# Baystate Health PGY1 & PGY2 Pharmacy Residency Policies

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

Subject: 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 Senior Director, Acute Care Pharmacy Services

Date

Approved: Academic Advisory Committee 7/1/2019
12/1/2016

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 12/1/2016 6/2015
BH-PR-001 - Resident Benefits, Time Off and Extended Leave

Subject: 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.
   - 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.

AAC
7/2019
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
Senior Director, Acute Care Pharmacy Services

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<tr>
<th>Approved:</th>
<th>Academic Advisory Committee</th>
<th>Date</th>
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<td>12/01/2016</td>
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| Originators: | 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 |
| Replaces:    | BH-PR-001                  | 12/01/2016 |
|              |                             | 6/27/2016  |
Appendix A: Baystate Medical Center Pharmacy Resident Leave Request Form

<table>
<thead>
<tr>
<th>Baystate Medical Center Pharmacy Resident Leave Request</th>
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<tbody>
<tr>
<td>☐ Restricted leave request (July and June 10th – 30th): All restricted leave requests require prior approval from the program director and preceptor. Check ONLY if approval was obtained before submitting the request.</td>
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<table>
<thead>
<tr>
<th>Residents Name:</th>
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<tr>
<th>Absence Dates:</th>
<th>From:</th>
<th>To:</th>
<th>Total Time:</th>
<th>☐ Hours</th>
<th>☐ Days</th>
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<tbody>
<tr>
<td>☐ Vacation Leave</td>
<td>☐ Sick Leave</td>
<td>☐ Day Off/Interview</td>
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<tr>
<td>☐ Holiday Leave</td>
<td>☐ Professional Leave</td>
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<thead>
<tr>
<th>Emergency Contact Information (not required for sick leave)</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<td>Phone:</td>
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<tr>
<th>☐ Professional Meeting</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Location:</td>
</tr>
<tr>
<td>Activities: ☐ Attendee ☐ Poster Presentation ☐ Speaker ☐ Other:</td>
</tr>
<tr>
<td>Presentation Title/Details</td>
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<table>
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<tr>
<th>☐ Required Residency Activity</th>
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<tr>
<td>Destination/Purpose:</td>
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<tr>
<td>Contact Person:</td>
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<tr>
<th>☐ Interview</th>
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<tr>
<td>Location:</td>
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<td>Contact Person:</td>
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<tr>
<th>Preceptor</th>
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<tr>
<td>Preceptor (Longitudinal): ☐ Not Applicable</td>
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<tr>
<td>Program Director</td>
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</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

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.

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<tr>
<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education</th>
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<th>Aaron Michelucci, PharmD, Senior Director, Acute Care Pharmacy Services</th>
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<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>
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<td>Replaces:</td>
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BH-PR-003 - Moonlighting by Pharmacy Residents

Subject: 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), scheduled holiday shifts 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, Senior Director, Acute Care Pharmacy Services

| 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-003 |

| Date        | 7/1/2019   |
| Date        | 12/1/2016  |
| Date        | 12/1/2016  |
| Date        | 5/16/2012  |
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 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

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<thead>
<tr>
<th>Staffing Shift Model</th>
<th>Clinical Shift Model</th>
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<tr>
<td>✷ As detailed in current Inpatient Pharmacist staffing policy</td>
<td>✷ Reach out to ICU pharmacist on Friday early in the morning and let them know you’ll be covering clinical task for that week</td>
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<td>✷ MICU/SICU Rounds: on Saturday and Sunday (since there will be different teams on each day) stop by SICU on your way to MICU and introduce yourself to the surgery team so they know who is covering the weekend but PGY1s are not expected to round in SICU. Rounding responsibilities are only for MICU.</td>
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<td>✷ PK monitoring/medication flags</td>
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<td></td>
<td>o Argatroban</td>
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<td></td>
<td>o All hospital Aminoglycosides except for Neonatal ICU and nursery (still responsible for Wesson post-delivery AG)</td>
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<tr>
<td></td>
<td>o Vancomycin for MICU/SICU/NCCU</td>
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<td>✷ Theradoc alerts (all inpatient floors)</td>
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<td></td>
<td>o Renal dose adjustment</td>
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<td>o High risk meds in elderly</td>
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<td>o Anticoagulation alerts</td>
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<td>o INR High Trend</td>
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<td>o INR &gt; 4</td>
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<td></td>
<td>o Duplicate anticoagulants</td>
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<td>✷ Follow up open interventions (all inpatient floors) – need to close open interventions that have already been addressed and only leave the ones that still need intervention as open.</td>
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<td>✷ Once signed off, verify MICU/SICU orders on rounds</td>
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<td>✷ Patient own medication reviews for MICU/SICU/NCCU ONLY</td>
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<td></td>
<td>✷ Report out to Evening Shift for any follow ups from AM to PM shift</td>
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<td>✷ IV to PO for MICU/SICU</td>
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<td>✷ Handoff for Monday: CC the covering ICU pharmacist and PGY1/crit care PGY2 on MICU/SICU rotation</td>
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Appendix B—Orientation/Training Pharmacy Checklist

New Pharmacy Resident Orientation/Training Checklist

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

Outline:
I. Residency Program Outline
II. Fundamentals
III. Operations Orientation
IV. Technology Orientation
V. Clinical Pharmacy Program Orientation
   a. Antimicrobial Stewardship – Lydia D’Agostino
   b. Pediatrics – Frank Szczersba
   c. Critical Care – Hannah Spinner
   d. Emergency Dept – Danyel Adams or Tim Pchelka
   e. Heart & Vascular – Gabriela Macias or John Stiles
VI. Education
VII. Medication Safety Orientation

I. Residency Program Orientation
   a. Review of Job description
   b. Departmental Organizational Structure
   c. Residency Policies & procedures
      i. BH Operating Principles/Standards (Conduct, Attitude, etc.)
   d. Resident Responsibilities Overview
      i. Clinical Newsletter
      ii. Boot Camp
      iii. Longitudinal student programs
      iv. Drug Information Pager (and setup)
   e. PharmAcademic
   f. Resident Development Plan
   g. Recurring Meetings & Responsibilities Overview
      i. Clinical Pharmacy Operations (3rd Tuesday)
      ii. P&T (2nd Tuesday)
      iii. Read Pharmacy News Now (Fridays)
   h. Other (Residency Program Directory Responsibilities):
      i. Business Cards
      ii. Phone Number/Pager # (______)
      iii. Email Distribution Lists
      iv. Web-based Training
      v. Desk/office supplies
      vi. Teaching Certificate Seminars (schedule)
      vii. Send Meeting Requests for recurring meetings

Residency Program Director

__________________________________________ ______________________
Signature Date

Resident

__________________________________________ ______________________
Signature Date
II. **Fundamentals**
   i. **ID Badge**
      i. Notify security to restrict pharmacy access w/pin number
   j. **Access Requests Prior to Start Date**
      i. CIS/Firstnet (mirror equivalent BMC employee)
      ii. Network Access
      iii. Theradoc
      iv. BMC pharmacy folder on S drive
      v. Simplifi
      vi. View Point
      vii. Carousel Access
      viii. Pyxis Access
     ix. Staff Ready
     x. Capacity Management (messenger)
     xi. Vidyo Access
     xii. Cortext
   k. Clozaril Registration
   l. Fake Initials
   m. Pharmacist or Pharmacy Intern License
   n. Microsoft Outlook
      i. Email Access & expectations
      ii. Add to email distribution lists
   o. Parking Lot or Garage Assignment
   p. White coat (order)
   q. Phone system overview
   r. Contact number/address – submit to Pharmacy Admin Coord.
   s. Security (panic buttons, cameras, alarm, gate)
   t. CITI training
   u. Critical Point Training

III. **Operations Orientation**

### INPATIENT PHARMACY OPERATIONS

a. Tour of Inpatient Pharmacy and Satellite locations
   i. Overview of BMC structure & coverage expectations
   ii. Inpatient Chemotherapy
   iii. Day stay procedure suite overview
b. Review/Tour of nursing unit locations/Cafeteria, etc.
c. Departmental Organizational Structure
d. Kronos
e. Pharmacy Policies & Procedures
   i. Disaster and Emergencies (Policy)
f. Organizational Policies, Procedures and Guidelines
g. Manager on Call Program
h. Scheduling/OT/compensation/green slips/vacations
   i. Pharmacy Purchasing Procedures Overview
      i. Drug Shortages Resources
      ii. Drug Recalls & Policy
      iii. Inventory Control
      iv. Inter-hospital Loans
j. Drug Formulary, Restricted Medications
   k. Non-formulary Meds
      i. How to order
      ii. Who to approve
l. Patient’s own Medication Use
m. Extemporaneous Compounding Guide
n. 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
o. Stericycle/Waste Management Program Overview
   i. WBT
p. Employee Evaluation process (Scorecards, annual)
q. Simplifi Overview
r. BH & Pharmacy Home Pages
   i. Online Medication References (i.e. Lexicomp Online)
   ii. Pharmacy Department Homepage
   iii. Clinical Operations Policies / Practice Guidelines
      1. Pharmacy Policies (13. Series)
      2. Pharmacy Practice Guidelines
   iv. Web-paging
s. Microsoft Outlook
   1. Email Access appropriate use
t. 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
u. Hazardous Medications
   i. Basic overview
   ii. Non-Sterile Preparations
   iii. Hazardous Sterile Compounded Products

**Pharmacist**

____________________________

Signature

Date

**Resident**

____________________________

Signature

Date

**IV. Technology Orientation**

a. Pyxis ES
   i. Overview, locations, models (CO 13.120)
   ii. Definitions (overrides, par levels, etc)
   iii. Troubleshooting (who to call, where to look?)
   iv. Pyxis Delivery Schedules
b. CII Safe
   i. Access (when licensed pharmacist)
   ii. Overview/Demo/Responsibilities including daily narc pulls
   iii. Definitions (discrepancies, etc)
   iv. EMS Medication dispensing
c. Operation of the Packaging Machine
d. Baxa TPN Compounder Overview (identify super users, etc)
e. Zebra Label Printer Overview
f. Medication Barcode Scanning overview
g. Dose Edge Overview
h. Pharmacy Call Tree
  i. Designated Phone Numbers
i. Introduction to CIS (Clinical Information Systems)
  i. PromisePoint
  ii. Powerchart
    1. How to enter an order
    2. Order actions (cancel/dc, modify, etc)
    3. All Results Tab
    4. Medication Calculator
iii. Pharmacy Patient Monitor
    1. Order actions
    2. Reject Function
    3. Dry Weight
iv. Pharmacy Interventions
    1. Entering Intervention
    2. Reviewing interventions in Multipatient Task list
    3. IV to PO
v. Rules/Alerts
    1. DRC
    2. DDI
    3. Therapeutic Duplication
    4. Warfarin alert/DIG-IT (MedManager)

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

___________________________  _________________________
Training Designee          Resident (Trainee)

V. Clinical Pharmacy Program Orientation

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

**Clinical Pharmacy Specialist (Erica or Lydia)**

___________________________  _________________________
Signature                    Date

Resident

___________________________  _________________________
Signature                    Date


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### j. PEDIATRICS – Frank Szczerba

1. Pediatric Aminoglycoside Dosing by Pharmacy
2. Pediatric Vancomycin Dosing Program
3. 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
4. Overview of services (PICU/NICU/etc.)

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<tr>
<th>Clinical Pharmacy Specialist (Frank)</th>
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### k. CRITICAL CARE – Adam Pesaturo/Hannah Spinner

1. ICU Pharmacy Services
2. Clinical Weekend Responsibilities
3. PGY2 Critical Care Pharmacy Residency Program

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<th>Clinical Pharmacy Specialist (Hannah or Adam)</th>
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### l. EMERGENCY DEPARTMENT – Danyel Adams/Timofey Pchelka

1. Pharmacist Hours and Operations
2. ACLS (Code cart meds)
3. Antidotes (Policy/procedure)
4. Kcentra
5. Acute Ischemic Stroke (rt-PA)
6. ED Powerplans and resources available

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<th>Clinical Pharmacy Specialist (Danyel or Tim)</th>
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### m. HEART/VASCULAR – Gabriela Macias/John Stiles

1. Anticoagulation Guidelines
2. Argatroban procedure
3. Cardio specific medication restrictions

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<th>Clinical Pharmacy Specialist (Gabriela or John)</th>
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</table>
VI. **Student Education Orientation - Kathleen Kopcza**
   a. Student Programs
   iv. Overview
   b. Web-based Training Overview & Expectations
   v. Orientation modules completion

**Pharmacy Education Coordinator (Kathleen)**

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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**

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

**Medication Safety Specialist (Mark)**

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- **Pharmacy Leadership Team**
  - Chief Pharmacy Officer: Gary Kerr 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 Programs: Shawn Roggie, PharmD, MBA
  - Manager of Business and Purchasing: Richard Wojtowicz, PharmD, MBA
  - Pharmacy Technician Supervisor: Brendan Crandall
  - Senior Manager of Retail and Ambulatory Pharmacy Services: Melanie Conboy, PharmD
  - BH Pharmacy Regulatory Manager: Suzi Wallace, RPh
  - Medication Safety Specialist: Mark Heelon PharmD

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

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<tr>
<td>Kathleen B. Kopcza, PharmD, BCPS</td>
<td>Aaron Michelucci, PharmD, Senior Director, Acute Care Pharmacy Services</td>
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<td>Coordinator, Pharmacy Education</td>
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<tr>
<td>7/1/2019</td>
<td>Academic Advisory Committee</td>
<td>Kathleen B. Kopcza, PharmD, BCPS</td>
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<td>PGY1 Program Director</td>
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<td>Erica Housman, PharmD, BCPS-AQ ID</td>
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<td>12/1/2016</td>
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<td>PGY2 Program Director</td>
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<td>Adam B. Pesaturo, PharmD, BCCCP</td>
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<td>PGY2 Program Director</td>
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<td>BH-PR-004</td>
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BH-PR-005 — Residency Program Disciplinary Action

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

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

Resident Disciplinary Action

Residents are expected to conduct themselves in a professional manner and to follow all pertinent BMC policies (hospital and departmental).

Disciplinary action will be initiated if a resident:
- Does not follow policies and procedures of the BH Acute Care Pharmacy Services Department or the residency program
- Does not present him/herself in a professional manner
- Does not make satisfactory progress on any of the residency goals or objectives
- Does not make adequate progress towards the completion of residency program requirements

Disciplinary Action Policy and Procedure:

Disciplinary Actions within the BMC Residency programs will align with the Baystate Health HR 804 “Corrective Action.”

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

1. The resident will meet with the RPD (and involved preceptor if needed) to discuss identified issue(s). Action steps that will follow include: in conjunction with the resident, an appropriate solution to rectify the behavior, deficiency or action will be determined. A corrective action plan and specific goals for monitoring progress will be determined and outlined. The corrective action plan will be signed by the resident and RPD and documented in the resident’s personnel file by the RPD. Corrective actions will commence if necessary before the next scheduled quarterly evaluation.

