resident events, other issues pertaining to the residency program, and actions/recommendations made at residency committee meetings, etc.
 - Meetings will be scheduled by the Director of the Residency Program.
12. Participation and Health and Wellness Activities: **Longitudinal**

- The resident will be expected to take part in at least one Organ Donation Awareness Activity at a local School of Pharmacy or organize an activity in collaboration with New England Donor Services and the Transplant Institute at BIDMC. See the AST Organ Donation Awareness Activity Guide for ideas and resources.
- The resident may also choose to lead a patient focus group on medication related concerns post-transplant. The sessions have been extremely well attended in the past.

BIDMC PGY2 Transplant Pharmacy Residency Program 2020-21

Qualification of the Resident:

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

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

Application to the BIDMC Residency Program:

Applicants to the BIDMC Transplant Pharmacy PGY2 Residency Program will complete an electronic application in Phorcas and submit by the application deadline. Materials to be included are:

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

Selection of Applicants for an On-Site Interview

Members of the BIDMC RAC will utilize a program specific applicant selection rubric to review and determine a score for each application to the program. The letter of intent, CV, scholastic record and letters of recommendation weigh highly in the review process. We also consider work experience, career goals, leadership activities, teaching experience, exposure to transplant and involvement in professional activities as important factors in our selection process. In determining the candidates for on-site interviews, 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 applicants that most closely match the BIDMC Transplant Pharmacy PGY2 program goals and 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.

Interview and Ranking Process

Selected candidates will be interviewed on-site and evaluated utilizing a standardized evaluation and scoring tool. The RAC will meet to review the calculated interview scores and determine the final rank list. The BIDMC RAC reserves the right to adjust the rank list based on discussion and consensus of which applicants most closely match the program goals and opportunities at the medical center. A rank list will be submitted to the Resident Matching Program.

If the program does not match during the first round of the match we will enroll in the second round of the match. The same process as outlined above will apply for reviewing applicants for the second round of the match. The need for an onsite interview vs. a tele interview via Skype will be determined based on both the availability of applicant and the RPD in addition to the proximity of the applicant to BIDMC.

If the program does not match via the second match the RPD may make a direct offer (verbal or written) to an applicant that remains unmatched or an applicant that did not participate in the match. The RPD will follow a similar process as outlined above with the need for the applicant to provide a letter of intent, CV and three

letters of recommendation. If the program does not match during round one and two of the match the RPD reserves the right to choose whether the position will be filled for that residency year.

Early Commitment

The BIDMC pharmacy residency program includes specialty training programs in the areas of Infectious Diseases, Critical Care and Solid Organ Transplant. The respective Residency Program Director (RPD) for each program reserves the right to determine if they will choose to early commit to their program in any given year. The RPD must notify the PGY1 class no later than the end of the first week of November of the option for early commitment for the subsequent residency year. If the opportunity for early commitment is available residents interested in early commitment to a program must express their interest in writing to the RPD by the end of the second week of November. The resident will need to submit to the RPD a letter of intent, CV and three letters of recommendation by the deadline set forth by the RPD. The resident will interview for the position prior to attending the ASHP Midyear meeting. Each RPD reserves the right to choose to interview additional candidates at the ASHP midyear prior to early committing the PGY1. All residents who early commit to a BIDMC PGY2 should sign their BIDMC offer letters by the end of December.

Acknowledgement of Residency Match or Early Commitment :

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.

In the setting of an internal early commitment, the resident will sign an acceptance letter on the same date as the ASHP submission deadline for the early commitment.

Pharmacy Licensure Requirements and Verification:

In alignment with the ASHP Standards for Accreditation of PGY1 Residency Programs which require that a minimum of 2/3 of the residency (8 months) is completed as a pharmacist licensed to practice in the program's jurisdiction; participation in the BIDMC Transplant Pharmacy PGY2 Residency Program is contingent on securing and maintaining a license without restriction in the Commonwealth of Massachusetts (MA). The resident will communicate with the RPD the status of their progress in attaining licensure and confirmation of licensure once notified by the MA Board of Pharmacy.

