Baystate Medical Center PGY1 Pharmacy Residency Policies

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BH-PR-000 Graduate Pharmacy Residency Training Program Mission Statement

The mission of PGY1 and PGY2 pharmacy residency programs at Baystate Medical Center is to offer a high-quality, in depth learning environment that enables pharmacists to develop accountability; practice patterns; habits; and expert knowledge, skills, attitudes, and abilities in the respective advanced area of pharmacy practice. Residents completing the program are expected to demonstrate competency in the areas of contemporary pharmacy practice, written and oral communication, teaching, and clinical research.

The Baystate Medical Center Department of Acute Care Pharmacy Services will create such an environment through commitment to:
- Competence based education, evaluation, and practice
- Support for the professional and personal development of learners, faculty, and staff
- Educational and clinical excellence through continuous improvement and innovation

The Department of Acute Care Pharmacy Services is committed to excellence in education and pharmaceutical care through leadership, allocation of resources, and regular program assessments and improvements. The department and its residencies are also committed to:
- Facilitating residents’ professional, ethical, and personal development
- Supporting safe and appropriate patient care through resident supervision, curricula, evaluation, and improvement
- Ensuring substantial compliance with ACGME institutional requirements, and ACGME policies and procedures
- Ensuring compliance with standards of The Joint Commission
- Meeting the accreditation standards, goals and objectives of the ASHP requirements for each program

Approved: Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD Director, Acute Care Pharmacy Services

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<td>Approved:</td>
<td>Academic Advisory Committee</td>
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| Originators: | Kathleen B. Kopcza, PharmD, Director of PGY1 Pharmacy Residency  
| | Erica Housman, PharmD, Director of PGY2 Infectious Diseases Pharmacy Residency  
| | Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency |
| Replaces: | BH-PR-000 | 6/2015 |
BH-PR-001 Resident Benefits, Time Off and Extended Leave

**Purpose:** To provide each resident with the program benefits, time off allotments and extended leave policy.

1. **Professional Leave (PGY1 Pharmacy Program Required, PGY2 Programs at discretion of RPD)**
   1.1. ASHP-MCM (5 days)
   1.2. Eastern States Residency Conference (3 days)

2. **Professional Leave (Optional)**
   2.1. The program director will determine the value of any professional meeting (local/state/national/international) and will have final approval after reviewing the appropriate written proposal submitted by the resident.

3. **Vacation, Holidays, and Sick Time**
   3.1. Per Baystate Health policy all vacation, holiday, and sick time days off are subtracted from a single bank of available time.
   3.2. 144 hours (18 days)
   3.3. Holidays
      3.3.1. Holidays at Baystate Medical Center include New Year’s Day, Martin Luther King’s Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Day
      3.3.2. One resident is required to provide coverage for the resident clinical assignment on all holidays. The holiday coverage schedules will be designed by the incoming PGY2 residents with input from the PGY1 residents and submitted to the entire group of program RPDs prior to July 1st. The final holiday schedule will be approved by the residency program directors.
   3.4. Refer to Baystate Health Human Resources policy BH-HR-302 Earned Time

4. **Extended Leave**
   4.1. In the event that the resident requires an extended leave of absence, the BMC Residency Program will refer the Graduate Medical Education Policy on Leave; BH-AA-GME-3.06 Leaves of absence as well as BH-HR-311 Leaves of absence, BH-HR-306 Family and Medical Leave of Absence, BH-HR-313 Small Necessities Leaves of Absence, BH-HR-502 Workers Compensation.
   4.2. See section 6 of this policy (BH-PR-001) for make-up requirements.

5. **Benefits**
   5.1. Health Insurance and other benefits: Health insurance (medical and dental) is offered to the resident; group rates are available (family).
   5.2. See BH-HR-309, “Insurance Programs and Other Benefits” for additional details.
   5.3. Professional Education Account (PEA):
      5.3.1. BH-AA-GME-6.03 Support for Professional Expenses for Residents
5.3.2. Funding for residents is determined each year as part of the budget process. PGY1 pharmacy residents are allocated up to $2700 per resident per academic year.

5.3.3. PGY2 pharmacy residents are allocated up to $3000 per resident per academic year.

5.3.4. Additional assistance is available to residents in the form of support for materials necessary to attend meetings (i.e., poster printing, business cards, etc.).

6. Notes
6.1. Two PGY1 residents must be at Baystate Medical Center on any calendar day to meet the clinical and staffing needs of the pharmacy (except for the 7 holidays).

6.2. Leave requests must be submitted electronically in advance to all involved faculty for approval (Note: The pharmacists schedule is posted two weeks prior to the start of a new schedule and will be posted in blocks of six to twelve weeks). Requests that fail to meet program requirements or policies may be denied (see Appendix A and Acute Care Pharmacy Services Policy BH-RX-01.06: Staffing and scheduling of pharmacy department and personnel).

Note: Sick days still maintain a required electronic submission but forms can be completed as soon as possible after absences due to illness.

6.3. PGY1 or PGY2 residents failing to complete the electronic submission process will be considered absent without leave (i.e., not paid for days absent) and may result in disciplinary action.

6.4. A resident may not be absent from rotation for ≥ 5 days, except to fulfill program-required leave. The make-up of missing days/hours may occur during evening shifts or weekends of the same month or in the immediate next month OR by extension of the residency beyond the June 30th end date (FMLA leave only). Any required conferences and/or presentations that are missed due to an absence need to be made up before the resident can be awarded their residency completion certificate. Travel to make up missed conferences/presentations will be at the resident’s expense. All residency program requirements need to be completed before the residency certificate will be awarded. All plans to make-up rotation time will be determined by the RPD and discussed with the resident prior to implementation. The pharmacy residency programs require that a minimum of 12 months of training be completed.

6.5. The resident and preceptor must coordinate leave in order to comply with ASHP Duty-Hour Requirements for Pharmacy Residencies. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Should the resident approach an 80 hour work week (work week defined as Sunday 0000 through Saturday 2359), he or she must take leave in order to comply with duty hours.

6.6. Mandatory time free of duty: residents will have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call will not be assigned on these free days.

6.7. Residents should have 10 hours free of duty between scheduled duty periods, and will have a minimum 8 hours between scheduled duty periods.

6.8. If a program has a 24 hour in-house call program, residents will have at least 14 hours free of duty after the 24 hours of in-house duty.

6.9. Interview days should be documented as a day off and be managed by the program director in collaboration with the resident’s preceptor for the month. The program director will manage the number of interview days in terms of need and appropriateness.

6.10. Any deviation from this policy must be approved by the Academic Advisory Committee.

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
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<tr>
<td>Originators:</td>
<td>Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency Kathy Kopcza, PharmD, Director of PGY1 Pharmacy Residency Erica Housman, Pharm.D, Director of PGY2 Infectious Diseases Pharmacy Residency</td>
<td>12/01/2016</td>
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## Appendix A: Baystate Medical Center Pharmacy Resident Leave Request Form

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<tr>
<th><strong>Baystate Medical Center Pharmacy Resident Leave Request</strong></th>
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<tbody>
<tr>
<td>☐ Restricted leave request (July and June 10th – 30th): All restricted leave requests require prior approval from the program director and preceptor. Check ONLY if approval was obtained before submitting the request.</td>
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<tr>
<th>Residents Name:</th>
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<tbody>
<tr>
<td>[ ] Vacation Leave</td>
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<td>[ ] Holiday Leave</td>
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<tr>
<th>Absence Dates:</th>
<th>From:</th>
<th>To:</th>
<th>Total Time:</th>
<th>Hours</th>
<th>Days</th>
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<table>
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<th>Vacation Leave</th>
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<tr>
<td>Sick Leave</td>
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<tr>
<td>Day Off/Interview</td>
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<tr>
<td>Professional Leave</td>
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<tr>
<th><strong>Emergency Contact Information (not required for sick leave)</strong></th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
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<tr>
<td>Phone:</td>
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</table>

| [ ] Professional Meeting |

| Name: |
| Location: |
| Activities: | Attendee | Poster Presentation | Speaker | Other: |

| Presentation Title/Details |

| [ ] Required Residency Activity |

| Destination/Purpose: |
| Contact Person: | Phone: |

| [ ] Interview |

| Location: |
| Contact Person | Phone: |

| Preceptor |
| Preceptor (Longitudinal) | [ ] Not Applicable |

| Program Director |

Acceptance of a corresponding Microsoft Outlook meeting invitation constitutes approval of the resident leave request.

See instructions below for the electronic submission procedure.
Electronic Leave Record Instructions

To submit an electronic leave request, the following steps should be completed:

1. Complete the electronic leave request (located on S:BMC Pharmacy\PGY-2 Critical Care\Policies and Procedures)
   - To fill in the check boxes: “right click” on the appropriate check box and click properties. Then change the default value to “checked.”

2. Cut and paste the electronic leave request form in a Microsoft Outlook meeting request or attach as a Microsoft Word document.

3. In the subject field put your name and type of leave requested. Enter the dates requested as the start and end times of the meeting.
   - Select “All day event”
   - Turn OFF the reminder function
   - Mark appointment to show as “Free”

4. Invite the following individuals:
   - Program director
   - Preceptor
   - Preceptor (longitudinal) (if applicable)
   - Assistant Director of Clinical Pharmacy Services (for professional leave only)

5. Once the above “invitees” approve of the request, alert the manager of pharmacy operations of the anticipated absence.
BH-PR-002 Residency Duty Hour Requirements

**Purpose:**

To set forth duty hour requirements in pharmacy residency programs for the benefit of patient safety, provision of fair labor practices, minimization of risks of sleep deprivation and meet ASHP Duty-Hour Requirements for Pharmacy Residencies. See https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx?la=en&hash=043E385A070E8C0F6F9C7325CBB2C03981D40B13

The pharmacy residency programs are committed to providing each resident with a stable environment that is conducive to education. This includes considerations regarding resident well-being and patient safety. The programs’ educational objectives will not be overshadowed by excessive service obligations required of residents.

**Definitions:**

**Duty Hours:** Duty hours are defined as all 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 do not include: reading, studying, and academic preparation time for presentations, or journal clubs; or travel time to and from conferences; or hours that are not scheduled by the residency program director or preceptor.

**Scheduled Duty Periods:** Scheduled duty periods are defined as assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting:** Voluntary, compensated, pharmacy-related or non-related work performed outside the organization (external) or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program. Moonlighting is prohibited during resident duty hours Monday through Friday from the hours of 0700 to 1700, excluding weekday holidays. Moonlighting is prohibited during scheduled weekend or holiday assigned duty hours. See policy number BH-PR-003 Moonlighting by Pharmacy Residents.

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Fatigue:** Fatigue (synonyms include exhaustion, tiredness, lethargy) is a subjective feeling of tiredness and is gradual in onset. Fatigue can be alleviated by periods of rest. Mental fatigue is a transient decrease in maximal cognitive performance due to prolonged periods of cognitive activity. Mental fatigue symptoms include: somnolence, lethargy or an inability to concentrate.
**Strategic Napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

**Work Commitment Guidelines**

Residents are expected to adhere to the ASHP Duty-Hour Requirements for Pharmacy Residencies work duty guidelines of 80 hours / week of work. **See also Graduate Medical Education Policy: BH-AA-GME-1.22 for additional standards.**

**DUTY HOURS**

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

I. Personal and Professional Responsibility for Patient Safety

A. Residency program director will educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.

B. Residency program directors will educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.

C. Residents and preceptors will accept personal and professional responsibility for patient care that supersedes self interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.

D. If the program implements any type of on-call programs, there will be a written description that includes:
   - The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
   - Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.

E. The residency program director will ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty Free Times

A. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Duty hours for pharmacy residents will be logged on the appropriate recording file and stored on the BMC Pharmacy shared drive. The RPD will review the resident duty hours file on a monthly basis to ensure compliance with the duty hours policy.
B. Moonlighting (internal or external) will not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. See policy number BH-PR-003.

1. All moonlighting hours will be counted towards the 80-hour maximum weekly duty hour limit.
2. Residents will inform the residency program directors of their requested moonlighting hours.
3. The RPD will take into account the effect of moonlighting on the resident’s overall performance, resident’s judgment while on scheduled duty period, resident’s ability to provide safe patient care and the residents’ ability to achieve the educational goals and objectives of their residency program.
4. If the resident’s participation in moonlighting affects their judgment while on scheduled duty hours, the resident will be relieved of duty and future requests for moonlighting hours will be evaluated.

C. Mandatory time free of duty: residents will have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call will not be assigned on these free days.

D. Residents should have 10 hours free of duty between scheduled duty, and will have a minimum 8 hours between scheduled duty periods.

E. If a program has a 24 hour in-house call program, residents will have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty Period Length

A. Continuous duty periods of residents will not exceed 16 hours. The maximum allowable duty assignment will 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.

B. In-House Call Programs

1. Residents will not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours will have a well-documented structured process that oversees these programs to ensure patient safety, resident well-being, and provides a supportive, educational environment. Well-documented, structured process will include at a minimum:
   a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours.
   b. A plan for monitoring and resolving issues that may arise with residents’ performance due to sleep deprivation or fatigue to ensure patient care and learning are not negatively affected.

C. At-Home or other Call Programs

1. At-home call will not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
2. Program directors will have a method for evaluating the impact on residents of the at-home or other call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.
3. Program directors will define the level of supervision provided to residents during at-home or other call.
4. At-home or other call hours are not included in the 80 hours a week duty hour’s calculation, unless the resident is called into the hospital/organization.

5. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident will count towards the 80-hour maximum weekly hour limit.

6. The frequency of at-home call will satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Baystate Medical Center Specific Duty Hours Policy

A person who accepts full-time employment as a resident at Baystate Medical Center assumes a primary professional obligation to the medical center. Any other employment or enterprise in which a resident engages for income will be approved by the RPD and understood to be definitely secondary to his/her residency. This desired work will be disclosed in writing to the Residency Program Director upon starting the residency program or when planned. All moonlighting hours will be counted towards the 80-hour maximum weekly hour limit. If work outside the program interferes with the resident’s primary professional obligation to the program, the Residency Program Director and the AAC may further restrict the maximum hours of work allowable outside the program.
BH-PR-003 Moonlighting by Pharmacy Residents

Purpose: To set forth guidelines for moonlighting (at internal or external sites) to promote the residents’ educational experience and optimal patient care. See also Residency Policy Number BH-PR-002-Residency Duty Hour Requirements.

1. Policy
1.1. Moonlighting (internal or external) that occurs within the pharmacy residency program and/or the sponsoring institution or a non-hospital sponsor’s primary clinical site(s) will be counted toward the 80 hour weekly limit on duty hours. This will provide the resident with sufficient time for rest and restoration to promote safe and effective pharmaceutical care.
1.2. Residents’ primary professional commitment will be to the residency program.

2. Procedure
2.1. External Site Approval
   2.1.1. Resident will request approval from the program director in advance for any moonlighting activities at an external site.
   2.1.2. The program director will provide a prospective written statement of permission for the resident to moonlight at any external site.
   2.1.3. This statement or email should describe the approved hours and time of day the resident is allowed to moonlight.
   2.1.4. This statement will be placed in the resident’s file for each external moonlighting arrangement.
   2.1.5. Any adverse event that may compromise the resident’s well-being or patient care may lead to withdrawal of permission.

2.2. Individual Occurrence Approval (Internal or External Site Approval).
   2.2.1. The resident must receive permission from their rotation preceptor (first) and program director/assistant program director (second) via e-mail for all individual moonlighting occurrences at Baystate Health or any external site.
   2.2.2. Residents covering the 1st and 4th weekend of the month are unable to moonlight on additional weekend shifts during that month due to ASHP duty standards (minimum 4 days off in 4 weeks), unless PTO is taken for that month.

2.3. Moonlighting is prohibited during resident duty hours of 10 continuous hours Monday thru Friday (generally from the hours of 0700 to 1700), excluding weekday holidays and during scheduled weekend hours.
   2.3.1. In the event of a minimum staffing critical need for 2nd shift, the resident may start their staffing before 1700 if approved by rotation preceptor and program director/assistant program director.
2.3.2. In the absence of program director/assistant program director, a pharmacy manager can approve the moonlighting request in the event of a minimum staffing critical need.