2. The resident will be given a second warning if the resident has not improved within the time period set forth in the initial corrective action plan. A second corrective action with specific goals and timeline will be created, signed by the resident and RPD and placed in
the resident’s personnel file. Failure to complete steps within the second corrective action plan will result in dismissal.

3. If at any time during the residency year, the RPD determines that the resident may not complete the residency program by the end of the residency year due to failure to progress, a corrective action plan will be written, presented to and reviewed with the resident. The corrective action plan may include remedial work, loss of elective rotation(s) and substitution with remedial rotation(s) or termination.

4. The RPD will have the final authority to determine the need for dismissal of a resident after consult with the BH Senior Director of Acute Care Pharmacy Services

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<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education</th>
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<th>Aaron Michelucci, PharmD Senior Director, Acute Care Pharmacy Services</th>
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<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>
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**BH-PR-006 - Pharmacist Preceptor Responsibilities**

**Subject:** Pharmacist Preceptor Responsibilities

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

**Description**

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

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

**PGY1 Preceptor Eligibility**

3. The preceptor will meet the requirements for qualification set forth by the residency standards.

   3.1. Pharmacist licensed in the Commonwealth of Massachusetts
   
   3.2. Have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
   
   Have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
   
   Without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

**PGY2 Preceptor Eligibility**

4. The preceptor will meet the requirements for qualification set forth by the residency standards.

   4.1. Pharmacist licensed in the Commonwealth of Massachusetts
   
   4.2. Have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice experience in the advanced practice area; or
   
   Without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.

**Preceptor Qualifications**

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

   5.1. Demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e. instructing, modeling, coaching, facilitating) at the level required by residents;
   
   5.2. The ability to assess residents performance;
5.3. Recognition in the area of pharmacy practice for which they serve as preceptors An established, active practice in the area for which they serve as preceptor;
5.4. Maintenance of continuity of practice during the time of residents’ learning experiences; and,

Ongoing professionalism, including a personal commitment to advancing the profession

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

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

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

Documentation of Qualifications
9. Preceptors will submit to the RPD documentation of their qualifications as set forth by the ASHP Residency Standards every two years.
   9.1. Items will include:
      9.1.1. Current copy of curriculum vitae
      9.1.2. Current completed copy of ASHP Preceptor Academic and Professional Record
      9.1.3. Documentation of criteria outlined in Sections 1, 2, 3 and 4 (if 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 ≥ 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 of “Never” on the majority of each evaluation question. The preceptor would be required to adhere to the action plan to improve preceptorship 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

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

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**Replaces:** BH-PR-006  
10/1/2018  
12/1/2016  
6/2016
BH-PR-007 - Residency Program Director (RPD) Job Description

Subject: 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. PGY1 ASSISTANT RPD Eligibility
   5.1. Pharmacist licensed in the Commonwealth of Massachusetts
   5.2. Completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
   5.3. Completed an ASHP-accredited PGY1 residency and PGY2 residency followed by one or more years of pharmacy practice experience; or
   5.4. Without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience
   5.5. Demonstrated experience and performance as a pharmacy residency preceptor
   5.6. Selected by search committee appointed by the Senior Director of Acute Care Pharmacy Services and approved by the AAC
   5.7. Maintain the qualifications and responsibilities of a pharmacy residency preceptor
   5.8. A clinical pharmacist meeting all PGY1 RPD eligibility requirements may apply for the position of assistant PGY1 RPD (if vacant). Applications will be submitted to BH
Pharmacy Manager of Clinical Programs and PGY1 RPD for consideration and selection.

6. PGY2 RPD Eligibility
   6.1. Pharmacist licensed in the Commonwealth of Massachusetts
   6.2. 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
   6.3. 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
   6.4. Board certified in the specialty area when certification is offered in that specific advanced area of practice
   6.5. Maintenance of an active practice in the respective advanced practice area.

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

8. Resident Program Director Responsibilities
   8.1. RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:
   8.2. Organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues
   8.3. Oversight of the progression of residents within the program and documentation of completed requirements
   8.4. Implementing use of criteria for appointment and reappointment of preceptors
   8.5. Evaluation, skills assessment, and development of preceptors in the program
   8.6. Creating and implementing a preceptor development plan for the residency program
   8.7. Continuous residency program involvement in conjunction with the residency advisory committee and
   8.8. Working with pharmacy administration.

9. Assistant PGY1 RPD Responsibilities
   9.1. The PGY1 RPD will delegate, with oversight, responsibilities for residency program management, administrative duties or activities for the conduct of the residency program to the Assistant PGY1 RPD.

10. Additional RPD Responsibilities
    10.1. Ensure the program’s compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies and ASHP Accreditation Standard applicable to specific pharmacy residency program. The RPH will coordinate residency accreditation visits for the designated residency program.
    10.2. The residency program director or designee must evaluate the qualifications of applicants to pharmacy residency through a documented, formal, procedure based on
predetermined criteria. The predetermined criteria used to evaluate applicants’ qualifications must be used by all involved in the evaluation and ranking of applicants.
10.3. 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.
10.4. All programs in the ASHP accreditation process must adhere to the Rules for the ASHP Pharmacy Residency Matching Program.
10.5. The RPD must provide accepted residents with a letter outlining their acceptance to the program with information on the terms and conditions of the appointment. Information should include: pre-employment requirements for the organization (licensure and human resources requirements such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.
10.6. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.
10.7. The RPD will ensure that the residency program is a minimum of twelve months and a full-time practice commitment or equivalent.
10.8. The RPD will ensure that the program complies with the ASHP Duty-Hour Requirements for Pharmacy Residencies.
10.9. The RPD will provide residents an area in which to work, references, an appropriate level of technology, access to extramural educational opportunities and sufficient financial support to fulfill the responsibilities of the program.
10.10. The RPD will award a certificate of residency only to those who complete the program’s requirements.
10.11. The RPD will document the completion of the residency program’s requirements.
10.12. Customization of the training program for the resident based upon initial assessment of resident’s entering knowledge, skills, attitudes, abilities, and interests.
10.13. Create a structure, in collaboration with other program preceptors if applicable, that facilitates educational goal and objective achievement.
10.14. Assess the resident’s commitment to attaining the program’s educational goals and objectives and support the organization’s mission and vision.
10.15. 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.
10.16. Coordinate utilization of PharmAcademic™ evaluations by preceptors to monitor resident progress.
10.17. Evaluation, approval, and progress assessment of resident research projects and other scholarly activities including serving on research committees as warranted.
10.18. Provide an exemplary environment conducive to resident learning.
10.19. Identify or provide a sufficient complement of professional and technical pharmacy staff to ensure appropriate supervision and preceptor guidance to all residents.
10.20. 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.
10.21. Ensure compliance with applicable requirements of the Accreditation Council of Graduate Medical Education (ACGME).
10.22. Coordinate the overall activities of the pharmacy resident in order to maximize productivity in the area of service. Specifically this is in reference to:

10.22.1. Coordinate/approve pharmacy practice experience schedules (i.e., weekends, order verification, operational support, other contemporary issues)

10.22.2. Coordinate/approve pharmacy service coverage schedules

10.22.3. Coordinate/approve professional leave requests

10.22.4. Coordinate emergency coverage upon request (computer down time, sick calls, disasters)

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

11. Relationships

11.1. Reports to:

11.1.1. Director of Acute Care Pharmacy Services

11.1.2. BH Manager of Clinical Programs

11.1.3. Chief Education Officer

11.2. Supervises:

11.2.1. Pharmacy Residents

11.2.2. Preceptors

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

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

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BH-PR-008 - Preceptor Development

Subject: 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 as described in sections 4.8 a-f of ASHP Accreditation Standard
   9.1.1. Demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e. instructing, modeling, coaching, facilitating) at the level required by residents;
   9.1.2. The ability to assess residents performance;
   9.1.3. Recognition in the area of pharmacy practice for which they serve as preceptors;
   9.1.4. An established, active practice in the area for which they serve as preceptor;
   9.1.5. Maintenance of continuity of practice during the time of residents’ learning experiences; and,
   9.1.6. Ongoing professionalism, including a personal commitment to advancing the profession.

10. Documentation of Qualifications
10.1. Pharmacists seeking to become a residency preceptor must submit to the RPD documentation of their qualifications as set forth by the ASHP Accreditation Standards for the residency program 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 completed copy of ASHP Preceptor Academic and Professional Record (Appendix B)
   10.1.1.3. Preceptor Skill and Needs Assessment Form (Appendix D)

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 completed copy of ASHP Preceptor Academic and Professional Record (Appendix B)
   10.2.1.3. Preceptor Skill and Needs Assessment Form (Appendix D)

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 an AAC meeting in the second or third quarter of the year.

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

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

13. Required Education for Pharmacist Preceptors

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

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

13.2.1. At least 2 qualifying credits/year from the Preceptor Development Educational List

13.2.1.1. Webinars (1CE/hr)
   - Vizient Pharmacy Network Preceptor Development
   - ASHP Foundation Preceptor Development
   - Computer based training modules
ASHP Preceptor Toolkit
Pharmacist’s Letter Preceptor Training
Live preceptor training events
MSHP/ASHP events
College of Pharmacy Preceptor Development events
MCPHS
WNEU
UCONN

13.2.2. At least **3 qualifying credits/year** from the Preceptor Development Interactive List

- BH Pharmacy Grand Rounds attendance (0.5 CE/session)
- BH Pharmacy Grand Rounds serve as resident preceptor (1.0 CE/session)
- BH Pharmacy Resident Research Project preceptor (2.0 CE)
- BH Pharmacy Resident CE presentation: serve as preceptor (2.0 CE)
- Moderate/evaluate at the Eastern States Pharmacy Residency Conference (2.0 CE)
- Consistent timeliness for submission of summative evaluations throughout the year (all submitted within 7 days of due date) (0.5 CE)

13.2.3. Additional preceptor continuing education requirements will be determined annually by the residency program directors and based on preceptor needs assessment or ASHP survey recommendations

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APPENDIX A: Preceptor Application Form

APPENDIX B: Academic and Professional Record

APPENDIX C: Preceptor-In-Training Development Plan
APPENDIX D: Preceptor Skills and Needs Assessment

Preceptor Skill and Needs Assessment.docx
BH-PR-009 — Pharmacy Residency Program Drug Information and Non-Formulary Request On-Call Program

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

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

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

Scope of the Drug Information On-Call Program:
1. The purpose of the Resident Drug Information On-call Program is to function as support for difficult drug information questions, or to provide a ‘second’ opinion, or as appropriate for current rotational experience (i.e. if the Resident is on ID and there is a question on an ID patient).
2. The resident on-call is not to be utilized as a ‘substitute’ to answer routine questions or to triage work to when busy or overwhelmed.
3. The Clinical Pharmacist paging the on-call Resident it is expected to have completed appropriate background work, and must be prepared to provide patient name, location, account numbers and baseline work that is already completed.

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

APPENDIX A:

NON-FORMULARY MEDICATION REQUEST PROCESS

- Prescriber/RPh completes “Non-Formulary Medication Request” form and submits to Pharmacy Dept.
- Receiving Pharmacist pages Resident On-Call (ROC) with basic data.
- ROC ensures all pertinent patient information necessary for decision making is addressed.
- ROC is responsible for confirming that request is resolved within 24 hours of MD request. If approved, drug should be obtained via Inpatient pharmacist per CO 13.330.
- If request is denied, may appeal to P&T Chair or designee as available. ROC to provide reasoning for denial to Chair or designee.
- ROC is responsible for proper documentation of Non-Formulary Requests & updates to Request algorithm occurring during assigned coverage, regardless of outcome.

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

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

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

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

APPENDIX A:

Updated: April 2017
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BH-PR-010 - Chief Pharmacy Resident Job Description

Subject: 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.

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

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

14. Responsibilities
14.1. Chairs the monthly resident meeting.
14.2. Serves as the liaison to the residency faculty and pharmacy services for resident related issues.
14.3. Coordinates activities of all pharmacy residents, including committee appointments, newsletter, etc.
14.4. Coordinates or delegates Pharmacy Grand Rounds and associated resident continuing education functions.
14.5. Coordinates or delegates activities in support of National Pharmacy Week.
14.6. Serves on and acts as Secretary of the AAC.
14.7. Reviews service provision changes for resident impact.
14.8. Advises/coaches residents of feedback received.
14.9. Communicates to preceptors and pharmacy staff as appropriate.
14.10. Coordinates or delegates recruitment efforts for the following year’s residency class.
14.11. Provide orientation and guidance for the following Chief Resident

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

16. Relationships
16.1. Reports to:
16.1.1. Residency Program Director (directly)
16.1.2. BH Manager of Clinical Programs (directly)
16.1.3. Preceptors (indirectly)
16.1.4. AAC (indirectly)
16.2. Supervises:
16.2.1. Pharmacy Residents

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

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

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Subject: 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. Non-pharmacist preceptors may be utilized when a qualified pharmacist preceptor does not maintain an active practice in the area but the experience adds value to residents’ professional development.

17. The non-pharmacist preceptor will meet the following requirements for qualification:
17.1. Non-pharmacist preceptors must currently hold an appropriate license within the Commonwealth of Massachusetts.
17.2. 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.

18. The learning experience led by a non-pharmacist preceptor must be scheduled after the RPD and preceptors agree that residents are ready for independent practice.
18.1. Readiness for independent practice in direct patient care learning experiences is reflected by a rating of achieved for the residency (ACHR) for the majority of the goals and objectives in Competency Area R1.

19. A pharmacist preceptor will work closely with the non-pharmacist preceptor to select educational goals and objectives for the learning experience.

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

21. The non-pharmacist preceptor will provide ongoing verbal feedback regarding the resident’s progress.

22. For written summative evaluations, the pharmacist preceptor can enter the information into PharmAcademic based on input from non-pharmacist preceptors.

23. If problems arise during the rotation that impairs communication between the non-pharmacist preceptor and resident, the Residency Program Director shall serve as the liaison for assistance in the matter.
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| **Originator:** | Kathleen B. Kopcza, PharmD, BCPS  
|                 | PGY1 Program Director  
|                 | Erica Housman, PharmD, BCPS-AQ ID  
|                 | PGY2 Program Director  
|                 | Adam B. Pesaturo, PharmD, BCCCP  
|                 | PGY2 Program Director | 12/1/2016  
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BH-PR-013 – Resident Release of Information

Subject: 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.
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<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>
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</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:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

| Individual Authorized to Provide Reference (Print) | Signature |
|____________________________________________________|__________________________|
|                                                                                      |
|                                                                                      |
|                                                                                      |

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 PGY1 to a PGY2 (Early Commitment)

Subject: 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.

24. Procedure

24.1. 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.

24.2. 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.

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

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

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

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

24.5. Individual interviews will occur if more applications are submitted than are available positions. Interviews will include a 30-minute presentation, and 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).

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

24.6.1. 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.

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

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

24.8. 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.

