# Baystate Medical Center PGY1 Pharmacy Residency Policies

## Table of Contents

BH-PR-000 Graduate Pharmacy Residency Training Program Mission Statement ........................................ 2
BH-PR-001 Resident Benefits, Time Off and Extended Leave ........................................................................ 4
BH-PR-002 Residency Duty Hour Requirements .......................................................................................... 9
BH-PR-003 Moonlighting by Pharmacy Residents ....................................................................................... 13
BH-PR-004 Inpatient Pharmacy Requirements (Staffing) ............................................................................. 15
BH-PR-005 Residency Program Disciplinary Action .................................................................................... 26
BH-PR-006 Pharmacist Preceptor Responsibilities ....................................................................................... 27
BH-PR-007 Residency Program Director (RPD) Job Description ................................................................. 31
BH-PR-008 Preceptor Development ........................................................................................................... 34
BH-PR-009 Pharmacy Residency Program Drug Information and Non-Formulary Request On-Call Program ................................................................................................................................. 50
BH-PR-010 Chief Pharmacy Resident Job Description ............................................................................... 54
BH-PR-012 Utilization of a Non-Pharmacist Preceptor and Their Responsibilities ..................................... 56
BH-PR-013 Authorization for Recommendations ......................................................................................... 60
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) ...... 64
BH-PR-015 Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts .... 68
BH-PR-102 PGY1 Pharmacy Residency Program Assessment Strategy .................................................... 70
BH-PR-103 Requirements for PGY1 Pharmacy Residency Program Completion .................................... 74
BH-PR-104 General PGY1 Pharmacy Resident Expectations and Responsibilities ................................... 79
BH-PR-105 PGY1 Pharmacy Residency Program Design ........................................................................... 82
BH-PR-106 PGY1 Pharmacy Residency Program Projects and Teaching Responsibilities ..................... 86
BH-PR-107 PGY1 Pharmacy Resident Job Description ............................................................................. 90
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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved:</td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Approved:</th>
<th>Academic Advisory Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<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></td>
</tr>
</tbody>
</table>
Appendix A: Baystate Medical Center Pharmacy Resident Leave Request Form

<table>
<thead>
<tr>
<th>Baystate Medical Center Pharmacy Resident Leave Request</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Residents Name:</td>
</tr>
<tr>
<td>Absence Dates: From:</td>
</tr>
<tr>
<td>☐ Vacation Leave</td>
</tr>
<tr>
<td>☐ Holiday Leave</td>
</tr>
<tr>
<td>Emergency Contact Information (not required for sick leave)</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>☐ Professional Meeting</td>
</tr>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Activities: ☐ Attendee ☐ Poster Presentation ☐ Speaker ☐ Other:</td>
</tr>
<tr>
<td>Presentation Title/Details</td>
</tr>
<tr>
<td>☐ Required Residency Activity</td>
</tr>
<tr>
<td>Destination/Purpose:</td>
</tr>
<tr>
<td>☐ Interview</td>
</tr>
<tr>
<td>Contact Person Phone:</td>
</tr>
<tr>
<td>☐ Preceptor</td>
</tr>
<tr>
<td>Program Director</td>
</tr>
</tbody>
</table>

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](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.

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>
</table>
| Authorized:| Aaron Michelucci, PharmD  
Director, Acute Care Pharmacy Services |

| 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 |
| Replaces: | BH-PR-002 | 8/2013 |
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.

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>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Advisory Committee</td>
<td>12/1/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Originators:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen B. Kopcza, PharmD, Director of PGY1 Pharmacy Residency</td>
<td></td>
</tr>
<tr>
<td>Erica Housman, PharmD, Director of PGY2 Infectious Diseases Pharmacy Residency</td>
<td></td>
</tr>
<tr>
<td>Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Replaces:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH-PR-003</td>
<td>5/16/2012</td>
</tr>
</tbody>
</table>
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.†

   **NOTE:** Reference Residency Policy: “Resident Benefits, Time Off and Extended Leave,” for appropriate time off procedures.