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<th>Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education</th>
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<tr>
<td>Authorized:</td>
<td>Aaron Michelucci, PharmD Director, Acute Care Pharmacy Services</td>
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<tr>
<th>Originators:</th>
<th>Kathleen B. Kopcza, PharmD, Director of PGY1 Pharmacy Residency</th>
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<tr>
<td></td>
<td>Erica Housman, PharmD, Director of PGY2 Infectious Diseases Pharmacy Residency</td>
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<td>Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency</td>
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BH-PR-004—Inpatient Pharmacy Requirements (Staffing)

Purpose:

To set forth guidelines for resident pharmacy practice experience in central or unit-based positions as part of their residency training program.

Pharmacy Resident Inpatient Pharmacy Guidelines:

1. PGY1 residents are required to staff an average of 11.83 hours weekly. Residents will do this by working every third weekend and one 6.5 hour evening shift each week.

2. PGY1 residents working shifts during the week will begin their inpatient pharmacy work at 3:30 PM and be completed by 10:00 PM. Inpatient pharmacy schedules will be adjusted if necessary so that there is not a conflict with daily rotational or longitudinal work.

3. A minimum of two residents (PGY1 and/or PGY2) will be scheduled to work each weekend. Residents will be assigned to work one of the two following shift models: Clinical Shift Model or Staffing Shift Model (Appendix A).

4. Staffing Shift Model: Residents assigned to this Model when working the weekend shift will be scheduled to work first shift (7:00AM-3:30PM) or second shift (3:00PM-11:30PM) for both weekend days; residents will not be required to work third shift.†


5. Clinical Shift Model: Residents assigned to this Model when working the weekend shift will be scheduled to work first shift (7:00AM-3:30PM OR 7:30AM-4:00PM) for both weekend days. The clinical resident on weekends may be required to stay past this time in order to complete the required clinical responsibilities.

   NOTE: Residents scheduled to work the Clinical Shift Model will be required to participate in a brief Coordinated Patient Handover on the Friday prior to said scheduled weekend and on Monday following said scheduled weekend.
6. A basic training/orientation will occur during the first three months of the PGY1 residency program. Following this time period, the resident is encouraged to speak with the longitudinal preceptor if they feel they need additional experience in a certain area. At the conclusion of the basic training period, and once the pharmacist is licensed, the RPD and resident will mutually determine if the resident is ready to function independently as a pharmacist based on the orientation (staffing) checklist; see Appendix B. At this point, the resident will be placed into the regular staffing rotation.

7. Residents WILL NOT be utilized as “sick out” replacements for the regular clinical staff.

8. In the event that the Resident is unable to meet their staffing requirements for the week, the Resident is required to work with the Inpatient Pharmacy Longitudinal Preceptor and the Clinical Pharmacy Supervisor to make up the hours.
Appendix A

<table>
<thead>
<tr>
<th>Staffing Shift Model</th>
<th>Clinical Shift Model</th>
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<tbody>
<tr>
<td>- As detailed in current Inpatient Pharmacist staffing policy</td>
<td>- Participate in working rounds for both MICU and SICU</td>
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<td></td>
<td>- Address all drug related issues</td>
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<td>- IV to PO Conversions</td>
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<td></td>
<td>- Renal Dose Adjustment</td>
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<td></td>
<td>- Address all issues identified during Friday Coordinated Handover</td>
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<td>- Provide follow up information to future shifts / other health care professionals as necessary</td>
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<tr>
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<td>- Prepare a Coordinated Handover for Monday</td>
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<td>- Address all Theradoc clinical resident weekend alerts</td>
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<td>- Aminoglycoside therapeutic drug monitoring</td>
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Appendix B—Orientation/Training Pharmacy Checklist

New Pharmacy Resident Orientation/Training Checklist

A designated representative will review and complete the orientation/training checklist for each resident. It is the responsibility of the Resident to be sure this is completed before the end of the orientation rotation, or as applicable. This record will be retained in the resident's portfolio.

Outline:
I. Residency Program Outline
II. Fundamentals
III. Operations Orientation
IV. Technology Orientation
V. Clinical Pharmacy Program Orientation (Specialists)
   a. Antimicrobial Stewardship – Erica Houseman
   b. Pediatrics – Frank Szczesny, Pediatric Care Team Lead
   c. Critical Care – Adam Pesaturo
   d. Emergency Dept – Danyel Adams
   e. Heart & Vascular – Gabriella Macias
VI. Education
VII. Medication Safety Orientation

I. Residency Program Orientation
   a. Review of Job description
   b. Departmental Organizational Structure
   c. Residency Policies & procedures
      i. BH Operating Principles/Standards (Conduct, Attitude, etc.)
   d. Resident Responsibilities Overview
      i. Clinical Newsletter
      ii. Boot Camp
      iii. Longitudinal student programs
      iv. Drug Information Pager (and setup)
   e. PharmAcademic
   f. Resident Customized Development Plan
   g. Recurring Meetings & Responsibilities Overview
      i. Clinical Pharmacy Operations (3rd Tuesday)
      ii. P&T (2nd Tuesday)
      iii. Pharmacist Staff Meetings
         1. Weekly pharmacy huddles
         2. Pharmacy News Now (Fridays)
   h. Other (Residency Program Directory Responsibilities):
      i. Business Cards
      ii. Phone Number/Pager # (______)
      iii. Email Distribution Lists
      iv. Web-based Training
Graduate Pharmacy Education

v. Desk/office supplies
vi. Teaching Certificate Seminars (schedule)
vii. Send Meeting Requests for recurring meetings

Residency Program Director

_________________________________________
Signature 

_________________________________________
Date 

Resident

_________________________________________
Signature 

_________________________________________
Date 

II. Fundamentals

i. ID Badge
   i. Notify security to restrict pharmacy access w/pin number 

j. Access Requests Prior to Start Date
   i. CIS/Firstnet (mirror equivalent BMC employee)
   ii. Network Access
   iii. Theradoc
   iv. BMC pharmacy folder on S drive
   v. Simplifi
   vi. View Point
   vii. Carousel Access
   viii. Pyxis Access
   ix. Staff Ready
   x. Capacity Management (messenger)
   xi. Vidyo Access
   xii. Cortext

k. Clozaril Registration

l. Fake Initials

m. Pharmacist or Pharmacy Intern License

n. Microsoft Outlook
   i. Email Access & expectations
   ii. Add to email distribution lists

o. Parking Lot Assignment

p. White coat (order)

q. Phone system overview

r. Contact number/address – submit to Pharmacy Admin Coord.

s. Security (panic buttons, cameras, alarm, gate)

III. Operations Orientation

INPATIENT PHARMACY OPERATIONS

a. Tour of Inpatient Pharmacy and Satellite locations
   i. Overview of BMC structure & coverage expectations
   ii. Inpatient Chemotherapy
   iii. Day stay procedure suite overview

b. Review/Tour of nursing unit locations/Cafeteria, etc.

c. Departmental Organizational Structure

d. Kronos

e. Pharmacy Policies & Procedures
   i. Disaster and Emergencies (Policy)
f. Organizational Policies, Procedures and Guidelines
   i. Drug Shortages Resources
   ii. Drug Recalls & Policy
   iii. Inventory Control
   iv. Inter-hospital Loans

h. Pharmacist Huddles/Technician huddles

i. Scheduling/OT/compensation/green slips/vacations

j. Pharmacy Purchasing Procedures Overview
   i. Drug Shortages Resources
   ii. Drug Recalls & Policy
   iii. Inventory Control
   iv. Inter-hospital Loans

k. Drug Formulary, Restricted Medications

l. Non-formulary Meds
   i. How to order
   ii. Who to approve

m. Patient’s own Medication Use

n. Extemporaneous Compounding Guide

o. Medication Delivery System Basic Overview (See Technology)
   i. Pyxis Med Delivery
      1. OR Pyxis Refills
   ii. Non-Pyxis Med Delivery Processes (Tubing/Messenger/Runner)
      1. Clear/Blue Tubes
   iii. Narcotics: CII Safe, Grey Bags
   iv. 340b Stock

p. Stericycle/Waste Management Program Overview
   i. WBT

q. Employee Evaluation process (Scorecards, annual)

r. Simplifi Overview

s. BH & Pharmacy Home Pages
   i. Online Medication References (i.e. Lexicomp Online)
   ii. Pharmacy Department Homepage
   iii. Clinical Operations Policies / Practice Guidelines
      1. Pharmacy Policies (13. Series)
      2. Pharmacy Practice Guidelines
   iv. Web-paging

t. Microsoft Outlook
   1. Email Access appropriate use

u. Clean Room/797 Policies Overview
   i. Basic principles of IV admixture/technique
   ii. Resources utilized in the clean room (dilution charts)
   iii. Dose Edge Overview
   iv. Premixed Stock/Batch/Frozen Products
   v. Preparation/Handling of IV Controlled Substances
   vi. TPN overview

v. Hazardous Medications
   i. Basic overview
   ii. Non-Sterile Preparations
   iii. Hazardous Sterile Compounded Products
IV. **Technology Orientation**

a. **Pyxis ES**
   i. Overview, locations, models (CO 13.120)
   ii. Definitions (overrides, par levels, etc)
   iii. Troubleshooting (who to call, where to look?)
   iv. Pyxis Delivery Schedules

b. **CII Safe**
   i. Access (when licensed pharmacist)
   ii. Overview/Demo/Responsibilities
   iii. Definitions (discrepancies, etc)

c. **Operation of the Packaging Machine**

d. **Baxa TPN Compounder Overview** (identify super users, etc)

e. **Zebra Label Printer Overview**

f. **Medication Barcode Scanning overview**

g. **Dose Edge Overview**

h. **Pharmacy Call Tree**
   i. Designated Phone Numbers
   ii. **Introduction to CIS (Clinical Information Systems)**
      i. **PromisePoint**
      ii. **Powerchart**
         1. How to enter an order
         2. Order actions (cancel/dc, modify, etc)
         3. All Results Tab
         4. Medication Calculator
   iii. **Pharmacy Patient Monitor**
      1. Order actions
      2. Reject Function
      3. Dry Weight
   iv. **Pharmacy Interventions**
      1. Entering Intervention
      2. Reviewing interventions in Multipatient Task list
      3. IV to PO
   v. **Rules/Alerts**
      1. DRC
      2. DDI
      3. Therapeutic Duplication
      4. Warfarin alert/DIG-IT (MedManager)

**Approved CIS Competency**: CIS order verification shadowing experience: Following a 4-6 week orientation training period, the oriented employee will be shadowed by the training designee to assess learned competencies in utilization/manipulation of CIS. By signing
below, both the trainer pharmacist and new employee attest that appropriate training and understanding of CIS has been completed.

___________________________  __________________________
Training Designee             Resident (Trainee)

V. Clinical Pharmacy Program Orientation
   i. **ANTIMICROBIAL STEWARDSHIP – Erica Housman/Lydia D’Agostino**
      i. Program overview & initiatives
         1. Restricted and Non-formulary Anti-infectives
         2. BMC Antibiogram
         3. IV to PO Program Overview
         4. Pharmacy Dosing Strategies
            a. Dose Optimization
            b. Renal Dosing Program
            c. Dosing by Pharmacy
         5. Vancomycin and Aminoglycoside PK
         6. Rapid Diagnostics
         7. Antibiotic Streamlining
      ii. Therdoc Introduction/Overview

   Clinical Pharmacy Coordinator (Erica)  
   _______________________________  
   Signature \ Date

   Resident  
   _______________________________  
   Signature \ Date

   j. **PEDIATRICS – Frank Szczera**
      i. Pediatric Aminoglycoside Dosing by Pharmacy
      ii. Pediatric Vancomycin Dosing Program
      iii. Practice Area Pearls overview
         1. Medication Restrictions (Synagis, etc.)
         2. Pediatric Drug Dosing References
         3. Medication safety issues in pediatrics
         4. Calculation of maintenance fluids and electrolytes
         5. Neonatal sepsis
      iv. Overview of services (PICU/NICU/etc.)

   Pediatric Care Team Lead (Frank)  
   _______________________________  
   Signature \ Date

   Resident  
   _______________________________  
   Signature \ Date

   k. **CRITICAL CARE – Adam Pesaturo/Hannah Spinner**
      i. ICU Pharmacy Services
      ii. Clinical Weekend Responsibilities
      iii. PGY2 Critical Care Pharmacy Residency Program
Graduate Pharmacy Education

Pharmacy Formulary Coordinator (Adam) _______________________________ ____________

Signature Date

Resident _______________________________ ____________

Signature Date

I. EMERGENCY DEPARTMENT – Danyel Adams/Timofey Pchelka
   i. Pharmacist Hours and Operations
   ii. ACLS (Code cart meds)
   iii. Antidotes (Policy/procedure)
   iv. Kcentra
   v. Acute Ischemic Stroke (rt-PA)
   vi. ED Powerplans and resources available

Clinical Specialist (Danyel) _______________________________ ____________

Signature Date

Resident _______________________________ ____________

Signature Date

m. HEART/VASCULAR – Gabriela Macias
   i. Anticoagulation Guidelines
   ii. Argatroban procedure
   iii. Cardio specific medication restrictions

Clinical Specialist (Gabriela) _______________________________ ____________

Signature Date

Resident _______________________________ ____________

Signature Date

VI. Student Education Orientation - Kathleen Kopcza
   a. Student Programs
      iv. Overview
   b. Web-based Training Overview & Expectations
      v. Orientation modules completion

Pharmacy Education Coordinator (Kathleen) _______________________________ ____________

Signature Date

Resident _______________________________ ____________

Signature Date

VII. Longitudinal Teaching Orientation (Katie Carey, Jason Cross, Evan Horton, Seth Housman, Amy LaMothe)
   a. Mentors
   b. Teaching activities
   c. Teaching certificate program

Faculty Member _______________________________ ____________

Signature Date

Resident _______________________________ ____________

Signature Date
VIII. Medication Safety Program Orientation – Mark Heelon

a. Safety Reporting System (SRS)

b. Dashboard/Reporting Metrics

c. JC Preparation/Resources

vi. Take NOTICE (High-alert/LASA meds)

Medication Safety Specialist (Mark)

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Pharmacy Leadership Team

- Chief Pharmacy Officer: Gary Kerr PharmD
- Senior Director of Acute Care Pharmacy Services: Aaron Michelucci PharmD
- Assistant Director of Acute Care Pharmacy Services: Erin Taylor, PharmD
- Pharmacy Technology Manager: Pam Liebro RPh
- Inpatient Pharmacy Operations Manager: Sean Illig, PharmD
- Manager of Clinical Programs: Shawn Roggie, PharmD, MBA
- Manager of Business and Purchasing: Richard Wojtowicz, PharmD, MBA
- Pharmacy Technician Supervisor: Natalie Williams, Brendan Crandall
- Senior Manager of Retail and Ambulatory Pharmacy Services: Melanie Conboy, PharmD
- Regional Oncology Manager: Andrew Szkiladz, PharmD, BCPS, BCOP
- BH Pharmacy Regulatory Manager: Suzi Wallace, RPh
- Medication Safety Specialist: Mark Heelon PharmD

Clinical Pharmacy Team

- BH Pharmacy Formulary Coordinator: Adam Pesaturo PharmD, BCPS, BCCCP
- BH Pharmacy Education Coordinator: Kathy Kopcza PharmD, BCPS
- Heart and Vascular Specialist: Gabriela Macias, PharmD, BCPS-AQ Cardiology
- Clinical Pharmacy Coordinator: Erica Housman PharmD, BCPS-AQ ID
- Emergency Medicine Specialist: Danyel Adams, PharmD
- Investigational Specialist: Jerry Korona RPh

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services

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BH-PR-005 Residency Program Disciplinary Action

**Purpose:**
To establish a standardized procedure for disciplinary action and dismissal of Pharmacy Residents.

All pharmacy residents and will be treated with fairness and respect. The director of pharmacy services, program director, and preceptors will follow the Baystate Medical Center Disciplinary Policy when a serious deficiency in a residents’ performance is noted.