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

24.10. 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.
24.11.  Note that the BMC early commitment deadline is earlier than the ASHP deadline.
24.12.  See Appendix A for application process timeline.
25. **PGY2 Candidate Review Committee**
   25.1. Only personnel able to guide candidate selection
   25.2. Members include:
   25.2.1. PGY2 Residency Program Director
   25.2.2. PGY1 Residency Program Director
   25.2.3. BH Manager of Clinical Pharmacy Programs
   25.2.4. All primary preceptors for required PGY2 rotations
   25.2.5. Current PGY2 Resident

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

27. **PGY2 Program Director Responsibilities**
   27.1. Attendance of the August and October AAC meeting.
   27.2. Approval or denial of the early commitment offering.
   27.3. Preparation and delivery of a formal letter for the PGY2 resident position.
   27.4. Adherence to all applicable deadlines listed above.
   27.5. Participation in ASHP PGY2 residency matching program according to all ASHP established guidelines and regulations.
   27.6. Communication with the BMC GME Office regarding documentation of approved offers of early commitment.
   27.7. Ultimate responsibility for selection of the candidate via early commitment or submission of the rank list for the Resident Matching Program.

28. **PGY2 Candidate Review Committee Responsibilities**
   28.1. Review all application packets and assess them using the rubric tool supplied by the RPD.
   28.2. Attend of all scheduled interviews.

29. **Appeals and Exceptions to the Policy**
   29.1. No changes, modifications or exceptions to the policy will be honored without the approval of the AAC.
   29.2. All appeals must be submitted to the AAC.
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<th>Date</th>
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<th>Kathleen B. Kopcza, BCPS</th>
<th>Date</th>
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<tr>
<td></td>
<td>PGY1 Program Director</td>
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<tr>
<td></td>
<td>Erica Housman, PharmD, BCPS-AQ ID</td>
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<td></td>
<td>PGY2 Program Director</td>
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<td></td>
<td>Adam B. Pesaturo, PharmD, BCCCP</td>
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Appendix A: Application process timeline

- **July 1**

- **Aug**
  - Decision to offer early commitment to current PGY1 residents is made by AAC (third week of August)

- **Sep**
  - Application packet is due by the first Thursday of October

- **Oct**
  - Individual interviews (second and/or third week of October)
  - Discussion of applicants at the October AAC (third week of October)
  - Distribution of letters offering the position to selected candidates (first week of November)

- **Dec**

- **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.

30. Description
30.1. 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.

31. Procedure
31.1.1. 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.

31.1.2. 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, Senior Director, Acute Care Pharmacy Services

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BH-PR-016—Pharmacy Residency Program Assessment Strategy

Purpose:

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

I. Resident Initial Needs Assessment:

1. Prior to starting the 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.
<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition(s)</th>
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<tr>
<td>Needs Improvement (NI)</td>
<td>• Resident is not performing at an expected level, significant improvement is needed.</td>
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<td>• Deficient in knowledge/skills in this area</td>
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<tr>
<td></td>
<td>• Often requires assistance to complete the objective</td>
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<tr>
<td></td>
<td>• Unable to ask appropriate questions to supplement learning</td>
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<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>
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<td></td>
<td>• Adequate knowledge/skills in this area</td>
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<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>
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<tr>
<td></td>
<td>• No further developmental work is needed</td>
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<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>
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**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, Senior Director, Acute Care Pharmacy Services

<table>
<thead>
<tr>
<th>Academic Advisory Committee</th>
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BH-PR-101—Guidelines for Evaluation of PGY1 Pharmacy Residency Candidates

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

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

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

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

31.2. Once the application deadline has passed, the Academic Advisory Committee (AAC) will review the application packets.
31.2.1. Residency applicants must have a PharmD from an American College of Pharmacy Education accredited college of pharmacy (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.
31.2.2. Residency applicants must be a United States Citizen or have permanent legal residency (green card) in the United States.
31.2.3. Residency applicants must be licensed or eligible for licensure as a pharmacist in the Commonwealth of Massachusetts. See policy BH-PR-015 Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts.
31.3. Residency applicants must be able to commit to twelve months of training and understand that the program is a full-time practice commitment.

2. Only residency applicants who have a GPA ≥3.1 will be qualified for further consideration.
3. Selection for an onsite interview includes the rating of applicants after compilation of an application rubric score (Appendix B) that evaluates the following criteria:
   a. Written communication and motivation (20% of rubric score)
   b. Curriculum vitae (leadership, service, awards, work experience, publications) (30% of rubric score)
   c. Letters of reference (30% of rubric score)
   d. Transcript (GPA before APPE rotations) (20% of rubric score)

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

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

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

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

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

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

   **Interview Rank Worksheet**
   a. Groups of preceptors will evaluate candidates focusing on behavioral characteristics (Appendix C)
   b. Scores will be entered into WebAdmit by the group leader
c. Final scores, including a group impression score and application packet score, will be calculated by WebAdmit for ranking purposes.

9. The final rank order will be decided by the AAC rank committee members and then will be submitted to the matching service (NMS).
   a. AAC rank committee members to be composed of 5 members including: PGY-1 Residency Program Director; PGY-1 Assistant Residency Program Director; PGY-2 Resident and 2 PGY-1 residency preceptors appointed by the AAC Committee.
   b. AAC rank committee will decide if there are any candidates that should not be ranked based on all criteria evaluated.

**Phase II of the Match and Post-Match**

If the BMC PGY1 Pharmacy residency program has unfilled positions at the conclusion of Phase I of the Match or Phase II of the Match, those positions will be offered to unmatched applicants. The process will follow steps similar to those outlined above for evaluation of residency candidates in Phase I of the Match but the primary responsibility of candidate evaluation and ranking will be completed by the RPD due to the shorter timeline of Phase II of the Match or Post-Match process. The assistant RPD may contribute to all steps of this process including final candidate ranking order.

1. The residency applicant must submit a completed application packet on PhORCAS. The PhORCAS application for the program must be completed by the established deadline; if not the candidate will be removed from consideration immediately. The packet must include:
   a) Completed PhORCAS application
   b) Valid school of pharmacy transcript
   c) (3) Letters of reference submitted within reference section on PhORCAS
   d) Letter of intent
   e) Curriculum Vitae

32. Once the application deadline has passed, the RPD will review the application packets.
   a) Residency applicants must have a PharmD from an American College of Pharmacy Education accredited college of pharmacy (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.
   b) Residency applicants must be a United States Citizen or have permanent legal residency (green card) in the United States.
   c) Residency applicants must be licensed or eligible for licensure as a pharmacist in the Commonwealth of Massachusetts. See policy BH-PR-015 Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts.
   d) Residency applicants must be able to commit to twelve months of training and understand that the program is a full-time practice commitment.
   e) Only residency applicants who have a GPA ≥3.1 will be qualified for further consideration.

3. Selection for an telephone or video conference interview includes the rating of applicants after compilation of an application rubric score (Appendix B) that evaluates the following criteria:
   c. Written communication and motivation (20% of rubric score)
   d. Curriculum vitae (leadership, service, awards, work experience, publications) (30% of rubric score)
   e. Letters of reference (30% of rubric score)
   f. Transcript (GPA before APPE rotations) (20% of rubric score)
4. An application score list that ranks the applicants based on numeric rubric scores from highest to lowest will be compiled. The RPD will review the application score list. The RPD will offer interviews to qualified applicants. The final number of interviews will be determined by the RPD.

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

6. After the interview has been granted and accepted by the candidate, the RPD will conduct a one hour phone or video conference interview. This will give the candidate an opportunity to ask questions about the institution and/or residency program structure. The interview will also provide the opportunity for the RPD to fully assess all characteristics of the candidate and make an informed decision.

7. Once all interviews have been conducted, the RPD will “rank” the residency candidates (see Appendix C). The RPD will also determine if there are any candidates that should not be ranked.

8. The final rank order will be decided by the RPD and then will be submitted to the matching service (NMS) if Phase II of the Match. If the residency program is in the Post-Match, the RPD will make a direct offer (verbal or written) to the applicant.

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

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

Academic Advisory Committee

Date: 7/1/2019

Originator: Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency

Replaces: BH-PR-101 Dated 7/1/2018

Replaces: BH-PR-101 Dated 12/2017
Appendix A - Applicant’s Questionnaire for PGY1 Pharmacy Residents

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

Name:

Directions:

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

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

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

3. Describe one activity or experience that showcases your strengths and helped you realize your weaknesses identified in question #1.
### Appendix B—PGY1 Pharmacy Residency Candidate Interview Rubric

#### BMC PGY1 Pharmacy Residency Applicant Interview Candidate Rubric

**Applicant Name:**

<table>
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<th>Performance Area</th>
<th>3-Excellent</th>
<th>2 – Good</th>
<th>1 – Satisfactory</th>
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<tr>
<td>Motivation Score:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Curriculum Vitae and Applicant’s Questionnaire (30%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Score:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>3-Excellent</th>
<th>2 – Good</th>
<th>1 – Satisfactory</th>
<th>0 – Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Communication</td>
<td>Perfect spelling, grammar and sentence structure. Very engaging writing style with varied vocabulary.</td>
<td>Appropriate spelling, grammar, and sentence structure throughout. Theme is well-developed and easy to follow.</td>
<td>Minor spelling, grammar, or sentence structure errors. Theme is apparent and able to be followed.</td>
<td>Distracting spelling, grammar, or sentence structure errors. Theme is not apparent.</td>
</tr>
<tr>
<td>Motivation</td>
<td>Outlines a clear plan (i.e. 5 year plan); knows personal goals and what it will take to achieve those goals; goals encompass pharmacy profession and Baystate specifically</td>
<td>Motivated to actively contribute to patient care and personal goals. Specific goals for the future are included.</td>
<td>Motivation evident. Vague goals for the future included.</td>
<td>No evidence of motivation or goals for the future.</td>
</tr>
<tr>
<td>Leadership</td>
<td>Holds an office in a student pharmacy or community organization at Chair/President or Vice Chair/Vice President</td>
<td>Holds an office in a student pharmacy or community organization below Chair/President or Vice Chair/Vice President (i.e. secretary, treasurer, etc.)</td>
<td>Participant in a student pharmacy organization.</td>
<td>No leadership roles evident.</td>
</tr>
<tr>
<td><strong>Service Activities</strong></td>
<td>Participated in multiple service activities (&gt;1) during professional pharmacy academic years and the applicant demonstrated a leadership role in at least one (organizer, director, etc.).</td>
<td>Active participation in &gt; 4 unique service activities during professional pharmacy academic years with no demonstrated leadership role.</td>
<td>Active participation in at 1 to 4 service activities during professional pharmacy academic years with no demonstrated leadership role.</td>
<td>No service activities during professional pharmacy academic years.</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Performance Area</strong></td>
<td><strong>Score:__________</strong></td>
<td><strong>3-Excellent</strong></td>
<td><strong>2 – Good</strong></td>
<td><strong>1 – Satisfactory</strong></td>
</tr>
<tr>
<td><strong>Awards</strong> (Excludes “Deans List” and “Rho Chi”’)</td>
<td><strong>Score:__________</strong></td>
<td>National recognition (i.e. ASHP skills competition winner)</td>
<td>Regional recognition (i.e. MSHP)</td>
<td>Local recognition (i.e. local scholarships, PLS, local ASHP skills comp. winner)</td>
</tr>
<tr>
<td><strong>Work Experience</strong></td>
<td><strong>Score:__________</strong></td>
<td>Licensed Pharmacist in Retail or Hospital related pharmacy</td>
<td>Consistent pharmacy or non-pharmacy related work experience (&gt;1yr)</td>
<td>No work experience OR sporadic work experience</td>
</tr>
<tr>
<td><strong>Publications</strong></td>
<td><strong>Score:__________</strong></td>
<td>Regional or national poster or presentation; organizational newsletter (ex: MSHP).</td>
<td>Newsletter/monograph, etc. related to candidate’s institutional/local Pharmacy employment experience</td>
<td>No publications, poster presentations, or manuscripts outside of normal APPE requirements (i.e. Grad poster at MCPHS)</td>
</tr>
<tr>
<td><strong>Letters of Reference (30%)</strong></td>
<td><strong>Performance Area</strong></td>
<td><strong>3-Excellent</strong></td>
<td><strong>2 – Good</strong></td>
<td><strong>1 – Satisfactory</strong></td>
</tr>
<tr>
<td><strong>Letter of Reference #1</strong></td>
<td><strong>Score: _____________</strong></td>
<td>• Referee indicates ‘highly recommends’ with multiple specific</td>
<td>• Referee indicates ‘highly recommends’ but contains little to no specific documentation</td>
<td>• Referee indicates ‘recommends’</td>
</tr>
<tr>
<td>Score: _____________</td>
<td>Letter of Reference #3 Score: _____________</td>
<td>Average of all 3 letters: _____________ (max value is 3)</td>
<td></td>
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<td>-----------------------------------------------</td>
<td>---------------------------------------------</td>
<td></td>
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<tr>
<td></td>
<td>examples to the candidate’s motivation, patient care abilities, teamwork, etc.</td>
<td>(Less than 3 letters, applicant should have score of zero averaged in with other letters)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Referee has had significant interaction with the applicant (APPE rotation plus project, poster, publication, longitudinal APPE experiences or classroom interactions).</td>
<td>(More than 3 letters, at the review committee’s discretion of which letters to include to be averaged)</td>
<td></td>
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<tr>
<td></td>
<td>• Referee is Baystate Health preceptor who indicates “highly recommends” and had student for at least one APPE</td>
<td></td>
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<tr>
<td></td>
<td>supporting the recommendation.</td>
<td></td>
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<tr>
<td></td>
<td>• Referee had limited interaction with the applicant such as one APPE rotation.</td>
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<tr>
<td></td>
<td>comments but is vague or generic in nature.</td>
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<tr>
<td></td>
<td>• Letter contains positive comments but indicates that applicant has specific areas of improvement required for success in a residency program.</td>
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</tr>
<tr>
<td></td>
<td>• Letter of reference is written by someone who works in a field unrelated to pharmacy practice or healthcare.</td>
<td></td>
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</tr>
</tbody>
</table>
### Transcripts (20%)

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>3 - Excellent</th>
<th>2 – Good</th>
<th>1 – Satisfactory</th>
<th>0 – Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA Before APPE</td>
<td>3.67–4.0</td>
<td>3.34–3.66</td>
<td>&gt;3.1 – 3.33</td>
<td>3.1</td>
</tr>
<tr>
<td>Rotations</td>
<td></td>
<td>College of Pharmacy without GPA: Pass &amp; Rho Chi OR High Pass</td>
<td>College of Pharmacy without GPA: Pass</td>
<td>College of Pharmacy without GPA: Fail Note: GPA &lt; 3.1 automatically eliminates applicant</td>
</tr>
</tbody>
</table>

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

**Total points or Maximum Points=30**  Less than 18 points (60% of maximum points) - no interview recommended
Appendix C—PGY1 Pharmacy Residency Candidate Rank Worksheet
Applicant Rank Worksheet:

APPLICANT NAME:

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

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

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

**Group 3:**

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

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

**Group 2:**
<table>
<thead>
<tr>
<th>Principle/Capability</th>
<th>Model/Indicators</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork / Collaboration</td>
<td>➢ Displays and promotes teamwork and team play.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Explores alternatives and accepts team decisions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Commits to each other’s success by helping them succeed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Respects, values, and seeks out internal expertise.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Celebrates success.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Values the contribution of each employee to overall success.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Models and promotes team work and team play.</td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL:**

<table>
<thead>
<tr>
<th>Application Packet</th>
<th>Writing skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Letters of Recommendation</td>
</tr>
<tr>
<td></td>
<td>Transcript</td>
</tr>
<tr>
<td></td>
<td>Academic Ability</td>
</tr>
<tr>
<td></td>
<td>Clinical Knowledge</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Packet Rubric Score</th>
<th>Corresponding Rank Rubric Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥27</td>
<td>4</td>
</tr>
<tr>
<td>≥24 - &lt;27</td>
<td>3</td>
</tr>
<tr>
<td>≥21 - &lt;24</td>
<td>2</td>
</tr>
<tr>
<td>&lt;21</td>
<td>1</td>
</tr>
</tbody>
</table>

**Interview Rank Worksheet Score:**

- Professional: 2 – Excellent
- Prepared and asked questions: 1 – Satisfactory
- Desire to learn about BMC and the Residency Program: 0 – Poor
- Thoughtful and well spoken

**Applicant Total Score**
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. One copy of the portfolio will remain with the RPD at the conclusion of the residency.