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
Graduate Pharmacy Education

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>
</tr>
</thead>
</table>
| ✓ As detailed in current Inpatient Pharmacist staffing policy | ✓ Participate in working rounds for both MICU and SICU  
  o Address all drug related issues  
    ▪ IV to PO Conversions  
    ▪ Renal Dose Adjustment  
  o Address all issues identified during Friday Coordinated Handover  
  o Provide follow up information to future shifts / other health care professionals as necessary  
  o Prepare a Coordinated Handover for Monday  
| ✓ Address all Theradoc clinical resident weekend alerts  
| ✓ Aminoglycoside therapeutic drug monitoring |
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
   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. Leadership Skills & Assessment overview
      i. Strengths based leadership
      ii. Mentor/Advisor
   f. PharmAcademic
   g. Resident Self-Assessment Completion
   h. Resident Customized Training Plan
   i. Recurring Meetings & Responsibilities Overview
      i. Clinical Pharmacy Operations (3rd Tuesday)
      ii. P&T (2nd Tuesday)
      iii. Medical Grand Rounds (Wednesdays 8am)
      iv. Pharmacist Staff Meetings
         1. Weekly pharmacy huddles
         2. Pharmacy News Now (Fridays)
   j. Other (Residency Program Directory Responsibilities):
      i. Business Cards
      ii. Phone Number/Pager # (_______)
      iii. Email Distribution Lists
      iv. Web-based Training User Group
      v. Desk/office supplies

II. Fundamentals

III. Operations Orientation

IV. Technology Orientation

V. Clinical Pharmacy Program Orientation (Specialists)
   a. Antimicrobial Stewardship – Erica Houseman
   b. Pediatrics – Frank Szczereba, 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. Leadership Skills & Assessment overview
      i. Strengths based leadership
      ii. Mentor/Advisor
   f. PharmAcademic
   g. Resident Self-Assessment Completion
   h. Resident Customized Training Plan
   i. Recurring Meetings & Responsibilities Overview
      i. Clinical Pharmacy Operations (3rd Tuesday)
      ii. P&T (2nd Tuesday)
      iii. Medical Grand Rounds (Wednesdays 8am)
      iv. Pharmacist Staff Meetings
         1. Weekly pharmacy huddles
         2. Pharmacy News Now (Fridays)
   j. Other (Residency Program Directory Responsibilities):
      i. Business Cards
      ii. Phone Number/Pager # (_______)
      iii. Email Distribution Lists
      iv. Web-based Training User Group
      v. Desk/office supplies
Graduate Pharmacy Education

vi. Teaching Certificate Seminars (schedule) _____
vii. Send Meeting Requests for recurring meetings _____

Residency Program Director
____________________________
Signature Date

Resident
____________________________
Signature Date

II. Fundamentals

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

l. Access Requests Prior to Start Date
   i. CIS (mirror equivalent BMC employee) _____
   ii. Theradoc _____
   iii. BMC pharmacy folder on S drive _____
   iv. Simplifi _____
   v. CheckPoint _____
   vi. Meditech _____
   vii. PeriBirth _____
   viii. Carousel Access _____
   ix. Pyxis Access _____
   x. Staff Ready _____
   xi. AllScripts Transport (messenger) _____

m. Meditech Wing/Noble _____

n. Clozaril Registration _____

o. Fake Initials _____

p. Personal Locker _____

q. Copy of License on file _____

r. License (to be placed on file) _____

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

t. Parking Lot Assignment _____

u. White coat (order) _____

v. Phone system overview _____

w. Contact number/address – submit to Pharmacy Admin Coord. _____

x. 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. NICU hours/responsibilities _____
   iii. Inpatient Chemotherapy _____
   iv. 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) _____
Graduate Pharmacy Education

f. Organizational Policies, Procedures and Guidelines

  g. Supervisor on Call Program

  h. Pharmacist Huddles/Technician huddles

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

  j. Break Schedules and Expectations

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

l. Drug Formulary, Restricted Medications

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

n. Patient’s own Medication Use

  o. Extemporaneous Compounding Guide

  p. Pharmacy Hand-off Procedures & Communication methods

q. 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

r. Stericycle/Waste Management Program Overview
   i. WBT

s. Employee Evaluation process (Scorecards, annual)

t. Simplifi Overview

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

v. Microsoft Outlook
   1. Email Access appropriate use

w. 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

x. Quality Control Testing (Accuratas and B&V)

y. Hazardous Medications
   i. Basic overview
   ii. Non-Sterile Preparations
   iii. Hazardous Sterile Compounded Products
Graduate Pharmacy Education