Resident Disciplinary Action

Residents are expected to conduct themselves in a professional manner and to follow all pertinent BMC policies (hospital and departmental). If a resident fails to present themselves in a professional manner or fails to follow policy and procedures, disciplinary action will be taken in accordance to *Baystate Health HR 804 “Corrective Action.”*

Resident Dismissal from Program

Evaluation of the resident’s process in completing the requirements is done as part of the quarterly review process. The Academic Advisory Committee will determine collectively when performance is an issue and develop a work plan accordingly. If performance continues to be an issue and the established work plan is not adhered to, the resident may be released as recommended by the Academic Advisory Committee, and Pharmacy Department Director in accordance with *Baystate Health HR 804 “Corrective Action.”*

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<tr>
<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education</th>
<th>Authorized:</th>
<th>Aaron Michelucci, PharmD Director, Acute Care Pharmacy Services</th>
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<td>PGY2 Program Director</td>
<td>Adam B. Pesaturo, PharmD, BCCCP</td>
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<td>Replaces:</td>
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BH-PR-006 Pharmacist Preceptor Responsibilities

Purpose: To outline the description, qualifications, and responsibilities of a person assuming the role of a pharmacy residency preceptor.

Description
1. An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have the responsibility for the evaluation of resident performance.

2. Appointment or Selection of Residency Program Preceptors
   2.1. RPD will appoint and develop pharmacy staff to become preceptors for the program.
   2.2. This policy outlines criteria for preceptors.

PGY1 Preceptor Eligibility
3. The preceptor will meet the requirements for qualification set forth by the residency standards.
   3.1. Pharmacist licensed in the Commonwealth of Massachusetts
   3.2. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
   Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
   Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

PGY2 Preceptor Eligibility
4. The preceptor will meet the requirements for qualification set forth by the residency standards.
   4.1. Pharmacist licensed in the Commonwealth of Massachusetts
   4.2. 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 practice in the advanced area.

Preceptor Qualifications
5. Preceptors must demonstrate the ability to precept residents’ learning experiences for the characteristics below as defined in the Guidance Document for the ASHP Accreditation Standard:
Graduate Pharmacy Education

5.1. Demonstrating 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;
5.2. The ability to assess residents performance;
5.3. Recognition in the area of pharmacy practice for which they serve as preceptors An established, active practice in the area for which they serve as preceptor;
5.4. Maintenance of continuity of practice during the time of residents’ learning experiences; and,

Ongoing professionalism, including a personal commitment to advancing the profession

Preceptors’ Responsibilities

6. Preceptors serve as role models for learning experiences. They must;
6.1. Contribute to the success of residents and the program;
6.2. Provide learning experiences in accordance with the ASHP Standard;
6.3. Participate actively in the residency program’s continuous quality improvement processes;
6.4. Demonstrate practice expertise, preceptor skills, and strive to continuously improve;
6.5. Adhere to residency program and department policies pertaining to residents and services; and,
6.6. Demonstrate commitment to advancing the residency program and pharmacy services.

Preceptor in Training Qualifications

7. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections- Pharmacist Preceptor’s Eligibility, Preceptors’ Responsibilities, and Preceptors’ Qualifications must:
7.1. be assigned an advisor or coach who is qualified preceptor
7.2. have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Non-pharmacist preceptors

8. When non-pharmacists (e.g., physicians, physicians assistants, certified nurse practitioners) are utilized as preceptors:
8.1. The learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
8.2. A pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Documentation of Qualifications

9. Preceptors will submit to the RPD documentation of their qualifications as set forth by the ASHP Residency Standards every two years.
9.1. Items will include:
9.1.1. Current copy of curriculum vitae
9.1.2. Current completed copy of ASHP Preceptor Academic and Professional Record
9.1.3. Documentation of criteria outlined in Sections 3, 4, 5, 6, and 7 (as applicable)

Preceptor Responsibilities to Learning Experiences

10. The preceptor will meet with the resident at the beginning of the rotation. At this time, the preceptor will:
10.1. Supply or direct the resident to the learning experience description for the rotation.
10.2. Discuss the preceptor’s specific goals and objectives for the resident throughout the rotation.
10.3. Assess the resident’s baseline knowledge, previous experience, and aptitude; based on these parameters, goals and objectives shall be modified accordingly.
10.4. Develop an understanding of the resident’s specific goals, interests, and expectations for the rotation.
10.5. Discuss staffing days, research days, professional leave, vacation and holiday, as applicable and assure that the resident is not exceeding duty hour limits for specific days, weeks, or the month.
10.6. Coverage issues related to the service should be addressed proactively with appropriate faculty, hospital staff, and appropriate arrangements made.

11. Throughout the rotation the preceptor will interact with the resident, providing guidance, assistance, advice, and supervision.
12. The preceptor will provide ongoing, criteria-based, formative feedback regarding the resident’s progress.
12.1. A summative evaluation in PharmAcademic will be prepared at the conclusion of the rotation and discussed with the resident in a face-to-face meeting by the last day of the rotation.
12.2. The preceptor will make any necessary edits to the summative evaluation based on the discussion with the resident. The preceptor will submit the finalized summative evaluation in PharmAcademic within 7 days of the completion of the learning experience.
12.3. The RPD will monitor preceptor timeliness of evaluation submissions within PharmAcademic. Consequences for late submission will include education to the preceptor on the importance of timely evaluations linked to resident outcomes. Repeated late submissions of resident evaluations by the preceptor will result in the communication to immediate supervisors (Clinical Pharmacist to Manager; faculty member to Department Chair) as to the individual not meeting their preceptor expectations.
12.4. This expectation corresponds to the evaluation procedure followed by the resident at the end of each month therefore the preceptor is expected to hold the resident accountable for completion of the necessary evaluations by the last day of the learning experience.

13. Preceptor interaction with the resident will involve the teaching of resident-focused, pharmacy-related and/or patient-related topics. This may include formal lectures, formalized patient care rounding, or other methods of teaching at the preceptor’s discretion. A minimum of 3 hours per week, on average, will be required, in addition to “as needed” assistance on a daily basis.

14. If problems arise during the rotation that impairs communication between the preceptor and resident, the RPD shall serve as the liaison for assistance in the matter.

15. The following accommodations shall be required during the time of preceptor absence:
15.1. Absence for \( \geq 1 \) business week: Preceptor shall designate a replacement who will attempt to fulfill the above preceptor’s responsibilities. This back-up preceptor shall be identified to the resident prior to the primary preceptor’s period of leave.
15.2. Absence for < 1 business week: Preceptor shall designate a replacement to be available for questions or to discuss patient-care issues. If absent for only a few hours, the preceptor shall be readily accessible to the resident by page or through other means of communication.

16. The RPD has the responsibility of reviewing each evaluation form. If problems have been expressed or if the above responsibilities have not been fulfilled, the program director shall discuss these issues with the preceptor immediately following each month’s review. If problems persist, the program director shall bring the specific issues to the Academic Advisory Committee (AAC) for further review. The AAC will then decide upon further action if necessary.

16.1. Descriptive action plan for any preceptor evaluation score other than a 1 on the majority of each evaluation question (i.e., if a preceptor had four residents throughout the year and for the evaluation “The preceptor was a pharmacy practice role model” three residents gave a score of ‘2’ and one resident gave a score of ‘1’, the preceptor would be required to include an action plan to improve this quality.

16.2. As a result of this annual review each preceptor’s status will be renewed as either “Preceptor Status” or “Probation Status.”

16.3. “Probation Status” is a six-month period for the preceptor to use in order to gain qualification status. During this time no precepting will occur.

Relationships
17. Reports to:
   17.1. Residency Program Director

18. Supervises:
   18.1. Residents

Approved: Kathleen B. Kopcza, PharmD, BCPS
           Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
           Director, Acute Care Pharmacy Services

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<td>PGY2 Critical Care Pharmacy Residency Program Director</td>
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BH-PR-007 Residency Program Director (RPD) Job Description

**Purpose:** To outline the description, qualifications, and responsibilities of a person assuming the role of a RPD at Baystate Medical Center (BMC).

**3. Description**
The RPD is a clinical pharmacy specialist leadership role designed to provide sound academic and clinical training for pharmacy residents and to evaluate and develop program preceptors in Baystate Medical Center academic endeavors. A clinical pharmacy specialist selected by a search committee appointed by the Senior Director of Acute Care Pharmacy Services should occupy the RPD role. The appointed person will also serve on the Academic Advisory Committee (AAC).

**4. PGY1 RPD Eligibility**
4.1. Pharmacist licensed in the Commonwealth of Massachusetts
4.2. Completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
4.3. Completed an ASHP-accredited PGY1 residency and PGY2 residency followed by one or more years of pharmacy practice experience; or
4.4. Without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience
4.5. Demonstrated experience and performance as a pharmacy residency preceptor
4.6. Selected by search committee appointed by the Senior Director of Acute Care Pharmacy Services and approved by the AAC
4.7. Maintain the qualifications and responsibilities of a pharmacy residency preceptor

**5. PGY2 RPD Eligibility**
5.1. Pharmacist licensed in the Commonwealth of Massachusetts
5.2. Completed an ASHP-accredited PGY2 residency in the advanced practice area followed by a minimum of three years of practice experience in the advanced practice area; or
5.3. Without completion of an ASHP-accredited PGY2 residency, have five or more years of practice experience in the advanced practice area with demonstrated mastery of knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency
5.4. Board certified in the specialty area when certification is offered in that specific advanced area of practice
5.5. Maintenance of an active practice in the respective advanced practice area.

**6. Qualifications**
The Pharmacy RPD should serve as a role model for pharmacy practice, as evidenced by:
6.1. Leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice
6.2. Demonstrating ongoing professionalism and contribution to the profession
6.3. Representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization

7. **Resident Program Director Responsibilities**
   RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:
   4.1 Organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues
   4.2 Oversight of the progression of residents within the program and documentation of completed requirements
   4.3 Implementing use of criteria for appointment and reappointment of preceptors
   4.4 Evaluation, skills assessment, and development of preceptors in the program
   4.5 Creating and implementing a preceptor development plan for the residency program
   4.6 Continuous residency program involvement in conjunction with the residency advisory committee and
   4.7 Working with pharmacy administration.

8. **Additional RPD Responsibilities**
8.1. Ensure the program’s compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies* and coordinate residency accreditation visits for the designated residency program.
8.2. Provide accepted residents with a letter outlining their acceptance to the program with information on the terms and conditions of the appointment.
8.3. Evaluate resident applicants for baseline knowledge, skills, attitudes, and abilities to achieve goals of the program while observing Equal Employment Opportunity principles as well as Graduate Medical Education and Baystate Health Human Resource requirements.
   8.3.1. Customization of the training program for the resident based upon initial assessment of resident’s entering knowledge, skills, attitudes, abilities, and interests.
8.4. Create a structure, in collaboration with other program preceptors if applicable, that facilitates educational goal and objective achievement.
8.5. Assess the resident’s commitment to attaining the program’s educational goals and objectives and support the organization’s mission and vision.
8.6. Coordinate summative assessment of each resident’s performance of the respective program-selected educational goals and objectives assigned to the learning experience with the resident and preceptor at the conclusion of the learning experience and document their review of the summative evaluations.
8.7. Coordinate advisor/preceptor system for residents:
   8.7.1. Coordinate utilization of PharmAcademic™ evaluations by preceptors to monitor resident progress.
   8.7.2. Evaluation, approval, and progress assessment of resident research projects and other scholarly activities including serving on research committees as warranted.
   8.7.3. Evaluation of approval of residents teaching requirements.
8.8. Provide an exemplary environment conducive to resident learning.
8.9. Identify or provide a sufficient complement of professional and technical pharmacy staff to ensure appropriate supervision and preceptor guidance to all residents.
Graduate Pharmacy Education

8.10. Award to those who complete the program a certificate of residency in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies, signed by the RPD and the appropriate executive officer within the organization.

8.11. Ensure compliance with applicable requirements of the Accreditation Council of Graduate Medical Education (ACGME).

8.12. Coordinate the overall activities of the pharmacy resident in order to maximize productivity in the area of service. Specifically this is in reference to:
   8.12.1. Coordinate/approve pharmacy practice experience schedules (i.e., weekends, order verification, operational support, other contemporary issues)
   8.12.2. Coordinate/approve pharmacy service coverage schedules
   8.12.3. Coordinate/approve professional leave requests
   8.12.4. Coordinate emergency coverage upon request (computer down time, sick calls, disasters)

8.13. Actively participate in residency policy development, residency retreats, committees, functions and other residency activities.

9. Relationships

9.1. Reports to:
   9.1.1. Director of Acute Care Pharmacy Services
   9.1.2. Assistant Director of Acute Care Pharmacy Services
   9.1.3. Chief Education Officer

9.2. Supervises:
   9.2.1. Pharmacy Residents
   9.2.2. Preceptors

Approved: Kathleen B. Kopcza, PharmD, BCPS
Authorized: Aaron Michelucci, PharmD
Coordinator, Pharmacy Education Director, Acute Care Pharmacy Services

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| Orginator: | Kathleen B. Kopcza, PharmD, PGY1 Pharmacy Program Director, Erica Housman, PharmD, BCPS-AQ-ID, PGY2 Infectious Diseases Pharmacy Program Director, Adam Pesaturo, PharmD, BCCCP, PGY2 Critical Care Pharmacy Program Director |
| Replaces:  | BH-PR-007 | 6/2015 |

Approved by: Kathleen B. Kopcza, PharmD, BCPS

Authorizing: Aaron Michelucci, PharmD

Date: 12/1/2016

Orginators:
- Kathleen B. Kopcza, PharmD, PGY1 Pharmacy Program Director, Erica Housman, PharmD, BCPS-AQ-ID, PGY2 Infectious Diseases Pharmacy Program Director, Adam Pesaturo, PharmD, BCCCP, PGY2 Critical Care Pharmacy Program Director

Replaces: BH-PR-007

Date: 6/2015
BH-PR-008 Preceptor Development

**Purpose:** To develop new pharmacist preceptors and to continually develop the skills of existing pharmacist preceptors.

Note: see also BH-PR-006 Pharmacist Preceptor Responsibilities

7. **PGY1 Preceptor Eligibility**
   7.1. The preceptor will meet the requirements for qualification set forth by the residency standards.
   7.2. Pharmacist licensed in the Commonwealth of Massachusetts
   7.3. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
       Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
       Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

8. **PGY2 Preceptor Eligibility**
   8.1. The preceptor will meet the requirements for qualification set forth by the residency standards.
   8.2. Pharmacist licensed in the Commonwealth of Massachusetts
   8.3. 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 practice in the advanced area.

9. **Preceptor Qualifications**
   9.1. Preceptors must demonstrate the ability to precept residents’ learning experiences by meeting one or more qualifying characteristics in all of the following six areas as defined in the ASHP Guidance Document:
       9.1.1. Demonstrating 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;
       9.1.2. The ability to assess residents performance;
       9.1.3. Recognition in the area of pharmacy practice for which they serve as preceptors;
       9.1.4. An established, active practice in the area for which they serve as preceptor;
       9.1.5. Maintenance of continuity of practice during the time of residents’ learning experiences; and,
       9.1.6. Ongoing professionalism, including a personal commitment to advancing the profession.

10. **Documentation of Qualifications**
10.1. Pharmacists seeking to become a residency preceptor must submit to the RPD documentation of their qualifications as set forth by the ASHP Residency Standards for approval of their appointment as a preceptor.

10.1.1. Items will include:
   10.1.1.1. Preceptor Application Form (Appendix A)
   10.1.1.2. Current copy of curriculum vitae
   10.1.1.3. Current completed copy of ASHP Preceptor Academic and Professional Record (Appendix B)

10.2. Preceptors will submit to the RPD documentation of their qualifications as set forth by the ASHP Residency Standards every two years.