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

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

- Successful licensure as a Pharmacist in the Commonwealth of Massachusetts (prior to 11/1 or within 4 months of starting the residency). See policy BH-PR-015 Failure to Obtain Pharmacist Licensure in Commonwealth of Massachusetts.
- Attainment of 100% achievement (ACHR) of every goal and objective established for the residency.
- Completion of all (100%) of the requirements of customized development plans.
- Completion of all required longitudinal and monthly rotational learning experiences.
- Completion of three elective monthly rotational learning experiences
- Completion of a residency project and associated manuscript or project write-up.
- Presentation of a residency project poster at the Vizient UHC/ASHP Midyear Clinical Meeting.
- Residency Project Platform presentation at the Eastern States Residency Conference.
- Education Day Residency Project poster presentation.
- Presentation of (1) topic presentation for CEU credit.
- Presentation of at least (3) pharmacy grand rounds presentations
- Presentation of at least (2) pharmacy student boot camp sessions
- Presentation of at least (1) High Street Clinic interdisciplinary education sessions
- Completion of at least one (1) formulary addition or category review for Pharmacy and Therapeutics Committee
- Completion of at least one (1) medication use evaluation
- Completion of a clinical pharmacy newsletter article and serve as the clinical pharmacy newsletter editor for two months.
- Completion of a Residency Portfolio.

<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>Attainment of 100% achievement (ACHR) of every goal and objective established for the residency by the end of the residency year</td>
<td></td>
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<tr>
<td>Completion of all (100%) of the requirements of customized development plans</td>
<td></td>
</tr>
<tr>
<td>Completion of Residency Portfolio</td>
<td></td>
</tr>
<tr>
<td><strong>Required Learning Experiences- Complete all</strong></td>
<td></td>
</tr>
<tr>
<td><em>(4 weeks duration unless noted below)</em></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>
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<tr>
<td>Cardiology</td>
<td></td>
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<tr>
<td>Antimicrobial Stewardship</td>
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<tr>
<td>Internal Medicine</td>
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<tr>
<td>Medication Safety</td>
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<tr>
<td>Pediatrics</td>
<td></td>
</tr>
<tr>
<td>Resident Self-Designed Improvement (5-6 weeks)</td>
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</tr>
<tr>
<td><strong>Elective Rotations (4 weeks duration)—Complete 3</strong></td>
<td></td>
</tr>
<tr>
<td><em>(Reduced accordingly if resident is required to repeat a required learning experience or is scheduled to complete a remediation rotation)</em></td>
<td></td>
</tr>
<tr>
<td>Any core rotation listed above</td>
<td></td>
</tr>
<tr>
<td>Academia</td>
<td></td>
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<tr>
<td>Emergency Medicine II</td>
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<td>-----------------------</td>
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</tr>
<tr>
<td>Pediatric Critical 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>
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<tr>
<td>Renal Transplant</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

**Longitudinal Ambulatory Care (8 months total)**
- Pharmacotherapy Clinic: ½ Day/Week (8 weeks)
- Diabetes Clinic: ½ Day/Week (8 weeks)
- Inpatient Cardiology Discharge Counseling: ½ Day/Week (8 weeks)
- Valley Medical: ½ Day/Week (8 weeks)

**BH Pharmacy and Therapeutics Committee (3 months)**
- Completion of at least one MUE
- Completion of at least one P&T formulary addition or drug category review
<table>
<thead>
<tr>
<th>Pharmacy Administration Longitudinal (11 months):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Pharmacy Administration Seminars Committee participation (2 months service on each committee)</td>
<td></td>
</tr>
<tr>
<td>- BH Acute Care Pharmacy Services Leadership Meeting</td>
<td></td>
</tr>
<tr>
<td>o Resident will present one journal club article to pharmacy leadership team members</td>
<td></td>
</tr>
<tr>
<td>- BH Clinical Pharmacy Services Team Meeting</td>
<td></td>
</tr>
<tr>
<td>o Agenda and Minutes</td>
<td></td>
</tr>
<tr>
<td>- Critical Care Operations Committee (responsibilities may include below)</td>
<td></td>
</tr>
<tr>
<td>o Attendance and observation of role of the pharmacist on a multidisciplinary committee</td>
<td></td>
</tr>
<tr>
<td>o Presentations as requested</td>
<td></td>
</tr>
<tr>
<td>- BMC Resident Monthly Meeting Secretary</td>
<td></td>
</tr>
<tr>
<td>o Agenda and Minutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residency Projects (11 months)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Project design</td>
<td></td>
</tr>
<tr>
<td>- IRB Approval (if research)</td>
<td></td>
</tr>
<tr>
<td>- Project poster presentation – Vizient/UHC Pharmacy Meeting December</td>
<td></td>
</tr>
<tr>
<td>- Project platform presentation - Eastern States Regional Residency Conference</td>
<td></td>
</tr>
<tr>
<td>- Education Day Residency Project Poster Presentation</td>
<td></td>
</tr>
<tr>
<td>- Manuscript Draft or project write-up</td>
<td></td>
</tr>
</tbody>
</table>
### Education/Teaching: (11 months)
- Pharmacy Grand Rounds Presentations (at least 3)
- Pharmacy Student Boot Camps (at least 2)
- High Street Clinic Presentations (at least 1)
- Eastern States Residency Regional Conference Residency Project Platform Presentation
- Vizient UHC/ASHP Midyear Residency Project Poster Presentation
- Education Day Residency Project Poster Presentation
- Pharmacy newsletter article (1)
- Serve as editor for pharmacy newsletter for two months.
- Continuing Education Presentation (1)
- Precept Pharmacy Students
- Advanced Teaching (MCPHS—Worcester or WNEU) (optional)
- Resident Teaching Seminar (optional)
  - Completion of Teaching Portfolio

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<table>
<thead>
<tr>
<th>Approved:</th>
<th>Kathleen B. Kopcza, PharmD, BCPS Coordinator, Pharmacy Education</th>
<th>Authorized:</th>
<th>Aaron Michelucci, PharmD, Senior Director, Acute Care Pharmacy Services</th>
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<tr>
<td>Date:</td>
<td>7/1/2019</td>
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#### Academic Advisory Committee

<table>
<thead>
<tr>
<th>Originator:</th>
<th>Kathleen B Kopcza, PharmD, BCPS, Director of PGY1 Pharmacy Residency</th>
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<th>BH-PR-103 Dated 7/2018</th>
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BH-PR-104 — General PGY1 Pharmacy Resident Expectations and Responsibilities

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

*The PGY1 pharmacy resident is required to have read and understand all pertinent BMC Pharmacy Department policies and procedures and other policies (i.e. clinical operations policies, human resource polices) that apply to employment and conduct at Baystate Medical Center. Human Resource 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 or Baystate Pharmacy Services Apparel items (fleece, polo shirts) will be worn at all times in patient care areas.
   
   **BH RX 01.08.00 Pharmacy Uniform**
   **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, Senior Director, Acute Care Pharmacy Services

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<th>Date: 7/1/2019</th>
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<td>Replaces: BH-PR-105 Dated 5/2015</td>
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BH-PR-105—PGY1 Pharmacy Residency Program Design

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

1. Residency Program Design
   The Baystate Medical Center PGY1 Pharmacy Residency Program is designed based on the American Society of Health Systems Pharmacists Accreditation Standard for PGY1 Pharmacy Residency Programs. The PGY1 Pharmacy Residency Program Purpose is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. PGY1 Pharmacy Residents (over the 12 month program) will be expected to achieve (ACHR) 100% of the goals and objectives associated with the four required competency areas of a PGY1 Pharmacy Residency Program. The four required competency areas are:
   
   R1. Patient care
   R2. Advancing practice and improving patient care
   R3. Leadership and management
   R4. Teaching education and dissemination of knowledge

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

<table>
<thead>
<tr>
<th>Core Required Rotations (9) — (4 Week Duration except for Orientation and Resident Self-Improvement Rotation)</th>
<th>Preceptor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Pharmacy Orientation (July) (5 weeks)</td>
<td>Frank Szczzerba, PharmD, BCPPS, BCPS, AAHIVP</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>Hannah Spinner, PharmD, BCCCP</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Danyel Adams, PharmD</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Gabriella Macias, PharmD, BCPS-AQ Cardiology</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
<td>Lydia D’Agostino, PharmD, BCPS, BCIDP</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Megan Carr, PharmD, BCPS, BCGP</td>
</tr>
<tr>
<td>Medication Safety</td>
<td>Mark Heelon, PharmD</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Evan Horton, PharmD, BCPPS, Frank Szczzerba, PharmD, BCPPS, BCPS, AAHIVP</td>
</tr>
<tr>
<td>Resident Self Improvement Rotation (December) (5-6 weeks)</td>
<td>Kathleen Kopcza, PharmD, BCPS</td>
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</table>

<table>
<thead>
<tr>
<th>Elective Rotations (3) — (4 Week Duration)</th>
<th>Preceptor(s)</th>
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</thead>
<tbody>
<tr>
<td>Repeat Any Core Rotation</td>
<td>See above preceptor</td>
</tr>
<tr>
<td>Longitudinal Learning Experiences (6) (see duration of each below)</td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
<td></td>
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<tr>
<td><strong>Inpatient Pharmacy Operations: (11 months)</strong></td>
<td></td>
</tr>
<tr>
<td>- Staffing – (every third weekend and 1 evening/week)</td>
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<tr>
<td><strong>Drug Information &amp; Non-formulary Requests On-Call Pager (11 months)</strong></td>
<td></td>
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<tr>
<td>- Cover pager 1 week every 7 weeks</td>
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<tr>
<td><strong>Ambulatory Clinic/Patient Care Longitudinal (8 months)</strong></td>
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<tr>
<td>- Pharmacotherapy Clinic: ½ Day/Week (2 months)</td>
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<tr>
<td>- Mason Square Diabetes Clinic: ½ Day/Week (2 months)</td>
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<tr>
<td>- Discharge Counseling: ½ Day/Week (2 months)</td>
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<tr>
<td>- Valley Medical Associates Clinic: ½ Day/Week (2 months)</td>
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<tr>
<td><strong>BH Pharmacy and Therapeutics (3 months):</strong></td>
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<tr>
<td>- Complete one (1) MUE</td>
<td></td>
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<tr>
<td>- Complete one (1) formulary addition , drug class review or guideline/protocol review</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy Administration Longitudinal (11 months):</strong></td>
<td></td>
</tr>
<tr>
<td>- Pharmacy Administration Seminars:</td>
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<tr>
<td>- Drug Use Policy/Regulatory</td>
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<tr>
<td>- Medication Safety</td>
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<tr>
<td>- Management (HR, Staffing, Evaluations, Financials, etc.)</td>
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<tr>
<td>- Leadership (Leading yourself, Leading others)</td>
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<tr>
<td>- Committee participation</td>
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<tr>
<td>- BH Pharmacy &amp; Therapeutics Committee</td>
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<tr>
<td>- BH Acute Care Pharmacy Services Team Meeting</td>
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<td>- BH Clinical Pharmacy Services Team Meeting</td>
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<tr>
<td>- BH Critical Care Operations Committee</td>
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<tr>
<td>- Resident Monthly Meeting</td>
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<tr>
<td><strong>Residency Project (11 months):</strong></td>
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</tr>
<tr>
<td>Project: Research, drug class review, monograph, treatment guideline, or protocol) AND medication use evaluation</td>
<td></td>
</tr>
<tr>
<td>- Project design and research</td>
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</tr>
<tr>
<td>- IRB Approval (If research)</td>
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<tr>
<td>- Project poster presentation (Vizient/UHC, Education Day)</td>
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<tr>
<td>- Project platform presentation (Eastern States)</td>
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<tr>
<td>- Manuscript worthy of publication</td>
<td></td>
</tr>
<tr>
<td><strong>Education/Academia (11 months):</strong></td>
<td></td>
</tr>
<tr>
<td>- Pharmacy Grand Rounds</td>
<td></td>
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<tr>
<td>- Journal Club &amp; Case Discussion Presentations</td>
<td></td>
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<tr>
<td>- Continuing Education Presentations</td>
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<tr>
<td>- Precept/Mentor Pharmacy Students</td>
<td></td>
</tr>
<tr>
<td>- Advanced Teaching (MCPHS—Worcester or WNEU) (optional)</td>
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</tr>
</tbody>
</table>

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

1) Complete all of the required core learning experiences (9 total rotations)
2) Complete three (3) elective learning experiences
3) Complete all required longitudinal learning experiences as outlined above
The specific goals and objectives that are required to be satisfied during each learning experience are listed in each learning experience description.

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

2. Other Required Experiences / Activities

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

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

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

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

Residency Portfolio: All PGY1 pharmacy residents will maintain their residency binder highlighting their accomplishments during the residency year. The residency binder will also contain important documents relevant to the curriculum and learning experiences.
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, one 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. PGY1 pharmacy resident will present project results at BH Education day in poster format. 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 educational 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
Authorised: Aaron Michelucci, PharmD, Senior Director, Acute Care Pharmacy Services

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<thead>
<tr>
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<tr>
<td>Originator: Kathleen B Kopcza, PharmD, BCPS,</td>
<td></td>
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<tr>
<td>Director of PGY1 Pharmacy Residency</td>
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<td>Replaces: BH-PR-106 Dated 12/1/2016</td>
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<td>Replaces: BH-PR-109 Dated 5/2015</td>
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BH-PR-107----PGY1 Pharmacy Resident Job Description

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

33. Description
33.1. 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.

33.2. PGY1 Pharmacy Residency Program Purpose
33.2.1. 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.

34. Qualifications
34.1. 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.

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

34.3. 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.