Pharmacy Manager

____________________________
Signature
Date

Resident

____________________________
Signature
Date

IV. **Technology Orientation**

a. Pyxis
   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. Overview/Demo/Responsibilities
   ii. Definitions (discrepancies, etc)

c. Operation of the Packaging Machine

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

e. Baxa label Printer Overview

f. Medication Barcode Scanning overview

g. Dose Edge Overview

h. Pharmacy Call Tree
   i. Designated Phone Numbers

i. Introduction to CIS (Clinical Information Systems)
   i. CIS Videos
   ii. Powerchart
      1. How to enter an order
      2. Order actions (cancel/dc, modify, etc)
      3. All Results Tab
      4. Medication Calculator
   iii. Med Manager and unverified orders monitor
      1. Order actions
      2. Reject Function
      3. Dry Weight
   iv. Intervention Database
   v. Rules/Alerts
      1. DRC
      2. DDI
      3. Therapeutic Duplication
      4. Warfarin alert/DIG-IT (MedManager)

j. Introduction to Meditech
Graduate Pharmacy Education

i. Meditech Access

ii. Meditech Training
   1. How to enter an order
   2. POM Order Verification
   3. Order actions (cancel/dc, edit, detail, etc.)
   4. Status Board
   5. Non formulary processing
   6. Alerts
   7. Bulk Items
   8. Meditech Downtime Procedure

**Approved MEDITECH Competency:** Meditech order verification shadowing experience: Following a 16 - 40 hour orientation training period, the oriented employee will be shadowed by another competenced individual to assess learned competencies in utilization/manipulation of Meditech. By signing below, both the Meditech trainer and new employee attest that appropriate training and understanding of Meditech has been completed.

___________________________                     ___________________________
Meditech Trainer                     Resident (Trainee)

____________________________
Technology Manager (Pam) ____________________________
Signature                          Date

____________________________
Resident                          ____________________________
Signature                          Date

V. Clinical Pharmacy Program Orientation

i. **ANTIMICROBIAL STEWARDSHIP – Erica Housman**
   1. Program overview & initiatives
   2. Restricted and Non-formulary Anti-infectives
   3. BMC Antibiogram
   4. IV to PO Program Overview
   5. Antimicrobial Dosing Strategies
      a. Zosyn Extended Infusion
      b. Meropenem
      c. Renal Dosing Program
      d. Vancomycin Dosing Program
      e. Adult Aminoglycoside Dosing by Pharmacy
   6. Antibiotic Streamlining

ii. Therdoc Introduction/Overview

____________________________
Clinical Specialist (Erica) ____________________________
Signature                          Date

____________________________
Resident                          ____________________________
Signature                          Date

j. **PEDIATRICS – Kathleen Kopcza/ Frank Szczerba**
   1. Pediatric Aminoglycoside Dosing by Pharmacy
Graduate Pharmacy Education

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

i. Medication Restriction overview
   1. ICU Pharmacy Services
   2. PGY2 Critical Care Pharmacy Residency Program

Clinical Specialist (Adam)

____________________________
Signature  Date

Resident

____________________________
Signature  Date

l. EMERGENCY DEPARTMENT – Danyel Adams

i. Satellite Hours and Operations
ii. ACLS (Code cart meds)
iii. Antidotes (Policy/procedure)
iv. Acute Ischemic Stroke (rt-PA)
v. ED Caresets and resources available

Clinical Specialist (Danyel)

____________________________
Signature  Date

Resident

____________________________
Signature  Date

m. HEART/VASCULAR – Gabriella Macias

i. Dofetilide (Tikosyn) procedure
ii. Anticoagulation Guidelines
iii. Argatroban procedure
iv. Valsartan/sacubitril restriction
v. Volume to strength based dosing project (if applicable)

Clinical Specialist (Supervisor)

____________________________
Signature  Date

Resident

____________________________
Signature  Date
VI. **Student Education Orientation - Shawn Roggie**
   a. Student Programs
      vi. Overview
   b. Web-based Training Overview & Expectations
      vii. Orientation modules completion
   c. Theradoc

Manager Quality and Education (Shawn)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Resident

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Resident

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

VIII. **Medication Safety Program Orientation – Mark Heelon**
   a. Safety Reporting System (SRS)
   b. Dashboard/Reporting Metrics
   c. JC Preparation/Resources
      viii. Take NOTICE (High-alert/LASA meds)

Medication Safety Specialist (Mark)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Resident

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

- Pharmacy Leadership Team
  - Chief Pharmacy Officer: Gary Kerr Pharm D
  - Senior Director of Acute Care Pharmacy Services: Aaron Michelucci Pharm D
  - 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 Quality and Education: Shawn Roggie, PharmD, BCPS, MBA
  - Pharmacy Business Manager: Richard Wojtowicz, PharmD, MBA
  - Pharmacy Technician Supervisor: Elisa Angers, PTCB
  - Senior Manager of Retail and Ambulatory Pharmacy Services: Melanie Conboy, PharmD
  - Regional Oncology Manager: Andrew Szkiladz, PharmD, BCPS, BCOP
  - Regional Regulatory & Compliance Pharmacy Manager: Suzi Wallace, RPh
  - Assistant Director of Clinical/Retail Pharmacy: Bryan Stadnicki, RPh, MBA