- If a PGY2 Resident is not licensed prior to the start of the BIDMC Transplant Pharmacy PGY2 Residency program, the residents must obtain a MA pharmacy intern license, which they will practice under, until they pass the required examinations and receive notification that they are licensed as a pharmacist in MA.
- Residents are expected to be licensed as a pharmacist with the MA Board of Pharmacy within 90 days of the start their residency program.
- The resident will communicate with the RPD the status of their progress in attaining licensure and confirmation of licensure once notified by the MA Board of Pharmacy. Residents must contact the RPD prior to these deadlines should any issues or extenuating circumstances arise with obtaining 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.

BIDMC PGY2 Transplant Pharmacy Residency Program 2020-21 Obligations of the Program to the Resident

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

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

Individualized Resident Plan

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

BIDMC PGY 2 Transplant Pharmacy Residency Evaluations

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

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

The preceptors, program director, and residents will frequently provide feedback to one another during individual rotations, resident activities and in general throughout the residency program.

Specific program and rotation feedback may be given via different formats depending upon the learning experience. This will include both oral and written feedback and evaluation.

Evaluations will occur as described below:

1. Resident Self-Evaluation:

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

2. Rotation Summative Evaluations:

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

Evaluation scale definitions to be utilized in the summative rotation 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.)

3. Criteria Based Assessments:

Rotation preceptors will provide periodic opportunities for the resident to practice and document criteria-based, formative self-evaluation of aspects of their routine performance and to document criteria-based, summative self-assessments (snap-shots) of achievement of the educational goals and objectives assigned to the learning experience. Feedback and evaluation of such selected activities will be conducted throughout the residency for both rotation and longitudinal activities. These will include but is not limited to:

- Case Discussion (Primary preceptor during that experience)
- Communication (Primary preceptor during that experience/Advisor/RPD)
- Intervention Documentation (Primary preceptor during that experience/Advisor)
- Problem solving (Primary preceptor during that experience/Advisor)
- Researched DI Questions (Primary preceptor during that experience)
 - Journal Club (Primary preceptor during that experience/pharmacy staff /students)
 - Other project assignments(evaluation preceptor will be assigned)

4. Quarterly Evaluation:

These are longitudinal evaluations providing written evaluation of the resident's progress within the residency program. The quarterly evaluation will address progress towards the resident's individual residency goals and objectives, the required and longitudinal activities of the program and progress towards obtaining the required PGY2 goals and objectives. The resident will complete a quarterly self-assessment in PharmAcademic and submit this to his/her Resident Program Director. One week prior to the scheduled Quarterly Evaluation meeting time. Information gathered from the quarterly review will be used to update the resident's quarterly customized plan.

5. Residency Advisory Committee Assessments:

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

6. Custom Evaluations:

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

Residency Preceptor Requirements

In alignment with accreditation and practice standards set forth by ASHP, the BIDMC PGY1 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, and:
- Have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice experience in the advanced practice area; or,
- Without completion of an ASHP-accredited PGY2 residency, have three or more years of pharmacy practice experience

The ASHP Accreditation Standards outline the responsibilities of preceptors necessary for accreditation compliance, stating that preceptors serve as role models for learning experiences and they must:

- Contribute to the success of residents and the program;
- Provide learning experiences in accordance with the standards;
- Participate actively in the residency program's continuous quality improvement processes;
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- Adhere to residency program and department policies pertaining to residents and services; and,
- Demonstrate commitment to advancing the residency program and pharmacy services

In addition to aforementioned requirements, the following Preceptors' Qualifications are essential prerequisites for ASHP Residency Preceptors. Preceptors must demonstrate the ability to precept residents' learning experiences as described in the following areas:

- Demonstrate the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
- Demonstrate the ability to assess residents' performance;
- Demonstrate recognition in the area of pharmacy practice for which they serve as preceptors;
- Maintain an established, active practice in the area for which they serve as preceptor;
- Maintain a continuity of practice during the time of residents' learning experiences; and,
- Demonstrate ongoing professionalism, including a personal commitment to advancing the profession.