10.2.1. Items will include:
   10.2.1.1. Preceptor Application Form
   10.2.1.2. Current copy of curriculum vitae
   10.2.1.3. Current completed copy of ASHP Preceptor Academic and Professional Record (Appendix B)

11. Preceptor in Training

11.1. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections Phar|ncist Preceptor's Eligibility, Preceptors' Responsibilities, and Preceptors' Qualifications:

11.1.1. Will be assigned an advisor or coach who is qualified preceptor

11.1.2. Will have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years. (Appendix C)

12. Annual Preceptor Development Plan Assessment Survey

12.1. The AAC will assess the preceptor development plan annually during the May or June AAC meeting.

12.1.1. Each preceptor will complete the Preceptor Skill and Needs Assessment Form yearly. (Appendix D)

12.1.2. The RPDs will compile the results of the preceptor skill and needs survey and present to the AAC committee during the May or June AAC meeting.

12.1.3. The AAC will review the preceptor skills and needs survey, determine the effectiveness and outcomes of the current preceptor development plan, identify any changes to the residency preceptor development plan for the next academic year and identify any topics to be included in preceptor education plans for the next academic year.

12.2. A review of the current preceptor development plan shall be discussed at the monthly AAC meeting at least once per quarter.

13. Required Education for Pharmacist Preceptors

13.1. Preceptors are expected to demonstrate that five hours of preceptor continuing education is dedicated to preceptor development / teaching / training during each academic year.

13.2. Preceptors will document the following preceptor continuing education in the Preceptor Development Record for the appropriate academic year:

13.2.1. At least 2 qualifying credits/year from the Preceptor Development Educational List
   13.2.1.1. Webinars (1CE/hr)
   Vizient Pharmacy Network Preceptor Development
ASHP Foundation Preceptor Development
Computer based training modules
    ASHP Preceptor Toolkit
    Pharmacist’s Letter Preceptor Training
Live preceptor training events
    MSHP/ASHP events
    College of Pharmacy Preceptor Development events
        MCPHS
        WNEU
        UCONN

13.2.2. At least 3 qualifying credits/year from the Preceptor Development Interactive List
    • BH Pharmacy Grand Rounds attendance (0.5 CE/session)
    • BH Pharmacy Grand Rounds serve as resident preceptor (1.0 CE/session)
    • BH Pharmacy Resident Research Project preceptor (2.0 CE)
    • BH Pharmacy Resident CE presentation: serve as preceptor (2.0 CE)
    • Moderate/evaluate at the Eastern States Pharmacy Residency Conference (2.0 CE)
    • Consistent timeliness for submission of summative evaluations throughout the year (all submitted within 7 days of due date) (0.5 CE)

13.2.3. Additional preceptor continuing education requirements will be determined annually by the residency program directors and based on preceptor needs assessment or ASHP survey recommendations
Preceptor Application Form
Baystate Medical Center Pharmacy Residency

Name:                      Date of application:

Section I
What residency program are you requesting preceptorship? (Check all that apply):

____ PGY1                      ____ PGY2                      ____ Both PGY1 and PGY2

What rotations(s) (current or new) are you requesting preceptorship:
______________________________________________________________________________

____ ASHP Preceptor Academic and Professional Record completed and submitted with application.

Section II
Preceptor Eligibility (please check the appropriate eligibility criteria that you meet)

PGY1 Eligibility (must be a licensed pharmacist in Massachusetts)

_____ I have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or

_____ I have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency followed by a minimum of six months of pharmacy practice experience; or

_____ I have not completed an ASHP-accredited PGY1 residency, but have three or more years of pharmacy practice experience.

PGY2 Eligibility (must be a licensed pharmacist in Massachusetts)

_____ I have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or

_____ I have not completed an ASHP-accredited PGY2 residency, but have three or more years of practice in the advanced area.

Section III (Preceptor Qualifications)
Please indicate (by checking appropriate boxes) and/or provide at least one example (when applicable) in each of the following six sections (4.8.a-f) within the last five years. Per ASHP Accreditation Standards, all six criteria (4.8a-f) must be met in order to be considered as a full preceptor.
4.8.a  **Demonstrating 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;**

- Please list number of APPE students precepted in the previous year
- Previous Pharmacademic resident evaluations of you and your learning experiences available

4.8.b  **The ability to assess residents’ performance;**

- Please list number of APPE students precepted in the previous year
- Previous Pharmacademic resident evaluations of you and your learning experiences available

4.8.c  **Recognition in the area of pharmacy practice for which you serve as a preceptor;**

(Please check all that apply; minimum of one required)

- BPS certification
- Fellow at a state or national level organization
- Multidisciplinary certification
  - Validated certification that results from an exam and requires reaccreditation on a defined basis by the organization providing certification (i.e., not a one time certificate)
  - Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP) (ww.pharmacycredentialing.org) Other examples include: Certified Professional in Patient Safety (CPPS), Certified Diabetes Educator (CDE)
  - **Exceptions to the list that do not meet this domain are ACLS, PALS and BLS**
- Advanced degree beyond entry level pharmacy degree related to learning experience precepted (e.g., MBA, MHA)
- Formal recognition by peers as a model practitioner
  - Pharmacist of the year - recognized at state, city or institutional level where only one individual is recognized
  - Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature
- Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and/or peer review

4.8.d  **An established, active practice in the area for which they serve as preceptor;**

Active practice is defined as maintaining regular and on-going responsibilities for the area where you will serve as a preceptor; you may be part-time but must be actively engaged).

- I have maintained and will maintain active practice in the area(s) which I will precept residents.

Other aspects of active practice may include the following (please check all that apply):
Graduate Pharmacy Education

____ Contribution to the development of clinical or operational policies/guidelines or protocols in the practice site.
____ Contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site.
____ Active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
____ Demonstrated leadership within the practice area.

4.8.e. **Maintenance of continuity of practice during the time of the residents’ learning experiences;**
____ I have maintained and/or will maintain continuity of practice while the residents are in my learning experience(s).

4.8.f **Ongoing professionalism, including a personal commitment to advancing the profession.**
Within the past 5 years, please check any/all that apply as evidence of an ongoing commitment to advancing the profession. A minimum of three examples are required.
____ Serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)
____ Presentation/poster/publication in professional forums
____ Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state or national).
____ Active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work).
____ Evaluator at regional residency conferences or other professional meetings
____ Routine in-service presentations to pharmacy staff and other health care professionals
____ Primary preceptor for pharmacy students
____ Pharmacy technician educator
____ Completion of a Teaching and Learning Program within the past 5 years
____ Providing preceptor development topics at site
____ Professional consultation to other health care facilities or professional organizations
____ Contributing to health and wellness in the community or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
____ Publication of original research or review articles in peer-reviewed journals or chapters in textbooks
____ Publication or presentation of case reports or clinics/scientific findings at local, regional, or national professional/scientific meetings or conferences.
____ Teaching of pharmacy students or other health professionals (e.g., classroom, laboratory, inservice)
**PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD**

Full Name and Credentials:

Position or Title:

RPD? □ Yes □ No

If yes, for which type of program are you RPD?

□ PGY1 □ PGY2 (type(s):

Organization/Training Site:

Title of Learning Experience(s) Precepted:

**EDUCATION**

<table>
<thead>
<tr>
<th>College or University</th>
<th>Dates</th>
<th>Degree/Major</th>
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**POSTGRADUATE TRAINING** (e.g., residency, fellowship)

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<th>Specific Type of Postgraduate Training</th>
<th>Organization</th>
<th>Program Director</th>
<th>Dates</th>
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**PROFESSIONAL EXPERIENCE** (List your experience in pharmacy practice for the last ten years, most recent record first.)

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<tr>
<th>Practice Site</th>
<th>Location</th>
<th>Position and Title</th>
<th>Dates</th>
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Briefly describe your contributions/experiences in the following sections, which correspond to Qualifications of the Residency Program Director and Preceptors, and can be found in Standard 4 of the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies or the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residencies. Refer to the Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One or Two (PGY1)/(PGY2) Pharmacy Residency Programs for additional information on residency program director and preceptor qualifications.

1. Recognition in the area of pharmacy practice for which you serve as a preceptor. (A minimum of one example in this section must be addressed. If preceptor recognition is by credentialing/privileging granted by organization, a copy of the organization’s credentialing process policy must be included in the pre-survey packet. Include only examples of active practice after licensure and any residency training.

   Active BPS Certification(s) (type(s) and expiration date):

   Fellow Status for a State or National Organization:

   Active Multidisciplinary Certification(s) recognized by the Council on Credentialing in Pharmacy (Exceptions: BLS, ACLS, PALS do not meet requirement) (type(s) and expiration date):

   Advanced Degrees related to practice area (e.g., MS, MBA, MHA):

   Credential/Privileging Granted by Organization (type(s) and expiration date):

   Pharmacist of the Year Recognition at state/city/institutional level (list organization)(List date):

   Recognition at organization level for patient care, quality, or teaching excellence (please describe type and date of recognition and the approximate number of recipients per year):

2. An established, active practice for which you serve as preceptor. (A minimum of one example in this section should have been demonstrated within the past 5 years. Items listed in the below areas must pertain to the learning experiences precepted. Include only examples of active practice after licensure and any residency training and include date of contribution/appointment.

   Contribution to the development of clinical or operational policies/guidelines/protocols (Narrative):
Contribution to the creation/implementation of a new clinical service or service improvement initiative
(Narrative):

Appointments to drug policy and other committees of the organization (e.g., practice setting, college of pharmacy):

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<th>Committee</th>
<th>Activities</th>
<th>Chair or participant</th>
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3. **Ongoing professionalism, including your personal commitment to advancing the profession.** (At a minimum one example in three different sections must be demonstrated within the past 5 years – activities older than 5 years will not be considered. Only include examples after licensure and any residency training, except as noted below*.)

Primary Preceptor for Pharmacy Students (do not include residency preceptorship)

<table>
<thead>
<tr>
<th>Learning Experience Precepted</th>
<th>Number of Student Learning Experiences Precepted Per Year</th>
<th>Most Recent Year Served as a Preceptor</th>
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Routine In-services or Presentations to Pharmacy Staff/Other Health Professionals at Organization

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<th>Name of Inservice</th>
<th>Audience</th>
<th>Month/Date</th>
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Service (beyond membership) in National, State, and/or Local Professional Associations:

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<tr>
<th>Name of Association</th>
<th>Office Held, Committee Served, Other Volunteer Work</th>
<th>Dates</th>
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Presentations or Posters at a Local/Regional/National Professional Meeting (co-authored posters with students/residents is acceptable)

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<tr>
<th>Title</th>
<th>Professional Meeting</th>
<th>Month/Year</th>
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Completion of a Teaching and Learning Program (only if completed within the last 5 years).
*May be completed during residency.

Sponsor/Program Name and Date Completed:

Providing Preceptor Development Topics at the site.

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<th>Title</th>
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Pharmacy Student/Technician Student/Healthcare Student Classroom/Lab Teaching Experiences

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<th>Audience Members</th>
<th>Course/Lecture</th>
<th>Date(s)</th>
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Evaluator at a state/regional residency conference, poster evaluator at a professional meeting, or evaluator at other local/regional/state/national meetings

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<th>Conference/Mountain</th>
<th>Description</th>
<th>Date(s)</th>
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Publications in Peer-Reviewed Journals/Chapters in textbooks

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<th>Title</th>
<th>Name of Journal/Book</th>
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Reviewer of contributed papers, grants, or manuscripts. Includes reviewing/submitting comments on draft standards/guidelines for professional organizations (do not include review of posters/presentations/publications authored by staff/residents within your organization).

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<tr>
<th>Journal Name/Type</th>
<th>Numbers of Reviews</th>
<th>Date(s)</th>
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Participant in Wellness Programs, Health Fairs, Consumer Education Classes, Volunteer at Free Clinics or other Disease Prevention Programs

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<th>Type of Program</th>
<th>Sponsor or Setting</th>
<th>Dates or Frequency</th>
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Professional Consultation to Other Health Care Facilities or Professional Organizations (e.g. invited thought leader for an outside organization, mock surveyor, or practitioner surveyor)

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<th>Type of Activity</th>
<th>Dates</th>
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4. For Preceptors-in-training only: attach preceptor development plan created for this individual to meet eligibility, responsibility, and qualifications requirements in two years.

List the qualified preceptor(s) assigned as an advisor or coach:
Preceptor-In-Training Development Plan

Baystate Medical Center Pharmacy Residency

Name: ________________________________

Month/Year of Preceptor in-Training Approval: _____________________

Residency Program Preceptorship:

_____PGY1  _____PGY2  _____Both PGY1 and PGY2

Residency rotations(s): ________________________________

Preceptor In-Training Advisor: ________________________________

**Preceptor Qualifications**

In the following sections ________________________, please describe how you plan to meet the qualifications within two years to become a full preceptor. (See the Preceptor Application Form for examples on how to meet qualifications within each section.) Areas that you have already met eligibility criteria have been noted for you below.

**4.8.a Demonstrating 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;**

Plan:

☐ Please list number of APPE students precepted in the previous year
☐ Previous Pharmacademic resident evaluations of you and your learning experiences available

___Eligibility criteria already met.

**4.8.b The ability to assess residents’ performance;**

Plan:

☐ Please list number of APPE students precepted in the previous year
☐ Previous Pharmacademic resident evaluations of you and your learning experiences available

___Eligibility criteria already met.

**4.8.c Recognition in the area of pharmacy practice for which you serve as a preceptor;**

Plan:
___Eligibility criteria already met.

4.8.d  An established, active practice in the area for which they serve as preceptor;

Plan:

___Eligibility criteria already met.

4.8.e. Maintenance of continuity of practice during the time of the residents’ learning experiences;

Plan:

___ I have maintained and/or will maintain continuity of practice while the residents are in my learning experience(s).

___Eligibility criteria already met.

4.8.f  Ongoing professionalism, including a personal commitment to advancing the profession.

Plan:

___Eligibility criteria already met.
Preceptor Skill and Needs Assessment

Baystate Medical Center Pharmacy Residency

Name: ____________________________________________

Indicate which residency program you serve as a preceptor (Check all that apply):

____PGY1  ____PGY2  ____Both PGY1 and PGY2

What rotations(s) do you precept?

________________________________________________________________________

Please evaluate your level of proficiency in or knowledge of the following items (you may elaborate in the comments area below response grid).

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<th></th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Advanced</th>
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<tr>
<td>ASHP accreditation standards for PGY1 residency programs</td>
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<tr>
<td>Goals and objectives of the PGY1 pharmacy residency program</td>
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<tr>
<td>ASHP accreditation standards for PGY2 residency programs</td>
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<td>Goals and objectives of PGY2 residency programs</td>
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<td>Residency policies for PGY1 and PGY2 programs</td>
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<td>Navigating PharmAcademic</td>
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<td>Designing a learning experience</td>
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<td>Using the four preceptor roles in teaching clinical problem solving (instructing, modeling, coaching)</td>
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<td>Activity</td>
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<td>Providing constructive and specific criteria in verbal feedback and summative evaluations</td>
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<td>Learning styles and learning needs of different individuals (i.e. assessing learner needs)</td>
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<td>Setting expectations with learners</td>
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Considering your self-ratings of knowledge of proficiency in the skills or topics listed above, please list two or three topics about which you would be most interested in learning about during the next academic year:

I would be interested in presenting to my fellow preceptors on the following topic(s):
BH-PR-009 Pharmacy Residency Program Drug Information and Non-Formulary Request On-Call Program

**Purpose:**

To provide the Resident and the Pharmacy Department Staff with the policies and procedures regarding the on-call program.

**Page ID:**

1. Pharmacy Department Staff with drug information questions or non-formulary requests meeting the scope of this program will page 9-DRUG (9-3784) or utilize the link in web paging.
2. The page will be sent to the covering resident pager automatically.

**Resident On-Call:**

1. Each resident will be on-call for a one week period beginning on Monday of the work week and ending Sunday of the weekend they are working their clinical shift; appropriate coverage of holidays, vacations and other occasions will be worked out amongst the residents.
2. The resident will be responsible for the on-call program from 8AM to 11PM. The Pharmacy Supervisor on-call will be available for emergency situations overnight if needed.
3. Residents will ‘sign in’ and ‘sign out’ (through web paging) appropriate coverage of the on-call pager.
4. Residents are expected to manage a log of questions and non-formulary requests received and utilize this for staff education and tracking purposes.
   - Questions and answers to drug information requests will be published monthly following review by the assigned residency program preceptor in the resident run newsletter and distributed to the Pharmacy Department staff for review.
5. Interventions and SRS events should be entered as appropriate.
6. Hand off communication and follow-up will occur between residents and Clinical Pharmacists as appropriate. The communication log book or e-mail should be utilized; conversations and notes should serve only as a second form of communication (i.e. back-up).