- Clinical Pharmacy Specialists
**Graduate Pharmacy Education**

- Critical Care Specialists: Adam Pesaturo PharmD, BCPS, BCCCP
- BH Pharmacy Education Coordinator: Kathy Kopcza PharmD, BCPS
- Heart and Vascular Specialist: Gabriela Macias, PharmD, BCPS
- Infectious Disease/Antimicrobial Stewardship Specialist: Erica Housman PharmD, BCPS-AQ ID
- Emergency Medicine Specialist: Danyel Adams, PharmD
- Medication Safety Specialist: Mark Heelon PharmD
- Investigational Specialist: Jerry Korona RPh

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Academic Advisory Committee</td>
<td>12/1/2016</td>
<td></td>
</tr>
<tr>
<td>Approved:</td>
<td>Kathleen B. Kopcza, PharmD, BCPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY1 Program Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originator</td>
<td>Erica Housman, PharmD, BCPS-AQ ID</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Program Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adam B. Pesaturo, PharmD, BCCCP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Program Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-004</td>
<td>7/2015</td>
<td></td>
</tr>
</tbody>
</table>
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.”*

---

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

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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/2016</td>
</tr>
</tbody>
</table>

**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

**Replaces:** BH-PR-0005

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2013</td>
</tr>
</tbody>
</table>
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 by meeting one or more qualifying characteristics in all of the following six areas:
   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;
5.4. An established, active practice in the area for which they serve as preceptor;
5.5. Maintenance of continuity of practice during the time of residents’ learning experiences;
and,
5.6. 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 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

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved:</td>
<td></td>
</tr>
<tr>
<td>Academic Advisory Committee</td>
<td>12/1/2016</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td></td>
</tr>
<tr>
<td>Kathleen B Kopcza, PharmD, BCPS PGY1 Program Director</td>
<td></td>
</tr>
<tr>
<td>Erica Housman, PharmD, BCPS-AQ ID PGY2 Infectious Diseases Pharmacy Residency Program Director</td>
<td></td>
</tr>
<tr>
<td>Adam B. Pesaturo, PharmD, BCCCP PGY2 Critical Care Pharmacy Residency Program Director</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Replaces:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH-PR-006</td>
<td>6/2016</td>
</tr>
</tbody>
</table>
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
commitee 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
        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>Orginator:</td>
<td>Kathleen B. Kopcza, PharmD,</td>
<td>12/1/2016</td>
</tr>
<tr>
<td></td>
<td>PGY1 Pharmacy Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Erica Housman, PharmD, BCPS-AQ-ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Infectious Diseases Pharmacy Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adam Pesaturo, PharmD, BCCCP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Critical Care Pharmacy Program Director</td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-007</td>
<td>6/2015</td>
</tr>
</tbody>
</table>
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:
   9.2. 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;
   9.3. The ability to assess residents performance;
   9.4. Recognition in the area of pharmacy practice for which they serve as preceptors;
   9.5. An established, active practice in the area for which they serve as preceptor;
   9.6. Maintenance of continuity of practice during the time of residents’ learning experiences; and,
   9.7. 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)
   10.1.1.4. Documentation of criteria
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)
   10.2.1.4. Documentation of criteria outlined in Sections 3, 4, 5, 6, and 7 (as applicable)

11. **Preceptor in Training**
   11.1. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections- Pharmacist 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)
   - Vivient 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)
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 provide prior examples of PharmAcademic resident evaluations of you and your learning experiences

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

☐ Please provide prior examples of PharmAcademic resident summative evaluations of and other examples of documented feedback provided to residents.

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

(Please check all that apply)

____  Active BPS certification in the specialty area of __________________

____  Competency in a practice area as determined by credentialing by the institution if applicable, or

____  Multi-disciplinary certification in disease or patient care management recognized by the Council on Credentialing in Pharmacy

____  Formal recognition by peers as a model practitioner (e.g., professional fellow, recognition as pharmacists of the year, institutional service award winner); or multidisciplinary certification in disease or patient care management within the past seven years.