To ensure ongoing reflection and personal profession development in meeting the requirements of a qualified preceptor, a Preceptor Self-Assessment tool has been developed and will be completed annually by each preceptor. The RPD will utilize this information, in addition to the rotation preceptor evaluations to determine individual and program needs for preceptor development.

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

Preceptor and Program Development

The Residency Program Director evaluates the qualifications of potential preceptors and re-evaluates current preceptors based on the ASHP Accreditation Standard for PGY1 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 the 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> (on-line access through the schools of pharmacy)
- 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
-

Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-21
Expectations and Responsibilities of Residents

Professional Practice:

Professional Conduct:

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

Professional Dress:

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

Employee Badges:

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

Communication:

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

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

Patient Confidentiality:

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

Attendance:

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

**Beth Israel Deaconess Medical Center
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Duty Hour policies:

Standards have been established by the Accreditation Standard for Pharmacy Residencies regarding the time residents spend performing patient care duties and other activities related to their program.

(<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>)

It is recognized that providing residents with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being.

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

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duties, and must have at a minimum 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- Duty hours should be documented in the duty hours spreadsheet and stored in the resident's pharmacy shared drive folder. The residency program director may review the residency duty hours at any time.
- In addition to maintaining a log of duty hours, the resident will sign the monthly duty hours attestation custom evaluation. By signing this monthly attestation they are agreeing that they have abided by the duty hours policy for the preceding month. If there are any aberrations they will be noted. The month duty hours attestation will be co-signed by the RPD.

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.
- Scheduled shifts worked in addition to the 30 mandatory shifts must be approved by the residency program director via email or direct verbal communication. The residency program director reserves the right to limit the amount of additional hours a resident chooses to work to ensure they are able to appropriately meet the goals and objectives set forth at the beginning of the residency year.

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 (ie, does not achieve **3- Developing: [Satisfactory]**) 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.)
 - Adequate progress may be defined as failure to meet deadlines set forth by project preceptors and/or the residency program director or failure to incorporate feedback provided by preceptors or the RPD.
 - If the resident does not feel that they are able to meet a deadline, the preceptor must be notified no less than 48 hours prior to the deadline with a plan for modification of the anticipated timeline.

Disciplinary Action Policy and Procedure:

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

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

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

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

**Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-21**

Completion of Program Requirements:

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

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

BIDMC PGY2 Transplant Pharmacy Residency Program 2020-21
General Information:

Salary/Paid Time off (PTO):

- The **2020-21** residents will receive a stipend of \$53,000.00, with accrued PTO.
- Residents earn approximately 30 PTO days during their 12-month program, which are used for: Holidays, Sick Time, Vacation Days, Seminars, Interviews and Personal Days.

Benefits:

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

Vacation/Personal Days:

Residents accrue approximately 30 Paid Time Off (PTO) days during their 12-month program, which are used for: Holidays, Sick Time, Vacation Days, Seminars, Interviews and Personal Days. This time is accrued weekly.

- Scheduled paid 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*
- Vacation and personal days must be planned and scheduled in advance with consideration of rotation obligations, staffing and other residency responsibilities.
 - Requests for time-off, vacation and/or schedule changes must be received in writing at least two weeks prior to the scheduled time off.
 - Residents should submit time-off requests first to the assigned preceptor for that time period and once approved, forwarded to the RPD for final approval. If the time off request affects any staffing obligations, the request must also be submitted to the pharmacy supervisor responsible for scheduling.
 - Residents may take no more than 5 days off in one learning experience without prior approval from the preceptor and RPD. Preceptors will communicate to the residents how any missed work will be made up.
- Attendance at the ASHP Midyear and the Eastern States Conference are considered Professional Absences and do not affect PTO.