**Scope of the Drug Information On-Call Program:**

1. The purpose of the Resident Drug Information On-call Program is to function as support for difficult drug information questions, or to provide a ‘second’ opinion, or as appropriate for current rotational experience (i.e. if the Resident is on ID and there is a question on an ID patient).
2. The resident on-call is not to be utilized as a ‘substitute’ to answer routine questions or to triage work to when busy or overwhelmed.

3. The Clinical Pharmacist paging the on-call Resident it is expected to have completed appropriate background work, and must be prepared to provide patient name, location, account numbers and baseline work that is already completed.

Scope of the Non-Formulary Request On-Call Program:
1. The purpose of the Resident Non-Formulary Request On-Call Program is to field and evaluate non-formulary requests.
2. The Inpatient Pharmacist paging the on-call Resident is expected to have obtained the non-formulary request form from the requesting physician and complete appropriate background work as dictated in the Non-Formulary Request Algorithm (APPENDIX A)

APPENDIX A:
NON-FORMULATORY MEDICATION REQUEST PROCESS

Prescriber/RPh completes "Non-Formulary Medication Request" form and submits to Pharmacy Dept.

If ROC does not call back within 90 minutes, page Chief Resident.

If unable to reach Chief Resident, page Manager On-Call.

Receiving Pharmacist pages Resident On-Call (ROC) with basic data.

ROC ensures all pertinent patient information necessary for decision making is addressed.

If approved, drug should be obtained via inpatient pharmacist per CO 13.330.

ROC is responsible for confirming that request is resolved within 24 hours of MD request.

If request is denied, may appeal to P&T Chair or designee as available. ROC to provide reasoning for denial to Chair or designee.

Basic Initial Request Data
- Date/time of request
- Patient name/FIN/CIS Location
- Medication requested
- Dose, route, frequency
- Estimated duration of therapy
- Estimated length of stay/discharge date
- Reason for request
- Formulary alternatives
- If formulary alternatives exist, reason why this alternative is not an option
- Roger’s order (Y/N)

Pertinent Patient Information Necessary for Decision Making
- Clinical review of warnings & precautions (including patient allergies) and drug-drug interaction check should be completed.

Rogers Order Patients
- All orders for patients under a Rogers Order must be approved and obtained promptly.

Resident Coverage:
- 8AM-11PM
- Emergency Back-Up:
  - Chief Resident
  - Manager On-Call
- Overnight requests will be deferred until 8AM

Updated: April 2017
Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services

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BH-PR-010 Chief Pharmacy Resident Job Description

Purpose: To outline the description, qualifications, and responsibilities of a person assuming the role of a Chief Pharmacy Resident at BMC.

10. Description
10.1. The Chief Pharmacy Resident is a Post-Graduate Year Two (PGY2) pharmacy resident who leads, manages, and coordinates activity of all concurrent pharmacy residents.

11. Qualifications
11.1. Must be a PGY2 pharmacy resident for the full academic year for which they are appointed Chief Resident.
11.2. Appropriate leadership skills as determined by the Academic Advisory Committee (AAC).
11.3. Appointment is made by the AAC.
11.4. Additional qualifications are consistent with the job description of the PGY2 pharmacy resident.

12. Responsibilities
12.1. Chairs the monthly resident meeting.
12.2. Serves as the liaison to the residency faculty and pharmacy services for resident related issues.
12.3. Coordinates activities of all pharmacy residents, including committee appointments, newsletter, etc.
12.4. Monitors amount and documentation of resident leave including professional, vacation, interview, and sick leave.
12.5. Coordinates or delegates Pharmacy Grand Rounds and associated resident continuing education functions.
12.6. Coordinates or delegates activities in support of National Pharmacy Week.
12.7. Serves on and acts as Secretary of the AAC.
12.8. Reviews service provision changes for resident impact.
12.9. Advises/coaches residents of feedback received.
12.10. Communicates to preceptors and pharmacy staff as appropriate.
12.11. Coordinates or delegates recruitment efforts for the following year’s residency class.
12.12. Provide orientation and guidance for the following Chief Resident

13. Patient Population Served
13.1. The Chief Resident may provide pharmaceutical care to neonatal, pediatric, adolescent, adult, and geriatric populations; consistent with the PGY2 job description.

14. Relationships
14.1. Reports to:
  14.1.1. Residency Program Director (directly)
  14.1.2. Assistant Director of Acute Care Pharmacy Services (directly)
  14.1.3. Preceptors (indirectly)
  14.1.4. AAC (indirectly)

14.2. Supervises:
  14.2.1. Pharmacy Residents

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services

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Utilization of a Non-Pharmacist Preceptor and Their Responsibilities

**Purpose:** To define general responsibilities of non-pharmacist preceptors and to outline the appropriate utilization of non-pharmacist preceptors.

15. The non-pharmacist preceptor will meet the following requirements for qualification:
15.1. Non-pharmacist preceptors must currently hold an appropriate license within the Commonwealth of Massachusetts.
15.2. Non-pharmacist preceptors must have training and/or experience in the area of 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.
   15.2.1. Non-pharmacist preceptors must have a minimum of five years experience and licensure in the area of practice for which they serve as preceptors.
15.3. Non-pharmacist preceptors must have a record of contribution and commitment to practice within the organization characterized by the following:
   15.3.1. Documented record of improvements in and contributions to the respective area of practice (e.g., implementation of a new service, active participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
   15.3.2. Formal recognition by peers as a model practitioner (e.g., board certification, awards).
   15.3.3. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).
15.4. Non-pharmacist 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.

16. For the PGY1 pharmacy residency program, a non-pharmacist preceptor may only admit a pharmacy resident to their rotation during the final six months.
16.1. Ultimately the PGY1 pharmacy resident needs to demonstrate a level of competence that permits preceptor oversight by someone other than a pharmacist prior to commencing a rotation guided by a non-pharmacist.
16.2. Prior to starting any rotation offered by a non-pharmacist, the Academic Advisory Committee (AAC) must agree that the PGY1 pharmacy resident has received enough instruction and modeling of pharmacy practice and that their rotation evaluations reflect such readiness.
16.3. A PGY1 pharmacy resident may choose to request permission to select a non-pharmacist preceptor’s rotation prior to the six month mark through a formal request to the AAC. The
AAC will then decide if the PGY1 resident is ready for the experience and that all
documentation up to that point would reflect such readiness.

17. The non-pharmacist preceptor will meet with the resident at the beginning of the rotation. At this time, the preceptor will:
17.1. Discuss the preceptor’s specific goals and objectives for the resident throughout the rotation.
17.2. Assess the resident’s baseline knowledge, previous experience, and aptitude; based on these parameters, goals and objectives shall be modified accordingly.
17.3. Develop an understanding of the resident’s specific goals, interests, and expectations for the rotation.
17.4. Review the resident’s portfolio during the first week of the rotation.
17.5. Discuss staffing days, research days, professional leave, vacation and holiday, as applicable and assure that the resident is not exceeding duty hour limits for specific days, weeks, or the month.
17.6. Coverage issues related to the service should be addressed proactively with appropriate faculty, hospital staff, and appropriate arrangements made.

18. Throughout the rotation the non-pharmacist preceptor will interact with the resident, providing guidance, assistance, advice, and supervision.

19. The expectation of non-pharmacist preceptor interaction with the resident will involve more coaching and facilitating rather than instructing and modeling. However, the preceptor may deviate from this expectation if they so choose.

20. The non-pharmacist preceptor will provide ongoing feedback regarding the resident’s progress. A formal mid-point evaluation will be considered optional (written or verbal), provided there is ongoing assessment and communication with the resident throughout the rotation.

21. If problems arise during the rotation that impairs communication between the preceptor and resident, the Residency Program Director shall serve as the liaison for assistance in the matter.

22. The following accommodations shall be required during the time of preceptor absence:
22.1. Absence for \( \geq 1 \) business week: Preceptor shall designate a replacement who will attempt to fulfill the above preceptor’s responsibilities. This back-up preceptor shall be identified to the resident prior to the primary preceptor’s period of leave.
22.2. Absence for < 1 business week: Preceptor shall designate a replacement to be available for questions or to discuss patient-care issues. If absent for only a few hours, the preceptor shall be readily accessible to the resident by page or through other means of communication.

23. Upon completion of the rotation, the non-pharmacist preceptor shall complete a PharmAcademic™ resident evaluation form with the assistance of the RPD. This form is to be discussed with the resident before its submission to the RPD on the last day of the rotation. This expectation corresponds to the evaluation procedure followed by the resident at the end of each month.

24. The RPD has the responsibility of reviewing each evaluation form. If problems have been expressed of if the above responsibilities have not been fulfilled, the program director shall
discuss these issues with the preceptor immediately following each month’s review. If
problems persist, the program director shall bring the specific issues to the AAC for further
review. The AAC committee will then decide upon further action if necessary.
## Graduate Pharmacy Education

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<td>Aaron Michelucci, PharmD Director, Acute Care Pharmacy Services</td>
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BH-PR-013 Authorization for Recommendations

Purpose: To set a procedure by which preceptors are authorized to issue recommendation for pharmacy residents.

1. POLICY
   1.1. Only authorized individuals are allowed to give recommendations for present and past pharmacy residents.

2. REQUIREMENTS
   2.1. No pharmacy staff member is authorized to give a recommendation for a pharmacy resident unless duly authorized by that resident.
   2.2. PGY2 pharmacy residents and PGY1 pharmacy residents who have not early committed to BMC PGY2 residency will be required to have a Pharmacy Resident Authorization for Recommendations (see Appendix) form completed and in their appropriate files by December 1 of their respective residency.
   2.3. Residents have the prerogative to not designate any individuals, but the form must be on file. The presence of the form in the file is required. The designation of individuals is optional.
   2.4. PGY1 pharmacy residents who have early committed to a BMC PGY2 residency have an option of completing this form and may update it prior to their PGY2 December due date.
   2.5. Information published and active on the residency web site may be released by any individual as it is public information written and approved by the resident.

3. DOCUMENTATION
   3.1. The form should first be completed by the resident; unused lines should be marked as not used.
   3.2. Preceptors should sign in the designated signature column.
   3.3. The form will be copied and distributed to files and individuals as shown.
   3.4. The authorization period ends three years after the expected date of program completion, unless otherwise specified by the resident.
   3.5. If more than five individuals are authorized, an additional form should be completed and both the original and secondary form should specify that two forms have been utilized.
Graduate Pharmacy Education

| Approved: | Kathleen B. Kopcza, PharmD, BCPS  
Coordinator, Pharmacy Education | Date |
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| Originator: | Kathleen B. Kopcza, PharmD, BCPS  
PGY1 Program Director  
Erica Housman, PharmD, BCPS-AQ ID  
PGY2 Program Director  
Adam B. Pesaturo, PharmD, BCCCP  
PGY2 Program Director | 6/20/2012 |
| Replaces: | BH-PR-013 |
# Pharmacy Resident Authorization for Recommendations

Pharmacy Resident (Print) _____________________________________________

Expected Date of Program Completion _________________________________

This authorization is valid for 3 years after the Expected Date of Program Completion.

This authorizes the below listed individuals to release information or employee records relative to residency training at BMC.

Absence of this form in the resident file or lack of designated individuals below indicates that only dates of residency will be released. This form permits provision of multi-site recommendations, unless limitations are designated here (if none state “None”):

Limitations:
______________________________________________________________________________________
______________________________________________________________________________________

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Unused lines should be marked as not used.

Pharmacy Resident Signature _____________________________________________

Date_________________________

Original: Resident File - Pharmacy

Copies: Resident File – GME Office
        Resident
        Individuals Authorized to Provide Reference Above
BH-PR-014 Promotion of a Baystate Medical Center (BMC) Post Graduate Year 1 (PGY1) Pharmacy Resident to a BMC Post Graduate Year 2 (PGY2) Residency (Early Commitment)

**Purpose:** To define the procedure for early commitment to a PGY2 residency program. To define responsibilities related to the early commitment process for residents and residency program directors.

**25. Procedure**

25.1. Decision to offer early commitment to the current PGY1 residents will be made by the Academic Advisory Committee (AAC) during the August meeting. This decision will be communicated to the current PGY1 residents by the PGY1 residency director no later than 1500 hours on the Friday following the meeting. The AAC meeting occurs the third Wednesday of each month.

25.2. Submission of an application packet is due to the PGY2 program director by the first Thursday of October. The packet is required to contain a letter of interest by a current BMC PGY1.

25.3. The letter of interest must meet the following criteria:

25.3.1. A signed hardcopy of the letter must be delivered to the PGY2 residency program director.

25.3.2. An emailed copy of the signed letter must be delivered to the PGY1 Residency Program Director and the BH Manager of Clinical Pharmacy Programs.

25.4. The packet will also contain, in addition to the letter, an up-to-date residency portfolio.

25.5. Individual interviews, including a 30-minute presentation, will occur during the second and/or third week of October (Residents will need to arrange 2-hours away from rotation responsibilities with their primary preceptor).

25.6. Discussion of interested applicants will occur at the October AAC meeting.

25.6.1. Should the time required to complete all of the interviews extend beyond the date of the October AAC, an ad hoc meeting will be called at a later point in time to discuss candidate selection.

25.6.2. Applicants will be compared using a rubric tool designed to objectively assess their application packet and interview (private document on file).

25.7. Letters offering positions to selected applicants must be delivered in hardcopy format no later than 1500 hours on the first Friday of November.

25.8. The signed, accepted offer letter must be returned to the PGY2 program no later than 1500 hours on the Monday following the first Friday of November.

25.9. Accepting candidate must also sign the Resident Matching Program letter of agreement.

25.10. Notice of declination is also due to the PGY2 program director and PGY1 Residency Program Director no later than 1500 hours on the Monday following the first Friday of November.
25.11. Note that the BMC early commitment deadline is earlier than the ASHP deadline.
25.12. See Appendix A for application process timeline.

26. PGY2 Candidate Review Committee
26.1. Only personnel able to guide candidate selection
26.2. Members include:
   26.2.1. PGY2 Residency Program Director
   26.2.2. PGY1 Residency Program Director
   26.2.3. BH Manager of Clinical Pharmacy Programs
   26.2.4. All primary preceptors for required PGY2 rotations
   26.2.5. Current PGY2 Resident

27. Resident Applicant Responsibilities
27.1. Preparation and delivery of the application packet to be considered for a PGY2 resident position.
27.2. Adherence to all applicable deadlines listed above.
27.3. The return of signed offer letter or notice of declination is a final commitment by the resident to the PGY2 program.

28. PGY2 Program Director Responsibilities
28.1. Attendance of the August and October AAC meeting.
28.2. Approval or denial of the early commitment offering.
28.3. Preparation and delivery of a formal letter for the PGY2 resident position.
28.4. Adherence to all applicable deadlines listed above.
28.5. Participation in ASHP PGY2 residency matching program according to all ASHP established guidelines and regulations.
28.6. Communication with the BMC GME Office regarding documentation of approved offers of early commitment.
28.7. Ultimate responsibility for selection of the candidate via early commitment or submission of the rank list for the Resident Matching Program.

29. PGY2 Candidate Review Committee Responsibilities
29.1. Review all application packets and assess them using the rubric tool supplied by the RPD.
29.2. Attend of all scheduled interviews.

30. Appeals and Exceptions to the Policy
30.1. No changes, modifications or exceptions to the policy will be honored without the approval of the AAC.
30.2. All appeals must be submitted to the AAC.
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Appendix A: Application process timeline

- **July 1**
- **Aug**
  - Decision to offer early commitment to current PGY1 residents is made by AAC (third week of August)
- **Sep**
- **Oct**
  - Application packet is due by the first Thursday of October
  - Individual interviews (second and/or third week of October)
- **Nov**
  - Discussion of applicants at the October AAC (third week of October)
- **Dec**
  - Distribution of letters offering the position to selected candidates (first week of November)
- **ASHP MCM**
BH-PR-015 Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts

**Purpose:**
To outline the consequences of not obtaining a license to practice pharmacy in the Commonwealth of Massachusetts prior to or within 90 days of the start date of the residency.