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

35. Expectations
35.1. Residents’ primary professional commitment must be to the residency program.

35.2. 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.

35.3. 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.

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

35.5. Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.
35.6. 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.

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

36. Responsibilities

36.1. 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.

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

36.3. 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.

36.3.1. 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.

37. Patient Populations Served

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

38. Relationships

38.1. Reports to:

38.1.1. PGY1 Pharmacy Residency Program Director
38.1.2. Baystate Health Pharmacy Manager of Clinical Programs
38.1.3. Assistant PGY1 Pharmacy Residency Program Director
38.1.4. Preceptors
38.1.5. Senior Director of Acute Care Pharmacy Services
38.1.6. Graduate Medical Education Office
38.1.7. Faculty Physicians
38.1.8. Pharmacy Managers
38.1.9. Pharmacists

38.2.Supervises:

38.2.1. Pharmacy Technicians
38.2.2. Pharmacy Students

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

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<thead>
<tr>
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<td>7/2017</td>
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<tr>
<td></td>
<td>BH-PR-107</td>
<td>12/1/2016</td>
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</tbody>
</table>
BH-PR-201- Requirements for completion of the PGY2 Pharmacy Residency

Subject: Requirements for completion of the PGY2 Pharmacy Residency

Purpose: To provide each resident with the required elements to complete the residency program and receive the residency program certificate.

1. **Professional Portfolio:**
   The 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 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.

2. **Certification:**
   A residency certificate will be awarded when the following requirements are successfully completed in accordance with learning experience requirements approved by the Academic Advisory Committee (Appendices).
   
   - Successful licensure as a Pharmacist in the Commonwealth of Massachusetts
   - Attainment of goals and terminal objectives established for the residency
   - Completion of all required rotational learning experiences.
   - Completion of the requirements of customized training plans
   - Completion of a project and associated manuscript
   - Presentation at the Eastern States Residency Conference and one national meeting
   - Presentation of topic presentation for ACPE CE credit
   - Completion of Residency Portfolio

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

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

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<tr>
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<td>7/1/2019</td>
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<tr>
<td>PGY2 Steering Committee</td>
<td>11/15/2017</td>
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7/2019
<table>
<thead>
<tr>
<th>Originator:</th>
<th>Adam B. Pesature, PharmD, Director of PGY2 Critical Care Pharmacy Residency</th>
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## Appendix [Critical Care]

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<tr>
<td>Registered Pharmacist—Commonwealth of MA</td>
<td></td>
</tr>
<tr>
<td>Completion of Entering Objective-Based Self-Evaluation</td>
<td></td>
</tr>
<tr>
<td>Attainment of All RLS goals, objectives and evaluations</td>
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<tr>
<td>Completion of all supplemental learning competencies</td>
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</tr>
<tr>
<td>Completion of electronic Residency Portfolio</td>
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### Core Learning Experiences

| Medical Intensive Care                                                                 |                |
| Medical Intensive Care                                                                 |                |
| Medical Intensive Care                                                                 |                |
| Surgical Intensive Care                                                                 |                |
| Surgical Intensive Care                                                                 |                |
| Surgical Intensive Care                                                                 |                |
| Heart and Vascular Services                                                   |                |
| Heart and Vascular Services                                                   |                |
| Emergency Medicine                                                              |                |
| Emergency Medicine                                                              |                |
| Pediatric Intensive Care                                                        |                |

### Elective Rotations—Complete 1

- Any core rotation listed above
- Infectious Diseases
- Medication Safety and Informatics

### Longitudinal Learning Experiences—Complete All

- Inpatient Pharmacy Services
- Drug Information /Non-formulary approval pager
- Quality Improvement Initiative
- Pharmacy & Therapeutics Contribution (drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients)
- Medication-Use Evaluation

### Project:

- Initial Presentation to AAC
- IRB Approval (if applicable)
- Vizient (UHC) Midyear Poster Presentation
- Eastern States Research Project Presentation
- Manuscript Draft (complete prior to 6/27)

### Journal Club (Quarterly)

### Clinical Pearl/Case Presentation (Quarterly)

### ACPE Continuing Education Presentation

### Completed Project Presentation to BMC stakeholders
### Appendix [Infectious Diseases]

<table>
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<tr>
<th>Task</th>
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<tr>
<td>Registered Pharmacist—Commonwealth of MA</td>
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<tr>
<td>Completion of initial needs assessment</td>
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<td>100% achievement (AHCR) of all required goals and objectives</td>
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<td>Completion of pharmacy department orientation checklist</td>
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<td>Completion of Residency Portfolio (binder)</td>
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<td><strong>Core Learning Experiences – Complete All</strong></td>
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<td>Orientation</td>
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<td>- Microbiology Lab</td>
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<td>Pediatric ID Consult</td>
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<td><strong>Elective Rotations—Complete 2</strong></td>
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<td><strong>Longitudinal Learning Experiences—Complete All</strong></td>
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<td>Inpatient Pharmacy Services</td>
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<td>- Inpatient staffing</td>
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<td>Antimicrobial Stewardship Program</td>
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<td>- Subcommittee planning</td>
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<td>- Drug monograph or class review</td>
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<td>- ID-related guideline or protocol</td>
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<td>- Restricted antibiotic approvals</td>
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<td>Quality Improvement Project:</td>
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<td>- Initial presentation to AAC</td>
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Baystate Medical Center

Department of Acute Care Pharmacy Services
PGY-2 Pharmacy Residencies

Policy Number: BH-PR-202
Effective Date: 7/1/2019

BH-PR-202 - PGY2 Critical Care Pharmacy Residency Educational Outcomes, Goals, and Objectives

Subject: PGY2 Critical Care Pharmacy Residency Educational Outcomes, Goals, and Objectives

Purpose: The PGY2 Critical Care Pharmacy Residency will use the Resident Learning System (RLS) as a set of processes and tools to assist the program with meeting the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs. The standard requires programs to be designed, conducted, and evaluated using a systems-based approach. Such an approach requires that there be a direct correlation among the expectations of resident performance, the type of instruction provided, and the evaluation of resident performance.

Therefore, the PGY2 Critical Care Pharmacy Residency will use the educational outcomes, goals, and objectives as defined within the RLS.

REQUIRED BY PGY2 STANDARD:

COMPETENCY AREA R1: PATIENT CARE

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

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage critically ill patients’ medication therapy.
Criteria:
• Interactions are cooperative, collaborative, communicative, and respectful.
• Demonstrates skills in consensus building, negotiation, and conflict management.
• Demonstrates advocacy for the patient.
• Effectively contributes pharmacotherapy knowledge and patient care skills as an essential member of the healthcare team.

Objective R1.1.2: (Applying) Interact effectively with critically ill patients, family members, and caregivers.
Criteria:
• Interactions are respectful and collaborative.
• Maintains accuracy and confidentiality of patients’ protected health information.
• Uses effective (e.g., clear, concise, accurate) communication skills.
• Shows empathy.
• Empowers patients, family members, and caregivers regarding the patient’s well-being and health outcomes.
• Demonstrates cultural competence.
• Communicates with family members to obtain patient information when patients are unable to provide the information.
• Communicates with patient and family about initiation and changes of patient therapies.
• Demonstrates advocacy for caregivers.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for critically ill patients.
Criteria:
• Collection/organization methods are efficient and effective.
• Collects relevant information about medication therapy, including:
  • History of present illness.
    - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  • Social history.
  • Medication history, including prescription, non-prescription, illicit, recreational, and nontraditional therapies; other dietary supplements; immunizations; and allergies.
  • Patient assessment (examples include, but are not limited to, physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and scoring systems (e.g., RASS, CAM-ICU)
  • Pharmacogenomics and pharmacogenetic information, if available.
  • Adverse drug reactions.
  • Medication adherence and persistence.
    - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
  • Sources of information are the most reliable sources available, including electronic, face-to-face, and others.
  • Recording system is functional for subsequent problem solving and decision making.
  • Clarifies information as needed.
  • Displays understanding of limitations of information in health records.
  • Poses appropriate questions as needed.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for critically ill patients.
Criteria:
• Includes accurate assessment of patient’s:
  • Health and functional status.
  • Risk factors.
  • Health data.
  • Cultural factors.
  • Health literacy.
  • Access to medications.
  • Immunization status.
  • Need for preventive care and other services, when appropriate.
  • Other aspects of care, as applicable.
• Identifies medication therapy problems, including:
  • Lack of indication for medication.
  • Medical conditions for which there is no medication prescribed.
  • Medication prescribed or continued inappropriately for a particular medical condition.
• Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
• Medication toxicity requiring medication therapy modifications.
• Abnormal lab values requiring medication therapy modifications.
• Therapeutic duplication.
• Adverse drug or device-related events or the potential for such events.
• Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
• Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
• Patient not receiving full benefit of prescribed medication therapy.
• Problems arising from the financial impact of medication therapy on the patient.
• Patient lacks understanding of medication therapy.
• Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
• Patient assessment needed
• Discrepancy between prescribed medications and established care plan for the patient.

• Prioritize a critically ill patient’s health care needs.

Objective R1.1.5: (Creating) Design, or redesign, safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for critically ill patients.
Criteria:
• Specify evidence-based, measurable, achievable therapeutic goals that include consideration of:
  • Relevant patient-specific information, including culture and preferences.
  • The goals of other interprofessional team members.
  • The patient’s disease state(s).
  • Medication-specific information.
  • Best evidence, including clinical guidelines and the most recent literature
  • Effectively interprets new literature for application to patient care
  • Ethical issues involved in the patient’s care.
  • Quality-of-life issues specific to the patient.
  • End of life issues, when needed.
  • Integration of all the above factors influencing the setting of goals.
• Designs/redesigns regimens that:
  • Are appropriate for the disease states being treated.
• Reflect:
  - Clinical experience
  - The therapeutic goals established for the patient.
  - The patient’s and caregiver’s specific needs.
  - Consideration of:
    • Any pertinent pharmacogenomic or pharmacogenetic factors.
    • Best evidence.
    • Pertinent ethical issues.
    • Pharmacoeconomic components (patient, medical, and systems resources).
    • Patient preferences, culture, and/or language differences.
    • Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
- Drug shortages.
- Adhere to the health system’s medication-use policies.
- Follow applicable ethical standards.
- Address wellness promotion and lifestyle modification.
- Support the organization’s or patient’s insurance formulary.
- Address medication-related problems and optimize medication therapy.
- Engage the patient through education, empowerment, and promotion of self-management.

- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - Anticipates future drug-related problems.
  - When applicable, reflects preferences and needs of the patient.
  - Plan represents the highest level of patient care.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for critically ill patients by taking appropriate follow-up actions.

Criteria:
- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the health care team.
  - Poses appropriate questions as needed.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient’s right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive but not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.

- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Plan represents the highest level of patient care.
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Patient receives their medication as directed.
  - Medications in situations requiring immediacy are effectively facilitated.
  - Medication orders are clear and concise.
  - Activity complies with the health system’s policies and procedures.
  - Tests correspond with the recommended monitoring plan.
• Tests are ordered and performed at the appropriate time.
• Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
• Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
• Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
• Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
• Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
• Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) For critically ill patients, document direct patient care activities appropriately in the medical record, or where appropriate.
Criteria:
• Accurately and concisely communicates drug therapy recommendations to healthcare professionals representing different disciplines.
• Appropriately documents patient/caregiver communication and all relevant direct patient care activities in a timely manner

Objective R1.1.8: (Applying) Demonstrate responsibility to critically ill patients for patient outcomes.
Criteria:
• Gives priority to patient care activities.
• Routinely ensures all steps of the medication management process.
• Assumes responsibility for medication therapy outcomes.
• Actively works to identify the potential for significant medication-related problems.
• Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
• Ensures appropriate transitions of care.
• Communicates with patients and family members/caregivers about their medication therapy.
• Determines barriers to patient compliance and makes appropriate adjustments.

Goal R1.2: Ensure continuity of care during transitions of critically ill patients between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively for critically ill patients.
Criteria:
• Participates in thorough medication reconciliation when necessary.
• When appropriate, follows up on identified drug-related problems, additional monitoring, and education in a timely and caring manner.
• Provides accurate, pertinent, and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
• Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
• Provides appropriate information to other pharmacists in transitions to mitigate medication therapy problems.
Goal R1.3: Manage and facilitate delivery of medications to support safe and effective drug therapy for critically ill patients.

Objective R1.3.1: (Applying) Facilitate delivery of medications for critically ill patients following best practices and local organization policies and procedures.
Criteria:
• Correctly interprets appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
  • Identifying, clarifying, verifying, and correcting any medication order errors.
  • Considering complete patient-specific information.
  • Identifying existing or potential drug therapy problems.
  • Determining an appropriate solution to an identified problem.
  • Securing consensus from the prescriber for modifications to therapy.
  • Ensuring that the solution is implemented.
• Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
  • When required, accurately calibrating equipment.
  • Ensures intravenous solutions are appropriately concentrated, without incompatibilities; stable; and appropriately stored.
  • Adhering to appropriate safety and quality assurance practices.
  • Preparing labels that conform to the health system’s policies and procedures, as appropriate.
  • Ensuring that medication has all necessary and appropriate ancillary labels.
  • Inspecting the final medication before dispensing for accuracy, as appropriate.
• When dispensing medication products:
  • Follows the organization’s policies and procedures.
  • Ensures the patient receives the medication(s) as ordered.
  • Ensures the integrity of medication dispensed.
  • Provides any necessary written and/or verbal counseling for the patient and support/education for relevant interdisciplinary staff (e.g. nursing, respiratory therapy).
  • Ensures the patient receives medication on time.
• Maintains accuracy and confidentiality of patients’ protected health information.
• Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.
• Ensures appropriate dosing, preparation, and dispensing the following types of medications:
  • Blood factor products.
  • Anticoagulant reversal agents.
  • Medications used in emergency response, cardiac arrest, stroke response.
• Assesses appropriate stock of automatic dispensing cabinets.
• References appropriate literature resources to ensure use of proper practices regarding compatibility, fluid overload, and concentrations.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management for critically ill patients.
Criteria:
• Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
• Ensures non-formulary medications are evaluated, dispensed, administered, and monitored in a manner that ensures patient safety.

Objective R1.3.3: (Applying) Facilitate aspects of the medication-use process for critically ill patients.
Criteria:
• Makes effective use of technology to aid in decision-making and increase safety.
• Demonstrates commitment to medication safety.
• Effectively prioritizes workload and organizes workflow.
• Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, and expiration dates.
• When needed, checks for proper repackaging and relabeling medications, including compounded medications (sterile and nonsterile).
• Promotes safe and effective drug use on a day-to-day basis.

COMPETENCY AREA R2: ADVANCING PRACTICE AND IMPROVING PATIENT CARE

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes for critically ill patients, as applicable to the organization.