____  Degrees or other structured training related to practice area precepted

____  Sustained exemplary job performance (please provide a supporting email from your manager)

____  Ongoing service and subject matter knowledge in the pharmacy practice-related area (pharmacy care team lead)

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):

____  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.

- 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)
- Moderator or evaluator at regional residency conferences or other professional meetings
- Routine in-service presentations to pharmacy staff and other health care professionals
- Faculty appointment or pharmacy student preceptor
- Pharmacy technician educator
- Completion of, enrollment in, or teaching in, a teaching certificates program
- 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.
- Participates in research
- 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.
### Preceptor Academic and Professional Record*

**Full Name and Credentials:**

**Position or Title:**

**Organization/Training Site:**

**Title of Rotation(s) Precepted:**

### Education

<table>
<thead>
<tr>
<th>College or University</th>
<th>Dates</th>
<th>Degree/Major</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Postgraduate Training (e.g., residency, fellowship)

<table>
<thead>
<tr>
<th>Specific Type of Postgraduate Training</th>
<th>Organization</th>
<th>Program Director</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Professional Experience

(List your experience in pharmacy practice for the last ten years, most recent record first.)

<table>
<thead>
<tr>
<th>Practice Site</th>
<th>Location</th>
<th>Position and Title</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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)

Active BPS Certification(s):

Active Multidisciplinary Certification(s):

Fellow Status:

Credential Status:

Awards/Recognition:

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

Other certifications/traineeships related to practice area:

Describe skills and experience that led to you being selected as a preceptor for the areas precepted:

1. 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)

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
### Graduate Pharmacy Education

**Committee Activities**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Activities</th>
<th>Chair or participant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ongoing professionalism, including your personal commitment to advancing the profession. (At a minimum one example in this section must be demonstrated within the past 5 years)**

**Membership and Service in National, State, and/or Local Professional Associations:**

<table>
<thead>
<tr>
<th>Association</th>
<th>Member, Office Held, or Committee Served</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Publications, Presentations, Posters, Other Productions (Self or Co-Authored) within the past 5 years:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Citation/Meeting (Journal, Organization)</th>
<th>Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Regular reviewer of contributed papers, grants, or manuscripts submitted for publication within the past 5 years:**

<table>
<thead>
<tr>
<th>Journal Name/Type</th>
<th>Numbers of Reviews</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Regular moderator or evaluator at a regional residency conference or other meetings, or other similar roles within the past 5 years:**
### Conference/Meeting

<table>
<thead>
<tr>
<th>Conference/Meeting</th>
<th>Description</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pharmacy Student/Technician/Staff/Healthcare Provider/Preceptor Development/Patient/Consumer Education Teaching Experience within the past 5 years:

<table>
<thead>
<tr>
<th>Audience Members</th>
<th>(Rotation/Course/In-service/Lecture)</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facility/Instructor Appointment

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teaching Certificate Program, Sponsor and Date, if completed:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Participant in Wellness Programs, Health Fairs, or other Disease Prevention Programs:

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>Sponsor or Setting</th>
<th>Dates or Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Service to the Health Care Organization(s) or Academic Institution(s) (Narrative):

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
For Preceptors-in-training only: a preceptor development plan has been created for this individual to meet eligibility, responsibility, and qualifications requirements in two years and is attached to this form.

List the qualified preceptor(s) assigned as an advisor or coach:

For Residency Program Directors only: ability to direct and manage a pharmacy practice residency (e.g., prior experiences as a program director and/or preceptor) (Narrative):

*NOTE Please provide only the information requested. DO NOT submit any other materials (e.g., curriculum vitae/resume’ or copies of publications). Non-pharmacist preceptors are NOT required to fill out this form.
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 provide prior examples of PharmAcademic resident evaluations of you and your learning experiences

___Eligibility criteria already met.

4.8.b The ability to assess residents’ performance;

Plan:

☐ Please provide prior examples of PharmAcademic resident summative evaluations of and other examples of documented feedback provided to residents.

___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.
APPENDIX D

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).