**31. Description**
31.1. Residents must be licensed as a pharmacist in the Commonwealth of Massachusetts either prior to or within 90 days of the start of the residency or the resident’s plan will be modified as outlined. Residents failing to become licensed within four months of starting the residency will be dismissed.

**32. Procedure**
32.1.1. All pharmacist licensure exams must be scheduled by the end of the second month of the residency program. If pharmacist licensure is not anticipated by the first day of the fourth month due to failure of the NAPLEX, the resident will forfeit one month long elective rotation (during the fourth month) and be scheduled for a remediation rotation and an additional 3 week inpatient staffing rotation. If pharmacist licensure is not anticipated by the first day of the fourth month due to failure of the MPJE, the resident will be scheduled for at least 4 law study sessions during the 30 day black out period as well as an additional 3 week inpatient staffing rotation.

32.1.2. If not licensed, the candidate must be licensed within four months of starting the residency program, as outlined in their contract (or by 11/1 if starting on 7/1). Failure of the resident to obtain licensure as a pharmacist prior to the 11/1 date (or within four months of starting the residency program) will result in dismissal from the program.

**Approved:** Kathleen B. Kopcza, PharmD, BCPS  
Coordinator, Pharmacy Education

**Authorized:** Aaron Michelucci, PharmD  
Director, Acute Care Pharmacy Services
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BH-PR-101 Guidelines for Evaluation of PGY1 Pharmacy Residency Candidates

**Purpose:**
To define the process for evaluation of candidates and selection of rank order for the PGY1 Pharmacy Residency Program.

**Guidelines:**
It is the goal of the BMC PGY1 Pharmacy Residency Program to carefully evaluate all program applicants in a manner that provides equal opportunity. All applicants will be reviewed and ultimately selected based on established criteria and with a process that allows for input from all members of the Academic Advisory Committee and current PGY1 pharmacy residents.

1. The residency applicant must submit a completed application packet on PhORCAS. The PhORCAS application for the program must be completed by the established deadline; if not the candidate will be removed from consideration immediately*. The packet must include:
   - Completed PhORCAS application
   - Valid school of pharmacy transcript
   - (3) Letters of reference submitted within reference section on PhORCAS
   - Letter of intent
   - Curriculum Vitae
   - Completed “applicant’s questionnaire” *(Appendix A)*

* Exceptions will be made for transcripts and letters of recommendation that are not uploaded by the deadline as this is not controllable by the candidate.

32.2. Once the application deadline has passed, the Academic Advisory Committee (AAC) will review the application packets.
32.2.1. Residency applicants must have a PharmD from an American College of Pharmacy Education accredited college of pharmacy (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.
32.2.2. Residency applicants must be a United States Citizen or have permanent legal residency (green card) in the United States.
32.2.3. Residency applicants must be licensed or eligible for licensure as a pharmacist in the Commonwealth of Massachusetts. See policy BH-PR-015 Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts.
32.3. Residency applicants must be able to commit to twelve months of training and understand that the program is a full-time practice commitment.
2. Only residency applicants who have a GPA $\geq 2.75$ will be qualified for further consideration.
3. Selection for an onsite interview includes the rating of applicants after compilation of an application rubric score (Appendix B) that evaluates the following criteria:
   a. Written communication and motivation (20% of rubric score)
   b. Curriculum vitae (leadership, service, awards, work experience, publications) (30% of rubric score)
   c. Letters of reference (30% of rubric score)
   d. Transcript (GPA before APPE rotations) (20% of rubric score)

4. An application score list that ranks the applicants based on numeric rubric scores from highest to lowest will be compiled. AAC members will review the application score list. BMC will offer interviews to at least 24 qualified applicants as agreed upon by the AAC members and the AAC rank committee. The final number of interviews may be expanded to 30 as agreed upon by the AAC members. The first 18 applicants will be determined after review of the application score list by the AAC committee. The RPD and assistant RPD will be responsible for determining the remaining candidates to be interviewed to the maximum interview selection number of 24 to 30.

5. Residency policies (including but not limited to: policies for professional, family and sick leave; policies regarding licensure requirements; consequences of any leave on resident’s ability to complete the program; and for dismissal from the residency program; moonlighting, duty hours, requirements and expectations for successful completion of the residency program) will be shared with candidates who are invited to an on-site interview prior to their on-site visit.

6. After the interview has been granted and accepted by the candidate, BMC will conduct a full day interview. This will give the candidate an opportunity to meet with preceptors and staff, view the facilities and ask questions. The interview will also provide the opportunity for the staff to fully assess all characteristics of the candidate and make an informed decision.

7. Once all interviews have been conducted, the AAC will meet and use a criteria based approach to “rank” the residency candidates (see Appendix C). The AAC will also discuss if there are any candidates that should not be ranked.

8. WebAdmit will be utilized to manage the scores of Appendix B and C.

   **Application Scoring Rubric**
   a. Groups of preceptors will evaluate application packets and determine a score using Appendix B.
   b. Scores will be entered into WebAdmit and averaged.
   c. The interview rubric has been entered into WebAdmit with appropriate multipliers. WebAdmit will adjust total score and display weighted score under “Scoring Model: Application Rubric for Interview Selection”. Scores in the “Scoring Model” section will be an average of the rubric scores submitted by each reviewer assigned to score the candidate’s application packet.
   d. Any discrepancy of greater than 2 points in a candidate’s application score between reviewers will require the interview group to meet, discuss and re-score the candidate’s application packet.

   **Interview Rank Worksheet**
   a. Groups of preceptors will evaluate candidates focusing on behavioral characteristics (Appendix C)
b. Scores will be entered into WebAdmit by the group leader

c. Final scores, including a group impression score and application packet score, will be calculated by WebAdmit for ranking purposes.

9. The final rank order will be decided by the AAC rank committee members and then will be submitted to the matching service (NMS).

   a. AAC rank committee members to be composed of 5 members including: PGY-1 Residency Program Director; PGY-1 Assistant Residency Program Director; PGY-2 Resident and 2 PGY-1 residency preceptors appointed by the AAC Committee.

   b. AAC rank committee will decide if there are any candidates that should not be ranked based on all criteria evaluated.
<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
<th>Originator: Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</th>
</tr>
</thead>
</table>
Appendix A- Applicant’s Questionnaire for PGY1 Pharmacy Residents

Baystate Medical Center
Department of Pharmacy
Applicant’s Questionnaire for PGY1 Pharmacy Residents
Name:
Directions:

*Please use essay format to answer the following three questions; your response should not exceed 1,000 words total. The questions are intended to assess the applicants writing style, ability to self-assess and expectations of the residency program.*

1. State your career goals by answering the following questions:
   a. List your current practice interests.
   b. List (2) strengths (including direct patient care skills as well as other personal strengths) that will help you reach your goals.
   c. List (2) weaknesses that you would like to improve on during the residency.
   d. Describe (2 to 3) goals you would like to accomplish during the residency.

2. Where do you see the preceptor fitting into your professional development?

3. Describe one activity or experience that showcases your strengths and helped you realize your weaknesses identified in question #1.
### Letter of Intent and Applicant’s Questionnaire (20%)

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>3-Excellent</th>
<th>2 – Good</th>
<th>1 – Satisfactory</th>
<th>0 – Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Communication</td>
<td>Perfect spelling, grammar and sentence structure. Very engaging writing style with varied vocabulary.</td>
<td>Appropriate spelling, grammar, and sentence structure throughout. Theme is well-developed and easy to follow.</td>
<td>Minor spelling, grammar, or sentence structure errors. Theme is apparent and able to be followed.</td>
<td>Distracting spelling, grammar, or sentence structure errors. Theme is not apparent.</td>
</tr>
<tr>
<td>Score:_________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td>Outlines a clear plan (i.e. 5 year plan); knows personal goals and what it will take to achieve those goals; goals encompass pharmacy profession and Baystate specifically</td>
<td>Motivated to actively contribute to patient care and personal goals. Specific goals for the future are included.</td>
<td>Motivation evident. Vague goals for the future included.</td>
<td>No evidence of motivation or goals for the future.</td>
</tr>
<tr>
<td>Score:_________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Curriculum Vitae and Applicant’s Questionnaire (30%)

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>3-Excellent</th>
<th>2 – Good</th>
<th>1 – Satisfactory</th>
<th>0 – Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Holds an office in a student pharmacy or community organization at Chair/President or Vice Chair/Vice President.</td>
<td>Holds an office in a student pharmacy or community organization below Chair/President or Vice Chair/Vice President (i.e. secretary, treasurer, etc.).</td>
<td>Participant in a student pharmacy organization.</td>
<td>No leadership roles evident.</td>
</tr>
<tr>
<td>Score:_________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Activities</td>
<td>Participated in multiple service activities (&gt;1) during professional</td>
<td>Active participation in &gt; 4 unique service activities during professional pharmacy</td>
<td>Active participation in at 1 to 4 service activities during professional pharmacy academic years with no</td>
<td>No service activities during professional pharmacy academic years.</td>
</tr>
<tr>
<td>Score:_________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Area</td>
<td>3-Excellent</td>
<td>2 – Good</td>
<td>1 – Satisfactory</td>
<td>0 – Poor</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>pharmacy academic years and the applicant demonstrated a leadership role in at least one (organizer, director, etc.).</td>
<td>academic years with no demonstrated leadership role.</td>
<td>demonstrated leadership role.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awards (Excludes “Deans List” and “Rho Chi”)</td>
<td>National recognition (i.e. ASHP skills competition winner)</td>
<td>Regional recognition (i.e. MSHP)</td>
<td>Local recognition (i.e. local scholarships, PLS, local ASHP skills comp. winner)</td>
<td>No awards</td>
</tr>
<tr>
<td>Score:________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Experience</td>
<td>Licensed Pharmacist in Retail or Hospital related pharmacy</td>
<td>Consistent pharmacy or non-pharmacy related work experience (&gt;1yr)</td>
<td>No work experience OR sporadic work experience</td>
<td></td>
</tr>
<tr>
<td>Score:________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publications</td>
<td>Publication in a peer-reviewed journal</td>
<td>Regional or national poster or presentation; organizational newsletter (ex: MSHP).</td>
<td>Newsletter/monograph, etc. related to candidate’s institutional/local Pharmacy employment experience</td>
<td>No publications, poster presentations, or manuscripts outside of normal APPE requirements (i.e. Grad poster at MCPHS)</td>
</tr>
<tr>
<td>Score:________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letters of Reference (30%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Area</td>
<td>3-Excellent</td>
<td>2 – Good</td>
<td>1 – Satisfactory</td>
<td>0 – Poor</td>
</tr>
<tr>
<td>Letter of Reference #1 Score:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Letter of References #2 Score:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter of Reference #3 Score:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Referee indicates ‘highly recommends’ with multiple specific examples to the candidate’s motivation,</td>
<td>• Referee indicates ‘highly recommends’ but contains little to no specific documentation supporting the recommendation</td>
<td>• Referee indicates ‘recommends’</td>
<td>• Referee indicates ‘recommend with reservation’ and/or letter expresses concern about the applicant’s ability to be</td>
<td></td>
</tr>
</tbody>
</table>
Average of all 3 letters: 
__________ (max value is 3) 
(Less than 3 letters, applicant should have score of zero averaged in with other letters) 
(More than 3 letters, at the review committee’s discretion of which letters to include to be averaged) 

- Referee has had significant interaction with the applicant (APPE rotation plus project, poster, publication, longitudinal APPE experiences or classroom interactions).
- Referee is Baystate Health preceptor who indicates “highly recommends” and had student for at least one APPE rotation.
- Referee had limited interaction with the applicant such as one APPE rotation.
- Specific areas of improvement required for success in a residency program.
- Letter of reference is written by someone who works in a field unrelated to pharmacy practice or healthcare.

Transcripts (20%)

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>3 - Excellent</th>
<th>2 – Good</th>
<th>1 – Satisfactory</th>
<th>0 – Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA Before APPE Rotations</td>
<td>3.67-4.0</td>
<td>3.34-3.66 College of Pharmacy without GPA:</td>
<td>3.0 – 3.33 College of Pharmacy without GPA:</td>
<td>2.75 – 2.99 College of Pharmacy</td>
</tr>
</tbody>
</table>
Score:__________ GPA: Pass & Rho Chi OR High Pass Pass without GPA: Fail
Note: GPA < 2.75 automatically eliminates applicant

Note: This interview rubric has been entered into WebAdmit with appropriate multipliers. Score each section and enter score into WebAdmit. WebAdmit will adjust total score and display weighted score under “Scoring Model: Application Rubric for Interview Selection”. Scores in the “Scoring Model” section will be an average of the rubric scores submitted by each reviewer assigned to score the candidate’s application packet.

Total points or Maximum Points=30 Less than 18 points (60% of maximum points) - no interview recommended

Appendix C—PGY1 Pharmacy Residency Candidate Rank Worksheet
Applicant Rank Worksheet:

APPLICANT NAME:

<table>
<thead>
<tr>
<th>Definitions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>2</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>1</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
</tr>
</tbody>
</table>

Interview Rubric:
Excellent: Gives examples of ideal answers
Satisfactory: Gives examples of acceptable answers
### Poor: Gives examples of poor answers

<table>
<thead>
<tr>
<th>Principle/Capability</th>
<th>Model/Indicators</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Communication**   | ➤ Establishes open lines of communication.  
➤ Confronts and resolves conflict directly with affected individuals.  
➤ Establishes clear goals, responsibilities, and accountability.  
➤ Holds no grudges and has no personal agendas, but disagrees when appropriate.  
➤ Listens actively and speaks directly/simply.  
➤ Values humor.                                                                                                                                                                                                                                                                                                                                       |                   |
| **Integrity**       | ➤ Adheres to high standards of ethics and quality.  
➤ Is congruent in actions and values.  
➤ Considers community, patient, and employees impact when making decisions.  
➤ Preserves the trust of all BHS stake holders.  
➤ Commits to do the right thing, and urges others to do the same.  
➤ Supports entrepreneurship and creativity.  
➤ Maintains focus and drive to execute strategy.  
➤ Accepts and learns from failure.  
➤ Is a change agent.  
➤ Commits to and embraces diversity.  
➤ Is a steward of the organization’s resources                                                                                                                                                                                                                                                                                                         |                   |
| **MCPHS and WNE Faculty:** | ➤ Displays personal concern, sensitivity, and tolerance for each other and each other’s views/needs.  
➤ Requests the time of others judiciously.  
➤ Is honest and direct, in a constructive, non-confrontational manner.  
➤ Treats others with dignity and as you would want to be treated.  
➤ Maintains confidentiality.  
➤ Offers to others; learns from others.  
➤ Recognizes the healthy importance of personal life “outside Baystate.”                                                                                                                                                                                                                                                                              |                   |
| **Trust**           | ➤ Displays personal concern, sensitivity, and tolerance for each other and each other’s views/needs.  
➤ Requests the time of others judiciously.  
➤ Is honest and direct, in a constructive, non-confrontational manner.  
➤ Treats others with dignity and as you would want to be treated.  
➤ Maintains confidentiality.  
➤ Offers to others; learns from others.  
➤ Recognizes the healthy importance of personal life “outside Baystate.”                                                                                                                                                                                                                                                                              |                   |
| **Respect**         | ➤ Displays personal concern, sensitivity, and tolerance for each other and each other’s views/needs.  
➤ Requests the time of others judiciously.  
➤ Is honest and direct, in a constructive, non-confrontational manner.  
➤ Treats others with dignity and as you would want to be treated.  
➤ Maintains confidentiality.  
➤ Offers to others; learns from others.  
➤ Recognizes the healthy importance of personal life “outside Baystate.”                                                                                                                                                                                                                                                                              |                   |
### Group 3:

#### Implementation
- Develops systems for monitoring accountability.
- Clarifies process, expectations, and accountability before starting a project.
- Establishes expectations with colleagues and stakeholders.
- Translates objectives into clear, time-related actions steps and responsibilities.
- Selects the right people to work together to accomplish tasks.
- Sets targets and project boundaries to simplify work structure.
- Informs appropriate stakeholders about status of goals.