Objective R2.1.1: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, or protocol related to care of critically ill patients, including proposals for medication-safety technology improvements.
Criteria:
• Displays objectivity.
• Effectively synthesizes information from the available literature.
• Applies evidenced-based principles.
• Consults relevant sources.
• Considers medication-use safety and resource utilization.
• Uses the appropriate format.
• Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
• Demonstrates appropriate assertiveness and timeliness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
• When appropriate, may include proposals for medication-safety technology improvements.

Objective R2.1.2: (Evaluating) Participate in a medication-use evaluation related to care for critically ill patients. (Guidance: This should not be the major project but may be part of the project.)
Criteria:
• Uses evidence-based principles to develop criteria for use.
• Demonstrates a systematic approach to gathering data.
• Accurately analyzes data gathered.
• Demonstrates appropriate confidence and assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
• Implements approved changes, as applicable.

Objective R2.1.3: (Applying) Participate in the review of medication event reporting and monitoring related to care for critically ill patients.
Criteria:
• Effectively uses currently available technology and automation that supports a safe medication-use process.
• Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.

Objective 2.1.4: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for critical care patients.
Criteria:
• Identifies problems and opportunities for improvement and analyzes relevant background data.
• Evaluates data generated by health information technology or automated systems to identify opportunities for improvement.
• Utilizes best practices to identify opportunities for improvements.
• When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts.)

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

Ideally, objectives R2.2.1-R2.2.6 will be addressed through residents working on one quality improvement or research project; however, if this is not possible, all objectives must be addressed by the end of the residency year and can be addressed through work on more than one initiative. In addition, residents must complete a medication-use evaluation.

Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
Criteria:
• Appropriately identifies or understands problems and opportunities for improvement or research projects.
• Conducts a comprehensive literature search and draws appropriate conclusions.
• Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.
• Uses best practices or evidence-based principles to identify opportunities for improvements.
• Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project for the care of critically ill patients or a topic for advancing the pharmacy profession or critical care pharmacy.
Criteria:
• Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
• Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
• Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
• Applies evidence-based and/or basic pharmacoeconomic principles, if needed.
• Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.
• Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project.
• Acts in accordance with the ethics of research on human subjects, if applicable.
• Implements the project as specified in its design.
• Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

Objective 2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project for the care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
Criteria:
• Collects the appropriate types of data as required by project design.
• Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
• Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
• Develops and follows an appropriate research or project timeline.
• Correctly identifies need for additional modifications or changes to the project.
• Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
• Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
• Considers the impact of the limitations of the project or research design on the interpretation of results.
• Accurately and appropriately develops plan to address opportunities for additional changes.

Objective 2.2.4: (Applying) Implement a quality improvement or research project to improve care of critically ill patients or for a topic for advancing the pharmacy profession or critical care pharmacy.
Criteria:
• Plan is based on appropriate data.
• Effectively presents plan (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.
• Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
• Gains necessary commitment and approval for implementation.
• Follows established timeline and milestones.
• Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
• Outcome of change is evaluated accurately and fully.

Objective R2.2.5: (Evaluating) Assess changes or need to make changes to improve care for critical care patients or a topic for advancing the pharmacy profession or critical care pharmacy.
Criteria:
• Evaluate data and/or outcome of project accurately and fully.
• Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
• Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
• Correctly identifies need for additional modifications or changes based on outcome.
• Accurately assesses the impact of the project, including its sustainability (if applicable).
• Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project or research report suitable for publication related to care for critically ill patients or for a topic related to advancing the pharmacy profession or critical care pharmacy at a local, regional, or national conference. (The presentation can be virtual.)

Criteria:
• Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
• Report includes implications for changes to or improvement in pharmacy practice.
• Report uses an accepted manuscript style suitable for publication in the professional literature.
• Oral presentations to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

COMPETENCY AREA R3: LEADERSHIP AND MANAGEMENT

Goal R3.1: Demonstrate leadership skills for successful self-development in the provision of care for critically ill patients.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for critically ill patients.

Criteria:
• Demonstrates efficient time management.
• Manages conflict effectively.
• Demonstrates effective negotiation skills.
• Demonstrates ability to lead interprofessional teams.
• Uses effective communication skills and styles.
• Demonstrates understanding of perspectives of various health care professionals.
• Effectively expresses benefits of personal profession-wide leadership and advocacy.
• Effectively provides leadership in patient care related services, including interprofessional teams, code blue, and rapid response teams.

Objective R3.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for critically ill patients.

Criteria:
• Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
• Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
• Effectively engages in self-evaluation of progress on specified goals and plans.
• Demonstrates ability to use and incorporate constructive feedback from others.
• Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).
Goal R3.2: Demonstrate management skills in the provision of care for critically ill patients.

Objective R3.2.1: (Applying) Contribute to critical care pharmacy departmental management. Criteria:
• Helps identify and define significant departmental needs.
  • Manpower/staffing.
  • Staff scheduling and contingencies.
  • Staff qualifications.
  • Assesses and develops educational opportunities for critical care service line staff.
• Helps develop plans that address departmental needs.
  • Orientation.
  • Training and supervision.
  • Effectively participate in, or evaluate, strategic plan.
• Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
• Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.

Objective R3.2.2: (Applying) Manage one’s own critical care practice effectively. Criteria:
• Review and interpret the most recent primary literature.
• Evaluate clinical practice activities for potential contributions to scholarship.
• Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice.
• Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
• Regularly integrates new learning into subsequent performances of a task until expectations are met.
• Routinely seeks applicable learning opportunities when performance does not meet expectations.
• Demonstrates effective workload and time-management skills.
• Assumes responsibility for personal work quality and improvement.
• Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings).
• Sets and meets realistic goals and timelines.
• Demonstrates awareness of own values, motivations, and emotions.
• Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
• Strives to maintain a healthy work–life balance.
• Works collaboratively within the organization’s political and decision-making structure.
• Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification.
• Demonstrates pride in and commitment to critical care through membership in professional organizations related to critical care.
• Demonstrates personal commitment to and adheres to organizational and departmental policies and procedures.

COMPETENCY AREA R4: TEACHING, EDUCATION, AND DISSEMINATION OF KNOWLEDGE

Goal R4.1: Provide effective medication and practice-related education to critically ill patients, caregivers, health care professionals, students, and the public (individuals and groups).
Objective R4.1.1: (Applying) Design effective educational activities related to critical care pharmacy.
Criteria:
• Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient, student versus PGY1 resident).
• Selects topics of significance to critical care pharmacy as outlined in the appendix.
• Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
• Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
• Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely and reflects best practices.
• Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to critical care pharmacy.
Criteria:
• Demonstrates rapport with learners.
• Captures and maintains learner/audience interest throughout the presentation.
• Implements planned teaching strategies effectively.
• Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
• Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
• Body language, movement, and expressions enhance presentations.
• Summarizes important points at appropriate times throughout presentations.
• Transitions smoothly between concepts.
• Effectively uses audio-visual aids and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to critical care pharmacy.
Criteria:
• Writes in a manner that is easily understandable and free of errors.
• Demonstrates thorough understanding of the topic.
• Notes appropriate citations and references.
• Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
• Develops and uses tables, graphs, and figures to enhance reader’s understanding of the topic when appropriate.
• Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
• Creates one’s own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education related to critical care pharmacy.
Criteria:
• Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
• Provides timely, constructive, and criteria-based feedback to learner.
• If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.

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• Determines how well learning objectives were met.
• Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
• Identifies ways to improve education-related skills.
• Obtains, reviews, and applies feedback from learners and others to improve effectiveness as an educator.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals in critical care.

Objective R4.2.1: (Analyzing) When engaged in teaching related to critical care, select a preceptor role that meets learners’ educational needs.
Criteria:
• Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
  • Selects direct instruction when learners need background content.
  • Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
  • Selects coaching when learners are prepared to perform a skill under supervision.
  • Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to critical care.
Criteria:
• Accurately assesses the learner’s skill level to determine the appropriate preceptor role for providing practice-based teaching.
• Instructs students, technicians, or others as appropriate.
• Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
• Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
• Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

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

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

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| Originator: Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency |      |

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BH-PR-203- PGY2 External Applicant Review and Selection Process

Subject: PGY2 External Applicant Review and Selection Process

Purpose: To define the process of application selection, candidate evaluation, and rank order list creation for PGY2 residency programs.

39. Description
39.1. It is the goal of the BMC PGY2 Residency Programs to carefully evaluate all program applicants in a manner that provides equal opportunity. All applicants will be reviewed and ultimately selected based on established criteria and with a process that allows for input from all members of the PGY2 Candidate Review Committee.

40. Procedure
40.1. Applicants must register for the ASHP Match online via the Match website at www.natmach.com/ashprmp and adhere to the rules of the Resident Matching Program process.
40.2. The residency applicant must submit a completed application packet to the Residency Program Director (RPD) or designee. The online application for the program must be completed by the established deadline; if not the candidate will be removed from consideration immediately.
40.3. The packet must include:
40.3.1. Completed PhoRCAS application
40.3.2. Valid school of pharmacy transcript
40.3.3. Letters of recommendation (3)
40.3.4. Letter of intent
40.3.5. Curriculum Vitae
* Exceptions may be made for transcripts and letters of recommendation that do not arrive by the deadline as this is not controllable by the candidate.
40.4. Once the application deadline has passed, the PGY2 Candidate Review Committee will review the application packets. Applicants will be compared using a rubric tool designed to objectively assess their application packet and interview (private document on file).
40.5. Criteria for an onsite interview include (but not limited to):
40.5.1. Competitive GPA
40.5.2. Good letters of recommendation
40.5.3. Thoughtful and well written letter of intent
40.5.4. Balanced curriculum vitae (community service, patient care service, appropriate coursework / rotations, presentations, projects)
40.5.5. International pharmacy graduate with Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification.
40.6. BMC will offer interviews to applicants agreed upon and will not have a “maximum” number of interviews to be conducted.
40.7. After the interview has been granted and accepted by the candidate, the program will conduct an on-site interview. This will give the candidate an opportunity to meet with preceptors and staff, view the facilities, and ask questions. The interview will also provide the opportunity for the staff to fully assess all characteristics of the candidate and make an informed decision.

40.8. Once all interviews have been conducted, each member of the PGY2 Candidate Review Committee will apply the corresponding section of the rubric tool to each applicant’s interview (private document on file). The Committee will then use this criteria based approach to create a rank order list. The Committee will also decide if there are any candidates that should not be ranked.

40.9. PGY2 Pharmacy Residency Programs will adhere to the rules and deadlines of the Resident Match Program. Following the results of the match, the RPD will send a letter to the matched candidate(s) outlining their acceptance to the program and requesting a signature confirming the candidate’s commitment to the program.

41. PGY2 Candidate Review Committee
   41.1. Only personnel able to guide candidate selection.
   41.2. Members may include:
      41.2.1. PGY2 Residency Program Director(s)
      41.2.2. PGY1 Residency Program Director and/or Assistant Director
      41.2.3. BMC Education Coordinator
      41.2.4. All primary preceptors for required PGY2 rotations
      41.2.5. Current PGY2 Resident

42. Applicant Responsibilities
   42.1. Preparation and delivery of the application packet to be considered for a PGY2 resident position.
   42.2. Adherence to all applicable deadlines.

43. RPD or designee Responsibilities
   43.1. Contact person for PGY2 residency program.
   43.2. Communication with the BMC GME Office.
   43.3. Distribute all application packet materials to members of the PGY2 Candidate Review Committee.
   43.4. Review all application packets and assess them using the rubric tool.
   43.5. Coordinate the scheduling and conducting of interviews.
   43.6. Attendance of all scheduled interviews.
   43.7. Adherence to all applicable deadlines.
   43.8. Ultimate responsibility for selection and submission of the rank order list for the Resident Matching Program.

44. PGY2 Candidate Review Committee Responsibilities
   44.1. Review all application packets and assess them using the rubric tool supplied by the RPD.
   44.2. Attendance of all scheduled interviews.
   44.3. Guide candidate rank order list creation.

45. Appeals and Exceptions to the Policy
   45.1. No changes, modifications or exceptions to the policy will be honored without the approval of the Academic Advisory Committee (AAC).
   45.2. All appeals must be submitted to the AAC.
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| Originator: | Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency |
| Replaces:   | BH-PR-203 | Date |
|             |           | 5/16/2012 |
BH-PR-204 - PGY2 Pharmacy Resident Job Description

Subject: PGY2 Pharmacy Resident Job Description

Purpose: To outline the description, qualifications, and responsibilities of a person assuming the role of a PGY2 pharmacy resident at BMC.

46. Description
46.1. The PGY2 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 residency program is supported by the BMC Department of Acute Care Pharmacy Services and administratively operated by the Office of Graduate Medical Education.

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

47. Qualifications
47.1. Residents must have a PharmD from an American College of Pharmacy Education accredited college of pharmacy or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).

47.2. Licensed or eligible for licensure as a pharmacist in the Commonwealth of Massachusetts. (See Policy BH-PR-015 – Failure to Obtain Licensure in the Commonwealth of Massachusetts.)

47.3. Residents must have completed an ASHP-accredited PGY1 pharmacy residency or have a PGY1 exemption granted by ASHP.

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

47.5. Experience with unit-dose and IV admixtures is desirable.

48. Expectations
48.1. Residents’ primary professional commitment must be to the residency program.

48.2. Residents must be committed to the values and mission of the Baystate Health, the Department of Pharmacy Services, and the residency program.
48.3. Residents must be committed to completing the educational goals and objectives established for the program.

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

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

48.6. 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.

49. Responsibilities

49.1. Prior to beginning the residency, the resident will review the program handbook and all of the referenced 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.

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

49.3. Major responsibilities focus on leadership, drug distribution, clinical intervention, educating, training, and continuing education.

49.4. Activities that lead to fulfilling major responsibilities include:

49.4.1. Maintains competency in unique aspects of drug therapy for the patients for which they provide care, including factors related to patients of all age groups.