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHP accreditation standards for PGY1 residency programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals and objectives of the PGY1 pharmacy residency program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASHP accreditation standards for PGY2 residency programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals and objectives of PGY2 residency programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residency policies for PGY1 and PGY2 programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigating PharmAcademic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designing a learning experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using the four preceptor roles in teaching clinical problem solving (instructing, modeling, coaching and facilitating)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing constructive and specific criteria in verbal feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Graduate Pharmacy Education

<table>
<thead>
<tr>
<th>and summative evaluations</th>
<th>Learning styles and learning needs of different individuals (i.e. assessing learner needs)</th>
<th>Setting expectations with learners</th>
<th>Using evaluations of your performance by residents to change your rotation or teaching style</th>
<th>Using technology in teaching</th>
<th>Mentoring a pharmacy resident who is serving as a preceptor to a pharmacy student</th>
<th>Serving as a residency project preceptor</th>
<th>Submitting a research project for review by an institutional review board</th>
<th>Research data collection and analysis</th>
<th>Writing a scientific manuscript</th>
<th>Reviewing professional literature</th>
<th>Understanding statistics</th>
</tr>
</thead>
</table>

**Comments:**

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:
<table>
<thead>
<tr>
<th>Approved:</th>
<th>Academic Advisory Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>Kathleen B. Kopcza, PharmD, BCPS</td>
<td>12/1/2016</td>
</tr>
<tr>
<td></td>
<td>PGY1 Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Erica Housman, PharmD, BCPS-AQ ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adam B. Pesaturo, PharmD, BCCCP</td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-112</td>
<td>4/2013</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator, Pharmacy Education</td>
<td>Academic Advisory Committee</td>
<td>12/1/2016</td>
</tr>
<tr>
<td>Authorized:</td>
<td>Aaron Michelucci, PharmD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director, Acute Care Pharmacy Services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Originator:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Erica Housman, PharmD, BCPS-AQ ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adam B. Pesaturo, PharmD, BCCCP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Program Director</td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-010</td>
<td>5/16/2012</td>
</tr>
</tbody>
</table>
BH-PR-012 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.
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 ≥ 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.
<table>
<thead>
<tr>
<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized:</td>
<td>Aaron Michelucci, PharmD Director, Acute Care Pharmacy Services</td>
<td></td>
</tr>
</tbody>
</table>

| 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 | |
| Replaces: | BH-PR-012 | 6/20/2012 |
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.
<table>
<thead>
<tr>
<th>Approved:</th>
<th>Academic Advisory Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>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</td>
<td>12/1/2016</td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-013</td>
<td>6/20/2012</td>
</tr>
</tbody>
</table>
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:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

<table>
<thead>
<tr>
<th>Individual Authorized to Provide Reference (Print)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
# Graduate Pharmacy Education

<table>
<thead>
<tr>
<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator, Pharmacy Education</td>
<td></td>
<td>12/1/2016</td>
</tr>
<tr>
<td>Authorized:</td>
<td>Aaron Michelucci, PharmD</td>
<td></td>
</tr>
<tr>
<td>Director, Acute Care Pharmacy Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Updated:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originator:</td>
<td>Kathleen B. Kopcza, BCPS PGY1 Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Erica Housman, PharmD, BCPS-AQ ID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY2 Program Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adam B. Pesaturo, PharmD, BCCCP</td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-014</td>
<td>5/16/2012</td>
</tr>
</tbody>
</table>

---

Baystate Medical Center

Graduate Pharmacy Education

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

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

Last Updated: __________

Originator: Kathleen B. Kopcza, BCPS PGY1 Program Director
Erica Housman, PharmD, BCPS-AQ ID
PGY2 Program Director
Adam B. Pesaturo, PharmD, BCCCP
PGY2 Program Director

Replaces: BH-PR-014

---
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
<table>
<thead>
<tr>
<th>Approved:</th>
<th>Academic Advisory Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>Kathleen B. Kopcza, PharmD, Director of PGY1 Pharmacy Residency</td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>New</td>
<td></td>
</tr>
</tbody>
</table>
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>
<tbody>
<tr>
<td>Needs Improvement (NI)</td>
<td>- Resident is not performing at an expected level, significant improvement is needed.</td>
</tr>
<tr>
<td></td>
<td>- Deficient in knowledge/skills in this area</td>
</tr>
<tr>
<td></td>
<td>- Often requires assistance to complete the objective</td>
</tr>
<tr>
<td></td>
<td>- Unable to ask appropriate questions to supplement learning</td>
</tr>
<tr>
<td>Satisfactory Progress (SP)</td>
<td>- Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective</td>
</tr>
<tr>
<td></td>
<td>- Adequate knowledge/skills in this area</td>
</tr>
<tr>
<td></td>
<td>- Sometimes requires assistance to complete the objective</td>
</tr>
<tr>
<td></td>
<td>- Able to ask appropriate questions to supplement learning</td>
</tr>
<tr>
<td></td>
<td>- Requires skill development over more than one rotation</td>
</tr>
<tr>
<td>Achieved (ACH)</td>
<td>- Resident can perform associated activities independently for this learning experience</td>
</tr>
<tr>
<td></td>
<td>- Fully accomplished the ability to perform the objective</td>
</tr>
<tr>
<td></td>
<td>- Rarely requires assistance to complete the objective; minimum supervision is required</td>
</tr>
<tr>
<td></td>
<td>- No further developmental work is needed</td>
</tr>
<tr>
<td>Achieved for Residency (ACHR)</td>
<td>- Resident consistently performs objective at Achieved level, as defined above, for the residency</td>
</tr>
<tr>
<td></td>
<td>- Resident can perform associated activities independently across the scope of pharmacy practice.</td>
</tr>
</tbody>
</table>