#### Maturity
- Makes and communicates “hard decisions” with empathy and compassion.
- Demonstrates resilience by accepting setbacks with grace and renewed determination.
- Connects with people by expressing openness to dissenting views and feelings.
- Expresses pride and humility in personal and organizational accomplishments.
- Projects a positive, confident, and optimistic attitude (while putting negative issues in their appropriate context).
- Obtains commitments by expressing confidence in others capabilities.
- Admits to errors and shortcomings with humor.

### Group 2:

#### Teamwork / Collaboration
- Displays and promotes teamwork and team play.
- Explores alternatives and accepts team decisions.
- Commits to each other’s success by helping them succeed.
- Respects, values, and seeks out internal expertise.
- Celebrates success.
- Values the contribution of each employee to overall success.
- Models and promotes team work and team play.

### OVERALL:

#### Application Packet
- Writing skills
- Letters of Recommendation
- Transcript
- Academic Ability
- Clinical Knowledge

<table>
<thead>
<tr>
<th>Packet Rubric Score</th>
<th>Corresponding Rank Rubric Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥23</td>
<td>4</td>
</tr>
<tr>
<td>≥20 - &lt;23</td>
<td>2.5</td>
</tr>
<tr>
<td>&lt;20</td>
<td>1.5</td>
</tr>
</tbody>
</table>

#### Interview Rank Worksheet Score: [ ]
<table>
<thead>
<tr>
<th>Principle/Capability</th>
<th>Model/Indicators</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impression Score</td>
<td>➤ Professional</td>
<td>2 – Excellent</td>
</tr>
<tr>
<td></td>
<td>➤ Prepared and asked questions</td>
<td>1 – Satisfactory</td>
</tr>
<tr>
<td></td>
<td>➤ Desire to learn about BMC and the Residency Program</td>
<td>0 – Poor</td>
</tr>
<tr>
<td></td>
<td>➤ Thoughtful and well spoken</td>
<td></td>
</tr>
</tbody>
</table>

Applicant

Total Score:
BH-PR-102 PGY1 Pharmacy Residency Program Assessment Strategy

Purpose:

To define the process for assessment of the PGY1 pharmacy residents, the preceptors and the PGY1 Pharmacy Residency Program.

I. Resident Initial Needs Assessment:

1. Prior to starting the PGY1 Pharmacy Residency Program, each resident will complete the ASHP Entering Interests Form and the Entering Objective-Based Self Evaluation.
2. The RPD or Assistant RPD will utilize the information in these documents to create the Customized Development Plan and rotation schedule for each resident.
3. The RPD or Assistant RPD will meet with each Resident to review the plan prior to the first rotational experience after orientation and post the plan for all preceptors to review within PharmAcademic™.

II. Resident Assessment Strategy Guidelines:

Miscellaneous:

1. Only those goals suggested by the program outline will be taught and/or evaluated.
2. Preceptors will provide appropriate orientation to the learning experience, including a review of the goals and objectives chosen, learning activities, expectations and evaluation schedule.
3. Preceptors will provide ongoing, criteria-based formative feedback throughout each learning experience to assist the resident’s skill developmental processes.
4. All summative evaluations will be maintained on PharmAcademic™. Draft summative evaluations will be completed by preceptors by the last day of each rotational learning experience and reviewed with the resident. Summative evaluations must be discussed in a face-to-face meeting between the preceptor and the resident by the last day of the rotation. The preceptor will make any necessary edits to the summative evaluation based on the discussion with the resident. The preceptor must submit within PharmAcademic™ the finalized summative evaluation within 7 days of the completion of the rotation.
5. Preceptors will check the appropriate rating to indicate resident progress, and provide narrative commentary for any goal for which progress is “Needs Improvement” or “Satisfactory Progress.” Narrative comments should relate to criteria developed for achievement of that goal with specific actions for improvement. All rotations must have comments from the preceptor in the “General Comments” area describing resident’s strengths, areas for improvement to be used as handoff to next preceptor.
6. The resident and incoming preceptor will meet to discuss the resident’s progress and rotation expectations prior to beginning the next rotation.
### Ratings Scale Definitions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition(s)</th>
</tr>
</thead>
</table>
| Needs Improvement (NI)         | • Resident is not performing at an expected level, significant improvement is needed.  
                                | • Deficient in knowledge/skills in this area                                                                                                    |
|                                | • Often requires assistance to complete the objective                                                                                           |
|                                | • Unable to ask appropriate questions to supplement learning                                                                                   |
| Satisfactory Progress (SP)     | • Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective                                 |
|                                | • Adequate knowledge/skills in this area                                                                                                        |
|                                | • Sometimes requires assistance to complete the objective                                                                                    |
|                                | • Able to ask appropriate questions to supplement learning                                                                                     |
|                                | • Requires skill development over more than one rotation                                                                                      |
| Achieved (ACH)                 | • Resident can perform associated activities independently for this learning experience                                                       |
|                                | • Fully accomplished the ability to perform the objective                                                                                     |
|                                | • Rarely requires assistance to complete the objective; minimum supervision is required                                                        |
|                                | • No further developmental work is needed                                                                                                      |
| Achieved for Residency (ACHR)  | • Resident consistently performs objective at Achieved level, as defined above, for the residency                                             |
|                                | • Resident can perform associated activities independently across the scope of pharmacy practice.                                               |

**Customized Development Plan:**

1. Residents will be evaluated quarterly to ensure adequate progress toward completion of all required program competency areas, goals and objectives.
2. The RPD or Assistant RPD will conduct the quarterly evaluation and provide the resident with their status relative to the competency areas, goals and objectives, as well as other successes or areas that need improvement.
3. Goals can be marked ‘achieved for residency’ by the RPD or Assistant RPD through the quarterly evaluation process or after preceptor discussion with the RPD or Assistant RPD.
4. The RPD or Assistant RPD will adjust the customized development plan quarterly.

III. Residents’ Self-Evaluation of Their Attainment of Educational Goals and Objectives:

1. If required by the learning experience, the residents will complete the learning experience summative evaluation in PharmAcademic by the last day of the learning experience or by the quarterly due date for longitudinal learning experiences.
   a. Residents will check the appropriate rating to indicate progress during the learning experience. Narrative comments should relate to criteria developed for achievement of that goal or progress towards that goal.

V. Residents’ Evaluation of the Preceptor and Learning Experience:

1. Residents will complete evaluations in PharmAcademic of the preceptor and the learning experience by the last day of each learning experience or by the quarterly due date for longitudinal learning experiences.
2. Completed evaluations will be discussed with preceptors, and signed and dated by each (using PharmAcademic).

**The RPD reserves the right to return any evaluation that does not have appropriate commentary.**

Approved: Kathleen B. Kopcza, PharmD, BCPS  
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD  
Director, Acute Care Pharmacy Services
<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
<th>Date: 12-1-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-102 Dated 12-2016</td>
</tr>
</tbody>
</table>
BH-PR-103 — Requirements for PGY1 Pharmacy Residency Program Completion

Purpose:
To provide each PGY1 pharmacy resident with the required elements to complete the PGY1 Pharmacy Residency Program and receive the residency program certificate.

Professional Portfolio:
The PGY1 pharmacy resident is required to complete a professional portfolio by the end of the residency. The professional portfolio will contain the original works of the resident as evidence of the achievements of the many goals of the PGY1 Pharmacy Residency program. Portfolios are individual creations; therefore no two portfolios should be identical in terms of content or organization. Although the portfolio is not due until the end of the residency, keep in mind that it is difficult to prepare an acceptable portfolio of accomplishments throughout the year at the very end of the residency. Thus, the resident should continuously work on the portfolio throughout the year and update it often. The resident will need to prepare two copies of his/her portfolio—one will remain with the RPD at the conclusion of the residency and one will remain in the possession of the resident.

- RPD copy may be stored electronically on the “S” drive as well as in a hard copy binder
- Consider the format provided in the following AJHP article (Am J Health-Syst Pharm 2009;66(1):801-804).

Checklist:
A PGY1 pharmacy residency program certificate will be awarded when the following requirements are successfully completed as approved by the Academic Advisory Committee:

- Successful licensure as a Pharmacist in the Commonwealth of Massachusetts (prior to 11/1 or within 4 months of starting the residency). See policy BH-PR-015 Failure to Obtain Pharmacist Licensure in Commonwealth of Massachusetts.
- Attainment of 100% achievement (ACHR) of every goal and objective established for the residency.
- Completion of all (100%) of the requirements of customized development plans.
- Completion of all required longitudinal and monthly rotational learning experiences.
- Completion of three elective monthly rotational learning experiences.
- Completion of a residency project and associated manuscript or project write-up.
- Presentation of a residency project poster at the Vizient UHC/ASHP Midyear Clinical Meeting.
- Residency Project Platform presentation at the Eastern States Residency Conference.
- Education Day Residency Project poster presentation.
- Presentation of (1) topic presentation for CEU credit.
- Presentation of (2) formal journal clubs (scheduled by resident).
- Presentation of at least (2) documented case presentations to pharmacy staff, pharmacy students or other health care professionals.
- Presentation of at least (4) pharmacy student boot camp sessions
- Presentation of at least (2) High Street Clinic interdisciplinary education sessions
- Completion of at least one (1) formulary addition or category review for Pharmacy and Therapeutics Committee
- Completion of at least one (1) medication use evaluation
- Completion of a clinical pharmacy newsletter article and serve as the clinical pharmacy newsletter editor for two months.
- Completion of a Residency Portfolio (binder).

<table>
<thead>
<tr>
<th>Task</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td>Licensed Pharmacist—Commonwealth of MA (must occur prior to 11/1)</td>
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<tr>
<td>Attainment of 100% achievement (ACHR) of every goal and objective established for the residency by the end of the residency year</td>
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<tr>
<td>Completion of all (100%) of the requirements of customized development plans</td>
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<tr>
<td>Completion of Residency Portfolio (binder)</td>
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<tr>
<td>Required Learning Experiences- Complete all (4 weeks duration unless noted below)</td>
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<tr>
<td>Orientation (5 weeks)</td>
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<tr>
<td>Adult Critical Care</td>
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<td>Emergency Medicine</td>
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<td>Cardiology</td>
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<td>Antimicrobial Stewardship</td>
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<td>Internal Medicine</td>
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<td>Medication Safety</td>
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<td>Pediatrics</td>
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<tr>
<td>Resident Self-Designed Improvement (5-6 weeks)</td>
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<tr>
<td>Elective Rotations (4 weeks duration)—Complete 3 (Reduced accordingly if resident is required to repeat a required learning experience or is scheduled to complete a remediation rotation)</td>
<td></td>
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### PGY1 Pharmacy Residency

<table>
<thead>
<tr>
<th>Any core rotation listed above</th>
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<tr>
<td>Academia</td>
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<tr>
<td>Emergency Medicine II</td>
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<td>Pediatric Critical Care</td>
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<tr>
<td>Transitions of Care</td>
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<tr>
<td>Infectious Disease Consult Service</td>
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<td>Hematology/Oncology</td>
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<td>Geriatrics</td>
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<tr>
<td>Renal Transplant</td>
<td></td>
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</tbody>
</table>

**Required Longitudinal Learning Experiences (see duration of each longitudinal learning experience below)—Complete All**

**Inpatient Pharmacy Services (11 months)**
- One overnight shift during December rotation block
- Staffing one weekend every 3 weeks (rotate between staffing and clinical assignments)
- Staffing one weekday evening per week from 3:30 to 10:00 PM

**Drug Information and Non-formulary Request On Call Program (11 months)**
- Cover drug information and nonformulary request pager 1 week every 7 weeks

**Longitudinal Ambulatory Care (10 months total)**

| Pharmacotherapy Clinic: ½ Day/Week (16 weeks) |  |
| Diabetes Clinic: ½ Day/Week (8 weeks) |  |
| Inpatient Cardiology Discharge Counseling: ½ Day/Week (8 weeks) |  |
| Valley Medical: ½ Day/Week (8 weeks) |  |
### Pharmacy Administration Longitudinal (11 months):
- Pharmacy Administration Seminars
- Committee participation (2 months service on each committee)
  - BH Pharmacy & Therapeutics Committee
    - Completion of at least one MUE
    - Completion of at least one P&T formulary addition or drug category review
  - BH Acute Care Pharmacy Services Leadership Meeting
    - Resident will present one journal club article to pharmacy leadership team members
  - BH Clinical Pharmacy Services Team Meeting
    - Agenda and Minutes
  - Critical Care Operations Committee (responsibilities may include below)
    - Attendance and observation of role of the pharmacist on a multidisciplinary committee
    - Presentations as requested
  - BMC Resident Monthly Meeting Secretary
    - Agenda and Minutes

### Residency Projects (11 months)
- Project design
- IRB Approval (if research)
- Project poster presentation – Vizient/UHC Pharmacy Meeting December
- Project platform presentation- Eastern States Regional Residency Conference
- Education Day Residency Project Poster Presentation
- Manuscript Draft or project write-up
### Education/Teaching: (11 months)
- Journal Club Presentations (2) Formal
- Pharmacy Student Boot Camps (at least 4)
- High Street Clinic Presentations (at least 2)
- Eastern States Residency Regional Conference Residency Project Platform Presentation
- Vizient UHC/ASHP Midyear Residency Project Poster Presentation
- Education Day Residency Project Poster Presentation
- Pharmacy newsletter article (1)
- Serve as editor for pharmacy newsletter for two months.
- Continuing Education Presentation (1)
- Precept Pharmacy Students
- Advanced Teaching (MCPHS—Worcester or WNEU)
- Resident Teaching Seminar (optional)
  - Completion of Teaching Portfolio
- Case Discussions / Presentations (2)

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services

<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
<th>Date: 11/01/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-103 Dated 7/2018</td>
</tr>
</tbody>
</table>
BH-PR-104 General PGY1 Pharmacy Resident Expectations and Responsibilities

Purpose:

To provide each PGY1 pharmacy resident with the general professional expectations and their responsibilities during the residency program.

*The PGY1 pharmacy resident is required to have read and understand all pertinent BMC Pharmacy Department policies and procedures and other policies (i.e. clinical operations policies, human resource polices) that apply to employment and conduct at Baystate Medical Center. Human Resource Polices or Pharmacy Policies in BOLD refer to the specific standard and should be read thoroughly.

1. Professional Conduct:
   It is the responsibility of all residents, as representatives of the Pharmacy Department and the profession of pharmacy, to uphold 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.

2. Professional Dress
   All residents are expected to dress in an appropriate professional manner. Clean, pressed white lab coats of full length will be worn at all times in patient care areas

   **BHS—HR—800 Appearance Standards**

3. Attendance
   PGY1 Pharmacy Residents are expected to attend all functions as required by the Academic Advisory Committee, the PGY1 Pharmacy Residency Program Director, Assistant PGY1 Pharmacy Residency Program Director, and PGY1 Pharmacy Residency Preceptors. The residents are responsible for their assigned duties, and in the event of an absence need to ensure that these service commitments are met. The residents are expected to “swipe-in” at the Kronos station at the start of their day. Duty hours (including moonlighting) should be recorded daily on the “PGY-1 Resident Duty Hour Record” on the BMC Pharmacy shared drive.

   **BHS—HR—801 Attendance & Tardiness Standard**
   **BHS—HR—404 Exempt Employee Compensation**

4. Communication Systems
Responsible and appropriate use of Baystate Health communication resources must occur at all times. Cellular telephone use is not allowed while in patient care areas or in the pharmacy department except to receive and/or return pages. Pages must be responded to in an appropriate time frame and covered / referred appropriately when not available. Please review the smartphone/PDA security policy for additional information.