Sick Days/ Extended Medical Leave/Personal Leave:

- Sick days must be reported to the Pharmacy Administrator on call (92429) as early as possible as outlined in the Department of Pharmacy Policy and Procedures. In addition, the resident should also notify the current rotation preceptor and Residency Program Director as early as possible of their absence.
- It is the responsibility of the resident to coordinate and make up any missed work associated with their absence during a rotation. The resident should coordinate this with the preceptor for that rotation.

- If an employee is absent for three consecutive work shifts (days of residency) without notifying her/his supervisor, s/he will be considered to have resigned without notice.
- Illnesses longer than 5 days will follow the Department of Pharmacy Policy: “Employee Dependability (Attendance and Tardiness) Expectation.” If an employee is absent for five consecutive shifts and has notified her/his supervisor, s/he must report to Employee/Occupational Health Services for evaluation and clearance prior to returning to work.
- In the event of a serious medical or personal condition requiring extended leave, communication with the RPD and Human Resources should be initiated as soon as possible to ensure that the resident is aware of their benefit status and he/she can determine what actions, if any, are available for continued benefits. BIDMC Policies regarding extended illness, “**Employee Paid Time Off (PM-03)**”, and “**Employee Leaves of Absence (PM-11)**” are located in the Residency Program Manual appendices as well as 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 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.

**Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-21**

BIDMC Department of Pharmacy

The Department of Pharmacy at BIDMC employs approximately 140 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 MCPHS University and Northeastern University College of Pharmacy.

Mission Statement

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

Operating Principles

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

**Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-21
Resident Project**

Overview:

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

Project selection / Scope of projects/ Approval:

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

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

Project Advisor/s:

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

Beth Israel Deaconess Medical Center
PGY2 Transplant Pharmacy Residency Program 2020-21
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 6th - July 20th: 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 **July 20th**. (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.

July 20th-August 1st: The resident, in collaboration with the project advisor, will develop the study design and methods and present to the RAC for review and comments.

August 1st- August 7th: The resident is responsible for developing a personal project timeline to be reviewed and submitted to the project advisor and/or the Residency Director by: August 7th. The project timeline will include specific time points for data collection, data analysis and presentation preparation.)

Additionally, during this time period, the resident will prepare an abstract, pertinent to the study, for application to the ASHP Midyear Residency Poster Session (refer to the ASHP website for specific deadline.) All abstracts must be submitted to the project coordinator and/or RAC for review at least 2 weeks prior to the final ASHP deadline.--- *This will be done on a case by case basis depending on whether or not the transplant pharmacy team is likely to attend the ASHP midyear meeting.*

August 7th- Sept 1st: 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.

Sept. 1st – Dec 1st: The resident will work within his/her individual timeline to complete data collection, data analysis, and final project summaries. Status reports from the resident and the project preceptor should be completed and presented to the Residency Director and RAC Committee as part of the quarterly evaluation.

In preparation for the American Transplant Congress, the resident will develop an abstract that summarizes the key results of the study. Abstract deadline for the ATC is typically the Monday after Thanksgiving.

Mid- February: Resident will be notified of acceptance or denial of acceptance to the ATC.

Mid- February – May 15th: During this time the resident will finalize slides or a poster for presentation at the ATC. Slides or the poster will need to be complete a minimum of 2 weeks prior to the meeting. The 2 weeks prior to the meeting will be spent practicing the presentation with preceptors and physician colleagues.

Prior to the conference the resident will present, in full, the poster of their project to the RAC for final review and approval. During this time, consideration should be given to presenting study results to the BIDMC division/clinical area which may be most closely involved in the study or impacted by the study results. Completed projects will be presented to the BIDMC Pharmacy and Therapeutics Committee.