49.4.2. Provide centralized and decentralized medication distribution services to inpatients

49.4.3. Provide medication therapy management focusing on, but not limited to:

49.4.3.1. Provide controlled utilization of high cost/high risk pharmaceuticals

49.4.3.2. Renal dose adjustment service

49.4.3.3. IV to PO dose conversion service

49.4.3.4. Pharmacokinetic monitoring service

49.4.3.5. Adverse drug event (SRS) monitoring/reporting/prevention

49.4.3.6. Patient home medication review and documentation

49.4.3.7. Prospective patient profile review

49.4.4. Provide pharmaceutical care (in concert with the healthcare team) by:

49.4.4.1. Reviewing patient medication history

49.4.4.2. Educating patients on drug therapy

49.4.4.3. Establishing desired outcomes

49.4.4.4. Assessing patient demographics

49.4.4.5. Developing pharmacotherapeutic plans

49.4.4.6. Determining alternatives for achieving outcomes

49.4.4.7. Developing drug monitoring plans

49.4.4.8. Implementing new drug regimens

49.4.4.9. Monitoring patient outcomes in concert with medication use

49.4.4.10. Documenting medication related issues in patient medical record

49.4.4.11. Interpreting laboratory data in context with medication use

49.4.4.12. Reviewing patient medication profiles and making recommendations for drug therapy management

49.4.4.13. Monitoring and performing pharmacokinetics of drug therapy

49.4.4.14. Monitoring and preventing potential adverse, drug-drug, and drug-food interactions

49.4.4.15. Preventing and monitoring for medication errors

49.4.5. Makes patient care rounds focusing on drug therapy issues.
49.4.6. Concurrently monitors use of biotechnology drugs for compliance with prescribing criteria.
49.4.7. Precepts PharmD clerkship students, and pharmacy residents consistent with academic credentials and clinical experience.
49.4.8. Conducts target drug programs and medication use evaluations as needed and reports results to the Pharmacy and Therapeutics Committee or appropriate subcommittee.
49.4.9. Detects, monitors, documents, and reports adverse drug events (ADEs) and medication errors (MEs).
49.4.10. Promotes the use of a formulary by converting non-formulary orders to formulary when possible, but coordinates procurement of non-formulary drugs when necessary.
49.4.11. Counsels patients on admission and discharge medications as needed.
49.4.12. Participates in the drug therapy management of medical emergencies, responds to Code Blue emergencies and prepares medications as needed.
49.4.13. Facilitates discharge planning and smooth transition to alternate site of care or the outpatient pharmacy.
49.4.14. Maintains and updates a patient profile with demographics, diagnosis, allergies, and current medications.
49.4.15. Discusses medication order clarification with the prescriber, documents any changes in patient and pharmacy records, and informs others of medication order changes.
49.4.16. Checks unit dose medications for accuracy.
49.4.17. Reviews medication orders for appropriateness and checks first dose of IV admixtures and unit dose medications prepared by technicians.
49.4.18. Provides presentations, publications, and other informative activities on drug-related topics to the health care community and general public.
49.4.19. Identifies and acts upon cost avoidance in drug therapy by promoting more cost-effective regimens, drugs, and by reducing waste.
49.4.20. Documents clinical interventions as part of the Pharmacy Services and hospital documentation programs.
49.4.21. Insures proper technique and accurate preparation of all pharmaceutical products, including oral, IV admixtures, chemotherapy, and investigational agents.
49.4.22. Insures the timely and accurate dispensing of drugs and solutions from the pharmacy area.
49.4.23. Responsible for the accurate filling and dispensing of medications orders used by inpatients.
49.4.24. Provides drug information to health care professionals and patients.
49.4.25. Reviews physician orders for possible therapeutic problems, contraindications, interactions, allergies, and formulary status of the drug.
49.4.26. Provides computer order entry for IVs and other computer entry as needed.
49.4.27. Participates in continuing education programs, meetings, training programs, and related activities.
49.4.28. Ensures compliance with controlled substance inventory and distribution.
49.4.29. Is able to practice in a variety of areas within the pharmacy as required by workload.
49.4.30. Participates in patient care unit inspections as assigned.
49.4.31. Provides on call coverage for pharmaceutical care as requested.

50. Patient Population Served
50.1. The resident may provide pharmaceutical care to neonatal, pediatric, adolescent, adult, and geriatric populations.
51. Relationships
51.1. Reports to:
   51.1.1. Pharmacy Residency Program Director
   51.1.2. Preceptors
   51.1.3. Director of Pharmacy Services
   51.1.4. Graduate Medical Education Office
   51.1.5. Faculty Physicians
   51.1.6. Pharmacy Managers
   51.1.7. Pharmacists
51.2. Supervises:
   51.2.1. Pharmacy Technicians
   51.2.2. Pharmacists
   51.2.3. Pharmacy Students

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

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

| Date         | Approved: |  |  |  |
|--------------|-----------|  |  |  |
| 7/1/2019     | Academic Advisory Committee |  |  |  |
| 11/15/2017   | Academic Advisory Committee  |  |  |  |
| 11/16/2011   | PGY2 Steering Committee      |  |  |  |
| 6/20/2012    | Academic Advisory Committee  |  |  |  |

| Date         | Originator: |  |  |  |
|--------------|-------------|  |  |  |
| 6/20/2012    | Adam B. Pesaturo, PharmD, Director of PGY2 Critical Care Pharmacy Residency |  |  |  |

| Date         | Replaces: |  |  |  |
|--------------|-----------|  |  |  |
| 6/20/2012    | BH-PR-204 |  |  |  |
| 6/30/2017    | BH-PR-204 |  |  |  |
BH-PR-205 - PGY2 Residency Project Requirements

Subject: PGY2 Residency Project Requirements

Purpose: To provide structure by which pharmacy residents will conduct successful research/quality improvement (QI) projects.

52. Authorship Issues
   52.1. The Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (International Committee of Medical Journal Editors, November 2003; www.icmje.org) should be utilized in determining authorship for poster presentations and publications (referred to hereafter as final work). In general, each author should have participated sufficiently in the project to take public responsibility for relevant portions of the final work. Minimally, the resident and research advisor should take responsibility for the entire project, from topic identification to final work.
   52.2. Other research collaborators should received credit for authorship only if each of the following criteria is met:
      52.2.1. Substantial contributions to project conception and design, data collection, or data analysis and interpretation;
      52.2.2. Drafting or critically revising the final work; and,
      52.2.3. Final approval of the published work.

53. PGY2 Research/QI Requirements
   53.1. In order to successfully complete the research requirements of the PGY2 residency program, residents will:
      53.1.1. Present their project plan to the Academic Advisory Committee;
      53.1.2. Submit their completed paper/abstract for presentation at a national meeting (prior to the completion of the PGY2 year); those not accepted for national presentation will be submitted to a local or regional meeting;
      53.1.3. Complete a manuscript style report of their project as determined by the resident’s research committee (i.e., report is suitable for publication in the professional literature).
      53.1.4. Comply with all deadlines and major research activities.

54. Research Committee
   54.1. Each PGY2 resident will have their own research committee which is responsible for overseeing the progress of the resident’s research. This research committee will be comprised of, at a minimum:
      54.1.1. Research Advisor – Functions in a dual role as research supervisor and co-principle investigator. Directly oversees the initiation, development, and completion of the research project. Provides official committee responses to proposals and committee updates, as well as other committee communications.
Ultimately responsible for assuring the resident has satisfactory completed the research requirements of the residency program in the prescribed timeframe.

54.1.2. Associate Investigators – Collaborate on the research project itself and serve as a resource for the resident, as they would with any other research undertaking. Also participate in all committee meetings, provide periodic feedback to the resident and committee, critically review the manuscript, and perform any other functions of a collaborator.

54.1.3. Residency Program Director – May serve in merely a committee support capacity, or as an investigator.

55. Research Days

55.1. In order to provide adequate time to meet the research requirements of the program and reflect the role of research in each resident’s distribution of effort, time free from rotation responsibility will be provided.

55.2. This time will not exceed 24 days throughout the residency year, and will be based upon the project needs.

55.3. Time should be distributed such that any rotation experience will not be compromised.

55.4. Rotation preceptors will be responsible for service and resident pager coverage on designated research days.

55.5. Plans for the number and how the research days will be spent must be submitted by the resident to their research committee and corresponding preceptor prior to each rotation onset.

55.6. The suggested maximum allotment of research days is:

- Jul – 1 day
- Aug – 3 days
- Sep – 3 days
- Oct – 2 days
- Nov – 2 days
- Dec – 0
- Jan – 2 days
- Feb – 2 days
- Mar – 3 days
- Apr – 3 days
- May – 2 days
- Jun – 1 day

55.7. Specific dates for research days should be identified no later than the first day of each rotation. Days may be divided into half-blocks (i.e. 4hrs) as needed to best facilitate research progress and minimize rotation compromise.

56. Research Timeline

56.1. A specific timeline for research activities will be developed by the program director each year (example: Appendix A). The timeline will include proposal identification and development, presentations, abstract and manuscript, and committee report deadlines.

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<th>Authorized:</th>
<th>Aaron Michelucci, PharmD, Senior Director, Acute Care Pharmacy Services</th>
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| Replaces: | BH-PR-205 | 6/20/2012 |
Appendix A: Example Project Timeline

- **July**
  - Develop project idea
  - Select advisors
  - Write specific aims and/or hypothesis
  - Draft background for project
  - Complete CITI training
- **August**
  - Develop draft project protocol
  - Review IRB requirements
  - Plan study logistics
  - Identify institutional partners
  - Review with Research Committee
- **September**
  - Finalize protocol
  - Prepare and upload IRB documents
- **October**
  - Submit for IRB approval
  - Begin to investigate processes to obtain patient registry
  - Write Vizient [UHC] Abstract
- **November**
  - Prepare and finalize poster draft for ASHP Midyear (at least 1-2 weeks before Midyear)
  - Finalize logistics for data collection
- **December**
  - Present poster at ASHP Midyear
  - Begin background for manuscript
  - Data collection
  - Plan data analysis strategies
- **January**
  - Data collection
  - Prepare for data analysis
  - Write platform abstract
- **February**
  - Finalize platform abstract and assessment question
  - Data analysis
- **March**
  - Prepare presentation for Eastern States Conference
  - Work on methods for manuscript report
- **April**
  - Practice presentation for Eastern States
  - Work on manuscript report
- **May**
  - Present at Eastern States Conference
  - Work on manuscript report
  - Meet with preceptors to determine what journals to submit manuscript to
- **June**
  - Final edits on manuscript report
  - Manuscript report submission
BH-PR-206 - PGY2 Infectious Diseases Pharmacy Residency Educational Outcomes, Goals, and Objectives

Subject: PGY2 Infectious Diseases Pharmacy Residency Educational Outcomes, Goals, and Objectives

Purpose: The PGY2 Critical Care Pharmacy Residency will use PharmAcademic as a set of processes and tools to assist the program with meeting the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs. The standard requires programs to be designed, conducted, and evaluated using a systems-based approach. Such an approach requires that there be a direct correlation among the expectations of resident performance, the type of instruction provided, and the evaluation of resident performance.

Therefore, the PGY2 Infectious Diseases Pharmacy Residency will use the educational outcomes, goals, and objectives as defined within the PharmAcademic.

Required By PGY2 Standard:

Competency Area R1: Patient Care

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

Objective R1.1.1: (Applying) Interact effectively with health care teams, including microbiologists and infection preventionists, to manage medication therapy for patients with infectious diseases.

Criteria:
- Interactions are cooperative, collaborative, communicative, and respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building.
- Demonstrates advocacy for the patient.
- Effectively contributes pharmacotherapy knowledge and patient care skills as an essential member of the healthcare team.

Objective R1.1.2: (Applying) Interact effectively with infectious diseases patients, family members, and caregivers.

Criteria:
- Interactions are respectful and collaborative.
- Uses effective (e.g., clear, concise, accurate) communication skills.
- Shows empathy.
- Demonstrates cultural competence.
- Maintains accuracy and confidentiality of patients’ protected health information.
• Empowers patients, family members, and caregivers regarding the patient’s well-being and health outcomes.
• Communicates with family members to obtain patient information when patients are unable to provide the information.
• Communicates with patient and family about initiation and changes of patient therapies.
• Utilizes effective motivational interviewing techniques, such as goal setting and identification of barriers for improved health.
• Demonstrate advocacy for caregivers.
• Makes effective use of educational aides.
• Demonstrates appropriate use of personal protective equipment and complies with universal precautions in accordance with organizational policies and procedures.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy for infectious diseases patients.
Criteria:
• Collection/organization methods are efficient and effective.
• Collects relevant information about medication therapy, including:
  o History of present illness.
  o Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
  o Social history. Medication history, including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations.
  o Allergies.
  o Patient assessment (examples include, but are not limited to, physiologic monitoring, laboratory values, microbiology results, diagnostic imaging, procedural results, and scoring systems.)
  o Pharmacogenomics and pharmacogenetic information, if available.
  o Adverse drug reactions.
  o Medication adherence and persistence.
  o Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
• Sources of information are the most reliable available, including electronic, face-to-face, and others.
• Recording system is functional for subsequent problem solving and decision making.
• Clarifies information as needed.
• Displays understanding of limitations of information
• Poses appropriate questions as needed.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.
Criteria:
• Includes accurate assessment of patient’s:
  o Health and functional status.
  o Risk factors.
  o Health data.
  o Cultural factors.
  o Health literacy.
  o Access to medications.
  o Immunization status.
  o Need for preventive care and other services, when appropriate.
  o Other aspects of care, as applicable.
• Identifies medication therapy problems, including:
  o Lack of indication for medication.
  o Medical conditions for which there is no medication prescribed.
  o Medication prescribed or continued inappropriately for a particular medical condition.
  o Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
  o Medication toxicity requiring therapy modification.
  o Abnormal lab values requiring therapy modification.
  o Therapeutic duplication.
  o Adverse drug or device-related events or the potential for such events.
  o Clinically significant drug–drug, drug–disease, drug–nutrient, drug–DNA test interaction, drug–laboratory test interaction, or the potential for such interactions.
  o Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
  o Patient not receiving full benefit of prescribed medication therapy.
  o Problems arising from the financial impact of medication therapy on the patient.
  o Patient lacks understanding of medication therapy.
  o Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
  o Patient assessment needed.
  o Discrepancy between prescribed medications and established care plan for the patient.
  o Allergies

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.
Criteria:
• Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
  o Relevant patient-specific information, including culture and preferences.
  o The goals of other interprofessional team members.
  o The patient’s disease state(s).
  o Medication-specific information.
  o Best evidence, including clinical guidelines and the most recent literature.
  o Effectively interprets new literature for application to patient care
  o Ethical issues involved in the patient's care.
  o Quality-of-life issues specific to the patient. o End of life issues, when needed.
  o Integration of all the above factors influencing the setting of goals.

• Designs/redesigns regimens that:
  o Are appropriate for the disease states being treated.
  o Reflect:
    ▪ Clinical experience.
    ▪ The therapeutic goals established for the patient.
    ▪ The patient’s and caregiver’s specific needs.
    ▪ Consideration of:
      • Any pertinent pharmacogenomic or pharmacogenetic factors.
      • Best evidence.
      • Pertinent ethical issues.
      • Pharmacoeconomic components (patient, medical, and systems resources).
      • Patient preferences, culture, and/or language differences.
      • Patient-specific factors, including physical, mental, emotional, and financial factors that might impact adherence to the regimen.
Drug shortages.
- Patient specific risk factors for resistant pathogens.
- Information obtained in the clinical microbiology laboratory.
  - Adhere to the health system’s medication-use policies.
  - Follow applicable ethical standards.
  - Address wellness promotion and lifestyle modification.
  - Support the organization’s or patient’s insurance formulary.
  - Address medication-related problems and optimize medication therapy.
  - Engage the patient through education, empowerment, and promotion of self-management.
  - Represent the highest level of patient care.
- Designs/redesigns monitoring plans that:
  - Effectively evaluate achievement of therapeutic goals.
  - Ensure adequate, appropriate, and timely follow-up.
  - Establish parameters that are appropriate measures of therapeutic goal achievement.
  - Reflect consideration of best evidence.
  - Select the most reliable source for each parameter measurement.
  - Have appropriate value ranges selected for the patient.
  - Have parameters that measure efficacy.
  - Have parameters that measure potential adverse drug events.
  - Have parameters that are cost-effective.
  - Have obtainable measurements of the parameters specified.
  - Reflects consideration of compliance.
  - Anticipates future drug-related problems.
  - If for an ambulatory patient, includes strategy for ensuring patient returns for needed follow-up visit(s).
  - When applicable, reflects preferences and needs of the patient.
  - Represent the highest level of patient care.