*BHS—HR—821 Use of Communication Systems
BC—6.950—PDA – Smartphone Security Policy*

5. Patient Confidentiality (HIPPA)

*BC 7.010 – Privacy Policy*

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services

<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
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<tr>
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<td>BH-PR-105 Dated 5/2015</td>
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</table>
BH-PR-105—PGY1 Pharmacy Residency Program Design

**Purpose:**
To provide an overview of the general design and content of the PGY1 Pharmacy Residency Program

1. Residency Program Design
   The Baystate Medical Center PGY1 Pharmacy Residency Program is designed based on the American Society of Health Systems Pharmacists Accreditation Standard for PGY1 Pharmacy Residency Programs. The PGY1 Pharmacy Residency Program Purpose is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. PGY1 Pharmacy Residents (over the 12 month program) will be expected to achieve (ACHR) 100% of the goals and objectives associated with the four required competency areas of a PGY1 Pharmacy Residency Program. The four required competency areas are:

   **R1. Patient care**
   **R2. Advancing practice and improving patient care**
   **R3. Leadership and management**
   **R4. Teaching education and dissemination of knowledge**

   The residents will satisfy these required competency areas through the following program structure:

<table>
<thead>
<tr>
<th>Core Required Rotations (9) — (4 Week Duration except for Orientation and Resident Self-Improvement Rotation)</th>
<th>Preceptor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Pharmacy Orientation (July) (5 weeks)</td>
<td>Erin Naglack, PharmD, BCPS</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>Hannah Spinner, PharmD, BCCCP</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Danyel Adams, PharmD</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Gabriella Macias, PharmD, BCPS-AQ Cardiology</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Lydia D’Agostino, PharmD, BCPS</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Jason Cross, PharmD, BCPS</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>Mark Heelon, PharmD</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Evan Horton, PharmD, BCPPS, Frank Szczerba, PharmD, BCPPS, BCPS, AAHIVP</td>
</tr>
<tr>
<td>Resident Self Improvement Rotation (December) (5-6 weeks)</td>
<td>Kathleen Kopcza, PharmD, BCPS</td>
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<thead>
<tr>
<th>Elective Rotations (3) — (4 Week Duration)</th>
<th>Preceptor(s)</th>
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<tbody>
<tr>
<td>Repeat Any Core Rotation</td>
<td>See above preceptor</td>
</tr>
<tr>
<td>Academia</td>
<td>Katie Carey, PharmD, BCPS</td>
</tr>
<tr>
<td>Emergency Medicine II</td>
<td>Danyel Adams, PharmD</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>Andrew Szkiladz, PharmD, BCPS, BCOP</td>
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<tr>
<td>Longitudinal Learning Experiences (6) (see duration of each below)</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>Inpatient Pharmacy Operations: (11 months)</strong></td>
<td></td>
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<tr>
<td>- Staffing – (every third weekend and 1 evening/week)</td>
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<tr>
<td><strong>Drug Information &amp; Non-formulary Requests On-Call Pager (11 months)</strong></td>
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<tr>
<td>- Cover pager 1 week every 7 weeks</td>
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<tr>
<td><strong>Ambulatory Clinic/Patient Care Longitudinal (10 months)</strong></td>
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<tr>
<td>- Pharmacotherapy Clinic: ½ Day/Week (4 months)</td>
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<tr>
<td>- Mason Square Diabetes Clinic: ½ Day/Week (2 months)</td>
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<td>- Discharge Counseling: ½ Day/Week (2 months)</td>
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<tr>
<td>- Valley Medical Associates Clinic: ½ Day/Week (2 months)</td>
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<tr>
<td><strong>Pharmacy Administration Longitudinal (11 months):</strong></td>
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<tr>
<td>- Pharmacy Administration Seminars:</td>
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<tr>
<td>- Drug Use Policy/Regulatory</td>
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<td>- Medication Safety</td>
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<td>- Management (HR, Staffing, Evaluations, Financials, etc.)</td>
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<tr>
<td>- Leadership (Leading yourself, Leading others)</td>
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<td>- Committee participation</td>
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<td>- BH Pharmacy &amp; Therapeutics Committee</td>
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<td>- BH Acute Care Pharmacy Services Team Meeting</td>
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<td>- BH Clinical Pharmacy Services Team Meeting</td>
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<tr>
<td>- BH Critical Care Operations Committee</td>
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<tr>
<td>- Resident Monthly Meeting</td>
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<tr>
<td><strong>Residency Project (11 months):</strong></td>
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<tr>
<td>Project: Research, drug class review, monograph, treatment guideline, or protocol) AND medication use evaluation</td>
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<tr>
<td>- Project design and research</td>
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<tr>
<td>- IRB Approval (If research)</td>
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<tr>
<td>- Project poster presentation (Vizient/UHC, Education Day)</td>
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<tr>
<td>- Project platform presentation (Eastern States)</td>
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<tr>
<td>- Manuscript worthy of publication</td>
<td></td>
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<tr>
<td><strong>Education/Academia (11 months):</strong></td>
<td></td>
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<tr>
<td>- Pharmacy Grand Rounds</td>
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<tr>
<td>- Journal Club &amp; Case Discussion Presentations</td>
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<tr>
<td>- Continuing Education Presentations</td>
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<tr>
<td>- Precept/Mentor Pharmacy Students</td>
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<tr>
<td>- Advanced Teaching (MCPHS—Worcester)</td>
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The PGY1 Pharmacy Resident is required to complete the following learning experiences:
1) Complete all of the required core learning experiences (9 total rotations)
2) Complete three (3) elective learning experiences
3) Complete all required longitudinal learning experiences as outlined above
The specific goals and objectives that are required to be satisfied during each learning experience are listed in each learning experience description.

Orientation will be scheduled during July (or first month) of the residency year. Internal Medicine and Antimicrobial Stewardship will be scheduled within the first six months of the residency year.

2. Other Required Experiences / Activities

Vizient UHC Meeting and ASHP Midyear Clinical Meeting: The Vizient UHC meeting and the ASHP Midyear Clinical Meeting are held in December. Each PGY1 pharmacy resident will present a poster presentation at the Vizient UHC meeting on their residency project (Background and Methods). All PGY1 pharmacy residents are required to attend both the Vizient UHC meeting and the ASHP Midyear Clinical Meeting.

Regional Residency Conference Presentation: The Eastern States Residency Conference is held in the spring of the year (April or May) and is a forum where residents, fellows and their preceptors share experiences and expertise. Each PGY1 pharmacy resident will deliver a platform presentation related to their required research project to be evaluated by the audience. All PGY1 pharmacy residents are required to participate in the conference.

Residency Recruitment Efforts: All PGY1 pharmacy residents must participate in the recruitment efforts of the BMC residency program. Because each PGY1 pharmacy resident is an important source of information and advice for potential candidates, there will generally be some scheduled time within the interview process for interviewees to interact with current PGY1 pharmacy residents. Additionally, each PGY1 pharmacy resident is requested to spend time providing information to interested parties during the ASHP Midyear Clinical Meeting Residency Showcase and MCPHS Residency Showcase.

Pharmacy Interventions: All interventions made are required to be entered into the pharmacy intervention reporting database. Communication of important patient care issues must occur in a timely manner to the appropriate person.

Residency Portfolio: All PGY1 pharmacy residents will maintain their residency binder highlighting their accomplishments during the residency year. The residency binder will also contain important documents relevant to the curriculum and learning experiences.

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services

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<th>Date: 11/01/2018</th>
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<tbody>
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<td>Academic Advisory Committee</td>
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<tr>
<td>Originator: Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</td>
</tr>
<tr>
<td>Replaces: BH-PR-105 Dated 7/2018</td>
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</table>
BH-PR-106 PGY1 Pharmacy Residency Program Projects and Teaching Responsibilities

Purpose:

To establish standardized teaching and project requirements within the PGY1 Pharmacy Residency Program and at MCPHS University, Worcester, MA or Western New England University, Springfield, MA.

1. Teaching Responsibilities

PGY1 pharmacy residents will participate in the teaching and education of pharmacists, pharmacy students, medical students and resident physicians at BMC. The purpose of teaching is to foster development and refinement of the PGY1 pharmacy resident’s communication skills, to build confidence, and to promote the effectiveness of the resident as a teacher. Each PGY1 pharmacy resident will be assigned a teaching mentor who will provide feedback to the resident about each of their teaching sessions. Teaching responsibilities include clinical and didactic teaching for pharmacy students, medical students and residents, hospital personnel and Departmental staff. All PGY1 pharmacy residents act as assistant preceptors for experiential education courses for college of pharmacy students. Teaching methods may include formal lectures, small group seminars, case studies, in-service presentations, or discussion sessions throughout the residency year. PGY1 pharmacy residents are required to complete one continuing education presentation, two formal journal clubs and two case presentations. However, the PGY1 pharmacy resident is encouraged to take an active role in seeking opportunities to participate in teaching activities. Opportunities to participate in teaching at MCPHS University-Worcester, MA or Western New England University, Springfield, MA are available.

Each PGY1 pharmacy resident is given the option of participating in a Resident Teaching Seminar offered to Massachusetts pharmacy residents; this program awards a teaching certificate from MCPHS University –Worcester, MA following satisfactory completion.

2. PGY1 Pharmacy Residency Projects

Each PGY1 pharmacy resident will complete a quality improvement project during the residency year (refer to the “Project” longitudinal learning experience). The
nature of these projects will vary depending on the needs and goals of the pharmacy department.

Project proposals will be presented by sponsoring preceptors to the Academic Advisory Committee prior to the start of the residency year. The PGY1 Pharmacy Residency Program Director, Assistant PGY1 Pharmacy Residency Program Director and the Academic Advisory Committee members will approve the project list. The PGY1 pharmacy residents will rank projects from the approved project list according to their interest. The residents’ ranking will be factored into the final assignment of residency projects by the RPD or assistant RPD. The resident will present the project’s description, background, goals or objectives, methods and proposed timeline to the AAC Committee in August of the residency year. If the PGY1 pharmacy residency project is deemed to be research, the resident will be required to develop a protocol and obtain IRB approval for their project.

The PGY1 pharmacy resident will present project progress at the Vizient/UHC resident poster session in December of the residency year. The PGY1 pharmacy resident will present project results at Eastern States Regional Residency Conference in May of the residency year. A project write-up will be completed prior to the end of the residency year. The project will be considered complete when the stated objectives for the project learning experience have been met. The PGY1 pharmacy residency completion certificate will not be awarded until the project write-up draft has been submitted.

Appendix (A)—MCPHS University-Worcester, Western New England University & Baystate Medical Center PGY1 Pharmacy Residency Program Relationship

Baystate Medical Center PGY1 Pharmacy Residency Program is affiliated with MCPHS University—Worcester Campus as well as Western New England University. The key points of these relationships are described below.

Salary and Funding
The PGY1 Pharmacy Residency Program at Baystate Medical Center is funded solely by Baystate Medical Center; this includes PGY1 pharmacy resident salaries, educational meetings and travel.

Assistant and Associate Professors of Pharmacy Practice
Baystate Medical Center serves as a practice and educational site for several MCPHS—Worcester and Western New England University Assistant and Associate Professors of Pharmacy Practice. These Professors provide clinical pharmacy services in the areas of pediatrics, ambulatory care, infectious diseases and internal medicine. In addition, they serve as preceptors for students from their colleges of pharmacy and for the residents. The faculty members are integrated in to the daily functions of the Pharmacy Department and are members of the Academic Advisory Committee. Their salary and benefits are provided entirely by the colleges of pharmacy.
PGY1 Pharmacy Residency Teaching and Education
MCPHS University—Worcester and Western New England University serve as the site for some of the teaching activities related to the PGY1 Pharmacy Residency Program. The elective Academia Rotation has a core expectation that the PGY1 pharmacy resident will provide a lecture to students in a course. The BMC PGY1 Pharmacy Resident has the option to complete a teaching certificate program with all residents in the state of Massachusetts by MCPHS University-Worcester campus.

While on the Baystate campus, the Assistant and Associate Professors from MCPHS University and Western New England University serve as preceptors for the longitudinal teaching/education experiences which primarily have the PGY1 pharmacy resident serving as co-preceptors for experiential education students.

Other Colleges of Pharmacy
As a leading academic medical center in Western Massachusetts, Baystate Medical Center serves as an education site for other colleges of pharmacy that include the University of Connecticut, Albany College of Pharmacy, University of Rhode Island and others. PGY1 pharmacy residents have an opportunity to co-precept students with BMC Clinical Pharmacy Specialists.

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services
Date: 12/1/2016

<table>
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<tr>
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<td>Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</td>
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<tr>
<td>Replaces:</td>
<td>BH-PR-109 Dated 5/2015</td>
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BH-PR-107 PGY1 Pharmacy Resident Job Description

Purpose: To outline the description, qualifications, and responsibilities of a person assuming the role of a PGY1 pharmacy resident at Baystate Medical Center (BMC).

1. Description
   1.1. The PGY1 pharmacy resident is a pharmacist in training who provides comprehensive pharmaceutical care through integrated drug distribution, clinical services, and teaching. The resident provides services consistent with other services provided by other pharmacists at Baystate Medical Center. The PGY1 Pharmacy Residency program is supported by the BMC Department of Acute Care Pharmacy Services and administratively operated by the Office of Graduate Medical Education.

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

2. Qualifications
   2.1. Residents must have a PharmD from an American College of Pharmacy Education accredited college of pharmacy (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.

   2.2. Residents must be a United States Citizen or have permanent legal residency (green card) in the United States.

   2.3. Residents must be licensed or eligible for licensure as a pharmacist in the Commonwealth of Massachusetts. See policy BH-PR-015 Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts.

   2.4. Residents must commit to twelve of training and understand that the program is a full-time practice commitment.

3. Expectations
   3.1. Residents’ primary professional commitment must be to the residency program.

   3.2. Residents must be committed to the values and mission of the Baystate Health, the Department of Acute Care Pharmacy Services, and the PGY1 Pharmacy Residency program.

   3.3. Residents must be committed to completing the competency areas and all associated educational goals and objectives required by the ASHP PGY1 Residency Program Accreditation Standard.

   3.4. Residents must seek constructive verbal and documented feedback that directs their learning.

   3.5. Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.

   3.6. Residents will not be relied upon to cover pharmacist sick-calls or personal leave. However, in times of inadequate/unsafe patient coverage their service may be highly requested, though ultimately voluntary.

   3.7. Additional resident expectations are outlined in PGY1 Pharmacy Residency Policy BH-PR-104 General Resident Expectations.

4. Responsibilities
4.1. Prior to beginning the residency, the resident will review all of the residency program policies which outline the terms and conditions of the appointment. A signature confirming the review of these documents is required and will be kept on file.

4.2. The resident will complete all required evaluation forms assigned through PharmAcademic™ by the posted due date.

4.3. Major responsibilities focus on the competency areas required by the ASHP PGY1 Residency Program Accreditation Standard (patient care, advancing practice and improving patient care, leadership and management and teaching, education and dissemination of knowledge) as well as all associated educational goals and objectives.

   4.3.1. Each learning experience description will list the educational goals and objectives assigned to the learning experience. For each objective, a list of learning activities will be outlined that will facilitate the achievement of the objective.

5. **Patient Populations Served**

   5.1. The resident may provide pharmaceutical care to neonatal, pediatric, adolescent, adult, and geriatric populations.

6. **Relationships**

   6.1. Reports to:
   
   6.1.1. PGY1 Pharmacy Residency Program Director
   6.1.2. Assistant PGY1 Pharmacy Residency Program Director
   6.1.3. Preceptors
   6.1.4. Baystate Health Pharmacy Manager of Clinical Programs
   6.1.5. Senior Director of Acute Care Pharmacy Services
   6.1.6. Graduate Medical Education Office
   6.1.7. Faculty Physicians
   6.1.8. Pharmacy Managers
   6.1.9. Pharmacists

   6.2. Supervises:
   
   6.2.1. Pharmacy Technicians
   6.2.2. Pharmacy Students

Approved: Kathleen B. Kopcza, PharmD, BCPS
Coordinator, Pharmacy Education

Authorized: Aaron Michelucci, PharmD
Director, Acute Care Pharmacy Services
<table>
<thead>
<tr>
<th>Approved:</th>
<th>Academic Advisory Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>Kathleen B. Kopeza, PharmD, Director of PGY1 Pharmacy Residency</td>
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<td>Replaces:</td>
<td>BH-PR-107</td>
<td>12/1/2016</td>
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