**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 residency certificate will be awarded when the following requirements are successfully completed in accordance with learning experience specific requirements as well 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 goals and objectives established for the residency.
- Completion of all required longitudinal and rotational learning experiences.
- Completion of the requirements of customized training plans.
- Completion of a residency project and associated project write-up.
- Presentation of a poster at the Vizient UHC/ASHP Midyear Clinical Meeting.
- Platform presentation at the Eastern States Residency Conference.
- Education Day poster presentation.
- Presentation of (1) topic presentation for CEU credit.
- Presentation of (2) formal journal clubs (scheduled by resident).
- Presentation of (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 a formulary addition or category review for Pharmacy and Therapeutics Committee
- Completion of a newsletter article.
- Completion of Residency Portfolio (binder).
- Completion of at least (1) Medication use evaluation

<table>
<thead>
<tr>
<th>Task</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Pharmacist—Commonwealth of MA (must occur prior to 11/1)</td>
<td></td>
</tr>
<tr>
<td>Completion of customized development plan requirements</td>
<td></td>
</tr>
<tr>
<td>Attainment of all goals, objectives and evaluations by the completion of the residency year</td>
<td></td>
</tr>
<tr>
<td>Completion of Residency Portfolio (binder)</td>
<td></td>
</tr>
<tr>
<td><strong>Required Learning Experiences (4 weeks unless noted below)</strong></td>
<td></td>
</tr>
<tr>
<td>Orientation (5 weeks)</td>
<td></td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
</tr>
<tr>
<td>Hematology/Oncology &amp; Investigational Drug Service</td>
<td></td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>Medication Safety</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
</tr>
<tr>
<td>Resident Self-Designed Improvement (5-6 weeks)</td>
<td></td>
</tr>
<tr>
<td><strong>Elective Rotations—Complete 2 (Reduced accordingly if resident is required to repeat a required learning experience or is scheduled to complete a remediation rotation)</strong></td>
<td></td>
</tr>
</tbody>
</table>
### PGY1 Pharmacy Residency

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

**Longitudinal Learning Experiences—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

- **Pharmacotherapy Clinic**: ½ Day/Week (Complete 16 weeks)
- **Diabetes Clinic**: ½ Day/Week (Complete 8 weeks)
- **Inpatient Cardiology Discharge Counseling**: ½ Day/Week (Complete 8 weeks)
- **Valley Medical**: ½ Day/Week (Complete 8 weeks)

- **Pharmacy Administration Longitudinal (11 months)**:
  - Pharmacy Administration Seminars
  - Drug Information
  - Non-formulary On-Call
  - Formulary addition or category review for Pharmacy & Therapeutics Committee

- **Committee participation (2 months each)**
  - Pharmacy & Therapeutics Committee
  - Antimicrobial Stewardship
  - Resident Monthly Newsletter
  - Resident Monthly Meeting Secretary
<table>
<thead>
<tr>
<th>Residency Projects (11 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Project design</td>
</tr>
<tr>
<td>• IRB Approval (if research)</td>
</tr>
<tr>
<td>• Project presentation (UHC, Eastern States)</td>
</tr>
<tr>
<td>• Manuscript Draft or project write-up</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education/Teaching: (11 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Journal Club Presentations (2) Formal</td>
</tr>
<tr>
<td>• Pharmacy Student Boot Camps (at least 4)</td>
</tr>
<tr>
<td>• High Street Clinic Presentations (at least 2)</td>
</tr>
<tr>
<td>• Eastern States Research Project Presentation</td>
</tr>
<tr>
<td>• Vizient UHC/ASHP Midyear Poster Presentation</td>
</tr>
<tr>
<td>• Education Day poster presentation</td>
</tr>
<tr>
<td>• Pharmacy newsletter article (1)</td>
</tr>
<tr>
<td>• Serve as editor for pharmacy newsletter for two months.</td>
</tr>
<tr>
<td>• Continuing Education Presentation (1)</td>
</tr>
<tr>
<td>• Precept Pharmacy Students</td>
</tr>
<tr>
<td>• Advanced Teaching (MCPHS—Worcester or WNEU)</td>
</tr>
<tr>
<td>• Resident Teaching Seminar (optional)</td>
</tr>
<tr>
<td>• Completion of Teaching Portfolio</td>
</tr>
<tr>
<td>• Case Discussions / Presentations (2)</td>
</tr>
</tbody>
</table>