Project Completion:

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

**Beth Israel Deaconess Medical Center
Transplant Residency: Resident Project Approval Sheet**

Part I: Project Approval

Project Title:

Resident:

Project Team Members: Name	Title/Position	Role(s)
		Project advisor

Roles that team members may fulfill include but are not limited to: oversee data collection, oversee data analysis, subject matter expert who provides recommendations on the direction/design of research project, assistance with manuscript writing.

- I. **Project objective(s) including primary and secondary endpoints, if applicable:**
 - a. Objective:
 - b. Primary research question:
 - c. Primary outcome:
 - d. Secondary outcome(s):

- II. **Background and significance:** *(Describe the background of the study, include a critical evaluation of existing knowledge, identify gaps in knowledge that this project is anticipated to fill)*

- III. **Methods:**
 - a. Study Design:
 - b. Time period:
 - c. **Subjects:**
 - i. **Inclusion Criteria:** *(e.g. age, time period, disease state, medication, etc.)*
 - ii. **Exclusion Criteria:** *(provide details)*
 - iii. **Estimated number of subjects:** *(as appropriate include statistical or other reason for desired/estimated number of patients to include)*
 1. How will a list of subjects be identified and generated from departmental, or other databases?

- IV. **Data to be collected:** *Planned analysis of data: (include specifics on how the primary and secondary outcomes will be evaluated)*

- V. **Impact:** *What is the anticipated impact that this study will have on the pharmacy department, pharmacy practice and/or other area? (please explain, e.g. Improving patient outcomes; Enhance medication safety; Cost avoidance; Documentation of pharmacy services, etc.)*

References:

Signatures:

Resident: _____ **Date:** _____

Project Preceptor: _____ **Date:** _____

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

**Beth Israel Deaconess Medical Center Transplant Residency
Program Resident Project Completion Sheet**

Resident: _____

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

<u>Project Timeline/Sign off</u>	<u>Date:</u>	<u>Project Advisor:</u>
1. Project Submission to RAC Committee:	_____	_____
2. Submission to IRB:	_____	_____
3. Project Timeline to Project Advisor/RPD	_____	_____
4. Data collection		
5. Abstract presented to RAC for Review:	_____	_____
6. Abstract Submitted to ATC:	_____	_____
7. Completed Project submitted to RAC for review:	_____	_____
8. Completed Project submitted to pertinent BIDMC Committee/department for review:	_____	_____
9. Completed Project presented to P&T:	_____	_____

**Beth Israel Deaconess Medical Center
Current and Past Resident Research Projects**

PGY2 Transplant Projects

2017-2018 - Impact of the development of an immunologic risk stratification monitoring protocol on kidney transplant outcomes

PGY1 Transplant Project

Impact of hyperparathyroidism on cardiac and allograft specific outcomes in kidney transplant recipients

Impact of a steroid-free immunosuppressive regimen on patient and graft outcomes in pancreas transplant recipients

Impact of Ambulatory Transplant Pharmacy Services On Outcomes And Readmissions in Adult Abdominal Transplant Recipients

Predictors of successful conversion from tacrolimus to sirolimus in kidney transplant recipients on a steroid free regimen

Impact of Fioricet use on Immunosuppressant Drug Levels in Transplant Recipients

Impact of sirolimus conversion on cardiovascular outcomes in kidney transplant recipients

Early versus late conversion from a calcineurin inhibitor to sirolimus and the incidence of wound complications in liver and kidney transplant recipients

Efficacy of low dose thymoglobulin induction for renal transplantation in the setting of early steroid withdrawal

Clinical experience with conversion to generic mycophenolate mofetil and tacrolimus in a transplant center at a large academic medical center

A Multicenter review of the Impact of Immunosuppression and Antiretrovirals on Outcomes in HIV+ Transplant recipients

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

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

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

CE Topic:

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

CE Format:

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

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

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

Approval for CE credit:

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

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

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

CE Evaluation:

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

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

Post Program:

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

BIDMC TRANSPLANT PHARMCY RESIDENCY Longitudinal Activity Tracking Grid

This tracking tool is intended to assist in the planning and documentation of longitudinal activities and requirements assigned throughout the residency. This tool should be maintained and kept up to date so that it can be provided to your RPD and the RAC membership at large to assist in the tracking of your progress towards completion of these activities and your achievement of the associated residency goals and objectives. Activities required for completion of the residency program are noted as **REQUIRED** in bold.