Objective R1.1.6: (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases patients by taking appropriate follow-up actions.
Criteria:
- Effectively recommends or communicates patients’ regimens and associated monitoring plans to relevant members of the health care team. o Poses appropriate questions as needed.
  - Recommendation is persuasive.
  - Presentation of recommendation accords patient’s right to refuse treatment.
  - If patient refuses treatment, pharmacist exhibits responsible professional behavior.
  - Creates an atmosphere of collaboration.
  - Skillfully defuses negative reactions.
  - Communication conveys expertise.
  - Communication is assertive but not aggressive.
  - Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
  - Plan represents the highest level of patient care.
  - Therapy corresponds with the recommended regimen.
  - Regimen is initiated at the appropriate time.
  - Patient receives their medication as directed.
  - Medications in situations requiring immediacy are effectively facilitated.
  - Medication orders are clear and concise.
Activity complies with the health system’s policies and procedures.
Tests correspond with the recommended monitoring plan.
Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems that support medication ordering processes (based on factors such as patient weight, age, gender, comorbid conditions, drug interactions, renal function, and hepatic function).
- Provides thorough and accurate education to patients and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate.
Criteria:
- Accurately and concisely communicates drug therapy recommendations to healthcare professionals representing different disciplines.
- Selects appropriate direct patient care activities for documentation.
- Documentation is clear.
- Documentation is written in time to be useful.
- Documentation follows the health system’s policies and procedures, including requirements that entries be signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to infectious diseases patients. Criteria:
- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Ensures appropriate transitions of care.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and cost-effective manner.
- Determines barriers to patient compliance and makes appropriate adjustments.

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

Objective R1.2.1: (Applying) Manage transitions of care effectively for patients with infectious diseases.
Criteria:
- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.
- Considers outpatient parenteral antimicrobial therapy during transitions.
- Facilitates medication access, as needed.

Goal R1.3: Manage antimicrobial stewardship activities.

Objective 1.3.1: (Analyzing) Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship strategies used by organizations.
Criteria:
- Identifies members necessary for the success of a stewardship program.
- Accurately summarizes the advantages and disadvantages of each core and elective stewardship strategy.
- Effectively analyzes the strengths and deficiencies of the institution’s current stewardship program.
- Demonstrates understanding of the inter-relationship among infection control, microbiology, and antimicrobial stewardship programs.
- Demonstrates understanding of regulatory requirements around antimicrobial stewardship.

Objective 1.3.2: (Applying) Participate in the institution’s antimicrobial stewardship program
Criteria:
- Participates effectively on committees or informal work groups to promote antimicrobial stewardship.
- Participates effectively in activities to optimize anti-infective use consistent with departmental and organizational goals.
- Prioritizes antimicrobial stewardship activities appropriately.
- Communicates stewardship team interventions clearly, accurately, and in a timely manner with the appropriate level of assertiveness.
- Manages conflict effectively.
- Documents activities appropriately.
- Provides education to prescribers, as appropriate.
- Participates in the process to review anti-infective use guidelines and institutional antibiogram consistent with stewardship program, departmental, and organizational goals.
- Demonstrates understanding of the role of automated surveillance and rapid molecular diagnostic technology in optimizing anti-infective use.
- In the clinical microbiology laboratory, demonstrates appropriate use of laboratory methods.

Objective 1.3.3: (Evaluating) Evaluate stewardship program processes and outcomes.
Criteria:
- Understands antimicrobial stewardship metrics and the difference between process and outcomes metrics.
- Demonstrates understanding of effective methodologies for measuring anti-infective use.
- Participates effectively in measuring anti-infective use at the institution.
- Participates effectively in evaluating the stewardship program's impact on anti-infective use, patient outcomes, and healthcare costs.
- Use best practices to identify problems and opportunities for improvements in stewardship activities.

**Competency Area R2: Advancing Practice and Improving Patient Care**

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

Objective R2.1.1: (Creating) Prepare or revise a drug class review or monograph, and treatment guideline or protocol related to care of infectious diseases patients. Guidance: Can include technology-related improvements.

Criteria:
- Displays objectivity.
- Effectively synthesizes information from the available literature.
- Applies evidenced-based principles.
- Consults relevant sources.
- Considers medication-use safety and resource utilization.
- Uses the appropriate format.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- When appropriate, may include proposals for medication-safety technology improvements.

Objective R2.1.2: (Applying) Participate in the review of medication event reporting and monitoring related to care of infectious diseases patients.

Criteria:
- Effectively uses currently available technology and automation that supports a safe medication-use process.
- Appropriately and accurately determines, investigates, and reports, adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and programs.

Objective R2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system related to care for patients with infectious diseases.

Criteria:
- Identifies problems and opportunities for improvement and analyzes relevant background data.
- Evaluates data generated by health information technology or automated systems to identify opportunities for improvement.
- Utilizes best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice standards, guidelines, and other evidence (e.g., National Quality Measures, Institute for Safe Medication Practices alerts, Joint Commission sentinel alerts).

Goal R2.2: Demonstrate ability to conduct a quality improvement or research project.
Objective R2.2.1: (Analyzing) Identify and/or demonstrate understanding of a specific project topic to improve patient care related to care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
Criteria:
- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determines an appropriate topic for a practice-related project of significance to patient care.
- Uses best practices or evidence-based principles to identify opportunities for improvements.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan or research protocol for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
Criteria:
- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Plan for improvement includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question that can be realistically addressed in the desired time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals and resources (e.g., IRB, funding) for a practice-related project.
- Plan design is practical to implement and is expected to remedy or minimize the identified challenge or deficiency.

Objective R2.2.3: (Evaluating) Collect and evaluate data for a practice quality improvement or research project related to the care of patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
Criteria:
- Collects the appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Develops and follows an appropriate research or project timeline.
- Correctly identifies need for additional modifications or changes to the project.
- Accurately assesses the impact of the project, including its sustainability, using operational, clinical, economic, and/or humanistic outcomes of patient care.
- Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
• Considers the impact of the limitations of the project or research design on the interpretation of results.
• Accurately and appropriately develops plan to address opportunities for additional changes.
• Appropriately follows data security and HIPAA guidelines.

Objective R2.2.4: (Applying) Implement quality improvement or research project to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
Criteria:
• Creates and adheres to established timeline and milestones.
• Implements the project as specified in its design.
• Effectively presents plan to appropriate audience.
• Plan is based on appropriate data.
• Gains necessary commitment and approval for implementation.
• Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties, if applicable.
• Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders, if applicable.
• Participates in plan for project results and/or recommendations to be implemented for health system, if applicable.

Objective R2.2.5: (Evaluating) Assess changes or need to make changes to improve patient care related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy.
Criteria:
• Outcome of change is evaluated accurately and fully, if applicable.
• Includes operational, clinical, economic, and humanistic outcomes of patient care.
• Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
• Correctly identifies need for additional modifications or changes.
• Accurately assesses the impact of the project, including its sustainability (if applicable).
• Effectively and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.6: (Creating) Effectively develop and present, orally and in writing, a final project report suitable for publication related to care for patients with infectious diseases or topics related to advancing the pharmacy profession or infectious diseases pharmacy at a local, regional, or national conference. (The presentation can be virtual.)
Criteria:
• Outcome of change is reported accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
• Report includes implications for changes to or improvement in pharmacy practice.
• Report uses an accepted manuscript style suitable for publication in the professional literature.
• For oral presentations, presented to appropriate audiences within the department and organization or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.
• Demonstrates understanding of the potential benefits, to the practitioner and the profession, of contributing to the infectious diseases pharmacy literature.
• Demonstrates the ability to effectively critique one’s own, and other’s articles (perform peer review).
Goal R2.3: Manage and improve anti-infective-use processes.

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

Criteria:
- Includes appropriate elements and information in a comparative review for an anti-infective.
- Uses appropriate resources in the preparation of an anti-infective comparative review.
- Uses effective communication skills using a format suitable for the P & T committee.

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

Criteria:
- Contributions are evidence-based.
- Contributions are collaborative.
- Contributions are timely.

**Competency Area R3: Leadership and Management**

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

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

Criteria:
- Identifies, and overcomes, barriers to the infectious diseases pharmacist for earning credibility with members of the infectious diseases team.
- Identifies and discusses promotion of the infectious diseases pharmacist within an organization.

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

Objective R3.2.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership in the provision of care for infectious diseases patients.

Criteria:
- Demonstrates effective time management.
- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead inter-professional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

Objective R3.2.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of care for infectious diseases patients.

Criteria:
- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
Effectively engages in self-evaluation of progress on specified goals and plans.
Demonstrates ability to use and incorporate constructive feedback from others.
Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

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

Objective R3.3.1: (Applying) Contribute to management of infectious diseases-related policies and issues.
Criteria:
- Helps identify and define departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.
- Effectively leads small work groups focused on specific issues.
- Effectively leads committees.
- Ensures continuity of implementation of policies throughout the organization.
- Acts as effective liaison for infection control groups.
- Acts as effective quality control group liaison.
- Effectively participates in infectious diseases advocacy in a regional or national organization.

Objective R3.3.2: (Applying) Manage one’s own infectious diseases practice effectively.
Criteria:
- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one’s own practice.
- Makes accurate, criteria-based assessments of one’s own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a “can-do” approach.
- Strives to maintain a healthy work–life balance.
- Works collaboratively within the organization’s political and decision-making structure.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, plans to pursue board certification, and participation in pharmacy association membership activities.
- Demonstrates personal commitment to and adherence to organizational and departmental policies and procedures.

**Competency Area R4: Teaching, Education, and Dissemination of Knowledge**
Goal R4.1: Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities related to care of patients with infectious diseases.

Criteria:
- Accurately defines educational needs with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient).
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences’ defined learning needs.
- Plans use of teaching strategies that match learner needs including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely, and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to care of patients with infectious diseases.

Criteria:
- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of “um” and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visual aids and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge related to care of patients with infectious diseases.

Criteria:
- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance readers’ understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, the public).
- Creates one’s own work and does not engage in plagiarism.

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education related to care of patients with infectious diseases.

Criteria:
- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
• If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
• Determines how well learning objectives were met.
• Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
• Identifies ways to improve education-related skills.
• Obtains and reviews feedback from learners and others to improve effectiveness as an educator.

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

Objective R4.2.1: (Analyzing) When engaged in teaching related to care of patients with infectious diseases, select a preceptor role that meets learners’ educational needs.
Criteria:
• Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating) as follows:
  o Selects direct instruction when learners need background content.
  o Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.
  o Selects coaching when learners are prepared to perform a skill under supervision.
  o Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills related to care of patients with infectious diseases.
Criteria:
• Instructs students, technicians, or others as appropriate.
• Models skills, including “thinking out loud,” so learners can “observe” critical-thinking skills.
• Coaches, including effective use of verbal guidance, feedback, and questioning as needed.
• Facilitates, when appropriate, by allowing learner independence and using indirect monitoring of performance.

Competency Area E1: Academia

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

Objective E1.1.1: (Understanding) Demonstrates understanding of key elements of the academic environment and faculty roles within it.
Criteria:
• Accurately describes expectations of public and private schools of pharmacy for teaching, practice, research, and service.
• Demonstrates understanding of relationships between scholarly activity and teaching, practice, research and service.
• Accurately describes the academic environment (e.g., how administration decisions and outside forces impact faculty).
• Accurately describes faculty roles and responsibilities.
• Accurately describes the types and ranks of faculty appointments.
• Demonstrates understanding of the role and implications of part-time and adjunct faculty.
• Accurately describes the complexity of the promotion and/or tenure process.
• Accurately explains the role and influence of faculty in the academic environment.
• Accurately identifies resources available to help develop academic skills.
• Accurately identifies and describes ways that faculty maintain balance in their roles.
• Accurately describes typical affiliation agreements between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).

Goal E1.2: Exercise case-based and other teaching skills essential to pharmacy faculty.

Objective E1.2.1: (Applying) Develop and deliver cases for workshops and exercises for laboratory experiences.
Criteria:
• Identifies the appropriate level of case-based teachings for small group instruction.
• Identifies appropriate exercises for laboratory experiences.
• Provides appropriate and timely feedback to improve performance.

Objective E1.2.2: (Evaluating) Compare and contrast methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.
Criteria:
• Accurately evaluates physical and attitudinal methods to prevent academic dishonesty.
• Accurately describes methods of responding to incidents of academic dishonesty.
• Accurately explains the role of academic honor committees in cases of academic dishonesty.
• Identifies examples and methods to address unprofessional behavior in learners.
• Accurately describes copyright regulations as related to reproducing materials for teaching purposes.
• Accurately describes copyright regulations as related to linking and citing on-line materials.

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

Objective E1.3.1: (Creating) Develop or update a teaching philosophy statement.
Criteria:
• Teaching philosophy includes:
  o Self-reflection on personal beliefs about teaching and learning;
  o Identification of attitudes, values, and beliefs about teaching and learning; and,
  o Illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.
  o If updating, reflect on how one’s philosophy has changed.

Objective E1.3.2: (Creating) Prepare a practice-based teaching activity.
Criteria:
• Develops learning objectives using active verbs and measurable outcomes.
• Plans teaching strategies appropriate for the learning objectives.
• Uses materials that are appropriate for the target audience.
• Organizes teaching materials logically.
• Plans relevant assessment techniques.
• When used, develops examination questions that are logical, well-written, and test the learners’ knowledge rather than their test-taking abilities.
• Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
• Ensures activity is consistent with learning objectives in course syllabus.

Objective E1.3.3: (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.
Criteria:
• Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
• Uses effective skills in facilitating small and large groups.
• Development of experiential activities include the following:
  o Organizes student activities (e.g., student calendar);
  o Effectively facilitates topic discussions and learning activities within the allotted time;
  o Effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes);
  o Effectively assesses student performance; and,
  o Provides constructive feedback.

Objective E1.3.4: (Creating) Effectively document one’s teaching philosophy, skills, and experiences in a teaching portfolio.
Criteria:
• Portfolio includes:
  o A statement describing one’s teaching philosophy;
  o Curriculum vitae;
  o Teaching materials including slides and other handouts for each teaching experience;
  o Documented self-reflections on one’s teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement;
  o Peer/faculty evaluations; and,
  o Student/learner evaluations.

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

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

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<tr>
<td>Erica Housman, PharmD, Director of PGY2 Infectious Diseases Pharmacy Residency</td>
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