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

Authorized: Aaron Michelucci, PharmD  
Director, Acute Care Pharmacy Services
<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
<th>Date: 12/01/2017</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-103 Dated 12/2016</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 policies) that apply to employment and conduct at Baystate Medical Center. Human Resource Policies 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>
<th>Date: 12/1/2016</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-105 Dated 5/2015</td>
</tr>
</tbody>
</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 meet 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 (10) — (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>Adam Pesaturo, PharmD, BCPS, BCCCP</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Danyel Adams, PharmD</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Gabriella Macias, PharmD, BCPS</td>
</tr>
<tr>
<td>Hematology / Oncology - Investigational Drug Services (2 weeks each)</td>
<td>Andrew Szkiladz, PharmD, BCPS, BCOP; Jerry Korona R.Ph.</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Erica Housman, PharmD, BCPS-AQ ID</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 Szczepanski, PharmD, BCPS, AAHIVP</td>
</tr>
<tr>
<td>Resident Self Improvement Rotation (December) (5-6 weeks)</td>
<td>Kathleen Kopcza, PharmD, BCPS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective Rotations (2) — (4 Week Duration)</th>
<th>Preceptor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat Any Core Rotation</td>
<td>See above preceptor</td>
</tr>
</tbody>
</table>
Academia
Hematology/Oncology
Infectious Disease Consult Service
Pediatric Critical Care
Transitions of Care
Geriatrics (offering dependent on preceptor availability)
Renal Transplant

Katie Carey, PharmD, BCPS
Andrew Szkladz, PharmD, BCPS, BCOP
Erica Housman, PharmD, BCPS-AQ ID, Seth Housman, PharmD, BCPS
Frank Szcerba, PharmD, BCPS, AAHIVP
Melanie Conboy, PharmD

Preceptor to be determined
Erin Naglack, PharmD, BCPS

Longitudinal Learning Experiences (5)

Inpatient Pharmacy Operations: (2)
- Staffing – (every third weekend and 1 day/week)
- Drug information & Non-formulary Requests On-Call Pager (1 week/every 7 weeks)

Ambulatory Clinic/Patient Care Longitudinal (4)
- Pharmacotherapy Clinic: ½ Day/Week (4 months)
- Mason Square Diabetes Clinic: ½ Day/Week (2 months)
- Heart Failure Discharge Counseling: ½ Day/Week (2 months)
- Valley Medical Associates Clinic: ½ Day/Week (2 months)

Pharmacy Administration Longitudinal (12 months):
- Pharmacy Administration Seminars:
  - Drug Use Policy/Regulatory
  - Medication Safety
  - Management (HR, Staffing, Evaluations, Financials, etc.)
  - Leadership (Leading yourself, Leading others)

Residency Project:
Project: Research, drug class review, monograph, treatment guideline, or protocol) AND medication use evaluation
- Project design and research
- IRB Approval (If research)
- Project presentation (UHC, Eastern States)
- Manuscript worthy of publication

Education/Academia:
- Journal Club & Case Discussion Presentations
- Continuing Education Presentation
- Precept/Mentor Pharmacy Students
- Advanced Teaching (MCPHS—Worcester)

The PGY1 Pharmacy Resident is required to complete the following learning experiences:

1) Complete all of the required core learning experiences (10 total rotations)
2) Complete two (2) elective learning experiences
3) Complete all 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.

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
<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
<th>Date: 12/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originator:</td>
<td>12/01/2016</td>
</tr>
<tr>
<td>Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</td>
<td></td>
</tr>
</tbody>
</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 includes 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
<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
<th>Date: 12/1/2016</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-109 Dated 5/2015</td>
</tr>
</tbody>
</table>
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></td>
<td></td>
<td>7/2017</td>
</tr>
<tr>
<td>Originator:</td>
<td>Kathleen B. Kopcza, PharmD, Director of PGY1 Pharmacy Residency</td>
<td></td>
</tr>
<tr>
<td>Replaces:</td>
<td>BH-PR-107</td>
<td>12/1/2016</td>
</tr>
</tbody>
</table>