Resident:

Residency Longitudinal Activities:	Completed in:				
Due Date:	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
	Signature	Signature	Signature	Signature	
<u>CE Program (REQUIRED)</u> Topic Selection Submission to BOP for CE Slide Review with preceptor/s CE Presentation					
<u>Drug Information Questions (REQUIRED)</u> May be provided in the format of an email to a provider DI Question 1 DI Question 2 DI Question 3 DI Question 4 DI Question 5 COBTH Clinical Pearl (optional)					
<u>Leadership/Administrative Activities (Required activities noted below)</u> BIDMC QAPI meetings (REQUIRED-minimum 1 per organ) Joseph Murray Lecture at BWH					

Assistance with ATC ODA workgroup Participation in TPAC planning conference calls New England Txp pharm meetings Revision/development of Txp med guideline (REQUIRED) Identify/resolve Txp related IT/Omniceil issue (if available) Report adverse events in RL6 (REQUIRED-min 1 events) Attendance at ATC Key note lectures Other					
<u>MUE (REQUIRED)</u> Selection Data Collection Data Analysis Presentation of Results					
Residency Longitudinal Activities:		Completed in:			
	Due Date:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<u>Transplant Group Presentations</u>		Signature	Signature	Signature	Signature
Grand Rounds					
Project Presentation (REQUIRED)					
Other					
<u>Presentations (Resident Report) -REQUIRED</u>					
Case Presentation					
Journal Club					
Preceptor pearl					
M&M					
Management					
<u>Project (REQUIRED)</u>					
CITI Training					
New Investigator Training					
Project Selection					
Draft Methods					

Abstract for ATC					
IRB					
Patient Identification					
Data Collection Tool					
Interim analysis					
Data Analysis					
Presentation to Transplant					
Project presentation to P&T (if applicable)					
Manuscript					
ATC presentation					
<u>Live donor and pre-transplant care</u>					
Donor discharge counseling 1					
Donor discharge counseling 2					
Pre-txp eval (deceased donor recipient) 1					
Pre-txp eval (deceased donor recipient) 2					
Pre-txp eval (deceased donor recipient) 3					
Pre-txp eval (living donor recipient) 1					
Pre-txp eval (living donor recipient) 2					
Pre-txp eval (living donor recipient) 3					
<u>Monograph Review</u>					
Rough draft monograph					
Rough draft presentation					
Final draft monograph					
Final draft presentation					
P&T Presentation					
<u>Quarterly Evaluations (REQUIRED)</u>					
Q1 Evaluation					
Q2 Evaluation					
Q3 Evaluation					
Q4 Evaluation					
<u>Organ Donor Awareness Activity (REQUIRED)</u>					
Email contacts					

Participate in Event #1				
Participate in Event #2				
Participate in Event #3				

**BIDMC TRANSPLANT PHARMCY RESIDENCY
PROGRAM YEAR 2020-21**

Tentative Timelines for Residents

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

****This may not be all inclusive – watch your residency requirements tracking form!****

July:

- Residency Program Orientation
- Finalize dates for taking the MPJE (if necessary)
- Review ASHP Residency Standards
 - Initial self-assessment (Entering resident goals and objectives)
 - Establish Resident Account in PharmAcademic
- Begin Pharmacy Practice Training
- Meet regularly with RPD to review issues and verify how training is going
- Schedule meeting and orientation with MCPHS University
- Review Early Core Rotation schedule/verify dates/timelines with preceptors
- Review / schedule longitudinal experiences (P&T, CE, Med Safety, Drug Information, etc.)
- Start evaluation and selection process for topic for longitudinal Residency Project
- Establish Practice Management Goals/Activities (MUE, policy development, meetings with the DOP, Leadership activities, etc.)
- Project topic/preceptor confirmed (**Due Date 7/20/20**)

August:

- Attend MCPHS University Orientation
- Begin MCPHS University Teaching Certificate Program (if not previously completed)
- Establish personal deadlines for various projects, assignments, longitudinal work (P&T minutes, newsletter articles, CE program for pharmacists, etc.)
- Establish meeting times for RAC
- Begin Clinical Rotations (ensure pre/post rotation goals/evaluations completed)
- Project Design/Methods write-up
- Project Proposal Summary and begin IRB application

September:

- Begin MCPHS longitudinal activities (facilitate Therapeutics Seminar)
- Begin working on recruitment information for prospective new residents: area showcases are in November
- Submit project application to IRB if not already done (deadline Sept 1)

October:

- Complete 1st Quarter Self-Evaluations and meet with Advisor
- Schedule time with RPD for review of Residency Plan

November:

- Discuss CV preparation and interview opportunities at midyear
- Complete residency project in time for submission to ATC (abstract deadline Dec 1)
- Complete recruitment materials for ASHP Residency/MCP Showcase

December:

- ATC abstract deadline
- Determine 3rd Quarter Rotations (core and elective)
- Complete 2nd Quarter Self-Evaluations and meet with Advisor
- Schedule time with RPD for review of Residency Plan
- Coordinate MCPHS activities for upcoming block (seminar, etc.)

January:

- Off site rotations
- Determine medication safety activities, MUE and CE program for staff if not already planned
- Review MCPHS activities for Spring Semester

- Begin to prepare materials for teaching rotation
- Finalize remaining rotations
- Coordinate recruitment activities of new residents with RPD

February:

- Participate in interview activities of new residents with RPD
- Continue project work-completion of poster and slides after abstract notification

March:

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

April:

- Determine what hospital committees/persons would be targets audience for project presentation

May:

- ATC preparation
- P&T presentation (May or June)

June:

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

Transplant Resident – Draft Schedule 2017-2018

Date	Rotation	Preceptor	Weeks
July 3- July 7	Vacation		1
July 10 - Aug 11	PGY2 Residency Orientation/Administration month	Christin Rogers and Katelyn Richards	4
Aug 14-Sept 22	Acute Care – Kidney/Pancreas (Core rotation 1)	Christin Rogers	6
Sept 25- Nov 11	Acute Care – Liver (Core rotation 2)	Christin Rogers	7
Nov 13 – Dec 1	Transplant Research/QAPI	Christin Rogers/Jacki Jackson	3
Dec 4-Dec 29	HLA lab/ Vacation	Ryan Pena/ Christin Rogers	4
Jan 2- Jan 26	BWH – Heart failure/VAD (Elective rotation 1)	Miae Kim	4
Jan 29-Feb 23	BWH – Lung Transplant (Elective rotation 2)	Keri Townsend	4
Feb 26-March 23	Elective 3 (Likely Hepatology)/Teaching		4
Mar 26- April 27	Ambulatory Care – Transplant Clinic	Christin Rogers or Katelyn Richards	5
April 30- June 1	Elective rotation 3/4		4
June 2-June 6	American Transplant Congress - Seattle		1
June 11-June 22	Mini-Elective		2
June 25-June 29	Admin week		1

Required Rotations: Acute Care – Kidney/Pancreas Transplant, Acute Care – Liver Transplant, Ambulatory Care – Kidney Liver Transplant, Immunocompromised ID

Elective Rotations: Heart Failure/VAD,, Bone Marrow Transplant, Heart Transplant, Lung Transplant, , Surgical Critical Care

Notes: