



**Baystate
Medical Center**



PGY1 Community Pharmacy Residency

BH-PR-400 Community Based Pharmacy Residency Training Program Purpose and Mission Statement

The ASHP/APhA PGY1 Community Based Pharmacy Residency Program's purpose is to build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.

The Baystate Medical Center PGY1 Community Based Pharmacy Residency Program further builds upon the ASHP/APhA purpose to develop clinical pharmacists into the four areas of: Academia, Transitions of Care, Ambulatory Care, and Specialty Pharmacy within a home base embedded in a 780 bed academic medical center servicing patients within 2 federally qualified health centers.

The mission of the PGY1 Community Based Pharmacy Residency 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 quality improvement.

The Baystate Medical Center Department of Out-Patient 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 Out-Patient 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 goals and objectives of the ASHP requirements for each program

Approved: Jason Cross, PharmD, BCPS, BCACP PGY 1 Community Based Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 5/28/2021



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BH-PR-401 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 (Program Required)

- 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. Option to come in for the day and work on QI project or educational duties
- 3.4. Refer to Baystate Health Human Resources policy BH-HR-302

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.

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, "Support for Professional Expenses for Resident."
 - 5.3.2. Funding for residents is determined each year as part of the budget process. PGY-1 pharmacy residents are allocated up to \$2700 per resident per academic year.
 - 5.3.3. Additional assistance is available to residents in the form of support for materials necessary to attend meetings (i.e., poster printing, business cards, etc.).



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6. Notes

- 6.1. Time off requests must be submitted to the Manager of Retail and Ambulatory Rx Services in advance, all involved preceptors and RPD/ARPD 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
- 6.2. A resident may not be absent from rotation for $\geq 25\%$ of each individual longitudinal experiences in a quarter, 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.
- 6.3. 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.
- 6.4. 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.
- 6.5. Residents should have 10 hours free of duty between scheduled duty periods, and will have a minimum 8 hours between scheduled duty periods.
- 6.6. 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.
- 6.7. Any deviation from this policy must be approved by the Academic Advisory Committee.

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



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PGY1 Community Pharmacy Residency BH-PR-402 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. 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:

1. Personal and Professional Responsibility for Patient Safety
 - 1.1. 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.
 - 1.2. 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.
 - 1.3. 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.
 - 1.4. If the program implements any type of on-call programs, there will be a written description that includes:
 - 1.4.1. 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
 - 1.4.2. Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.
 - 1.5. 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.
2. Maximum Hours of Work per Week and Duty Free Times
 - 2.1. 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.
 - 2.2. 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.
 - 2.2.1. All moonlighting hours will be counted towards the 80-hour maximum weekly duty hour limit.



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- 2.2.2. Residents will inform the residency program directors of their requested moonlighting hours.
 - 2.2.3. 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.
 - 2.2.4. 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.
 - 2.3. 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.
 - 2.4. Residents should have 10 hours free of duty between scheduled duty, and will have a minimum 8 hours between scheduled duty periods.
 - 2.5. 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.
3. Maximum Duty Period Length
 - 3.1. 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.
 - 3.2. In-House Call Programs
 - 3.2.1. Residents will not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 - 3.2.2. 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.
 - 3.3. At-Home or other Call Programs
 - 3.3.1. At-home call will not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - 3.3.2. 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.
 - 3.3.3. Program directors will define the level of supervision provided to residents during at-home or other call.



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- 3.3.4. 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.
- 3.3.5. 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.
- 3.3.6. The frequency of at-home call will satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.

Baystate Medical Center Specific Duty Hours Policy

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

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



PGY1 Community Pharmacy Residency
BH-PR-403 Moonlighting by Community 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 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.
 - 2.2.1. Resident will notify the program director and rotation preceptor via e-mail when scheduling moonlighting activities at Baystate Health or any external site.
 - 2.2.2. The resident must receive permission from their program director and rotation preceptor via e-mail for all individual moonlighting occurrences at Baystate Health or any external site.
- 2.3. Moonlighting is prohibited during resident duty hours Monday thru Friday from the hours of 0700 to 1700, excluding weekday holidays and during scheduled weekend hours.
- 2.4. Residents may not moonlight in association with a service with which they are currently having a residency experience/rotation. Moonlighting experiences may not eclipse residency rotation experiences.

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



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**PGY1 Community Pharmacy Residency
BH-PR-404 Outpatient 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 Community residents are required to staff an average of 15.3 hours weekly. Residents will do this by working one day every third weekend (Sunday's most likely), one 4 hour evening shift each week, and 8 hour ED shift (urgent care fast track).
2. A basic staffing training/orientation will occur during the first three months of the PGY1 Community 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 a orientation (staffing) checklist
3. Residents WILL NOT be utilized as "sick out" replacements for the regular clinical staff.
4. In the event that the Resident is unable to meet their staffing requirements for the week, the Resident is required to work with the Senior Manager of Retail and Ambulatory Rx Services to make up the hours.
5. The New Staff Orientation/Training Checklist will be distributed and completed during orientation.

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



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BH-PR-405 Residency Program Disciplinary Action and Dismissal from Program

Purpose

To establish a standardized procedure for disciplinary action and dismissal of PGY1 Community 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.

Disciplinary action will be initiated if a resident:

- Does not follow policies and procedures of the BH Retail and Ambulatory 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

Resident Disciplinary Action

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

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 25 AAC 7/2019 the resident's personnel file. Failure to complete steps within the second corrective action plan will result in dismissal.



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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 Director of Retail and Ambulatory Pharmacy Services

Resident Dismissal from Program

Evaluation of the resident's process in completing the requirements is done as part of the quarterly review process. The Academic Advisory Committee will determine collectively when performance is an issue and develop a work plan accordingly. If performance continues to be an issue and the established work plan is not adhered to, the resident may be released as recommended by the Academic Advisory Committee, and Chief Pharmacy Officer in accordance with [Baystate Health HR 804 "Corrective Action."](#)

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



PGY1 Community Pharmacy Residency
BH-PR-406 Pharmacist Preceptor Responsibilities

Purpose

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

Description

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

Appointment or Selection of Residency Program Preceptors

1. RPD will appoint and develop pharmacy staff to become preceptors for the program.
 - 1.1. This policy outlines criteria for preceptors.

PGY1 Preceptor Eligibility

2. The preceptor will meet the requirements for qualification set forth by the residency standards.
 - 2.1. Pharmacist licensed in the Commonwealth of Massachusetts
 - 2.2. 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.

Preceptor Qualifications

3. Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following six areas:
 - 3.1. 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;
 - 3.2. The ability to assess residents performance;
 - 3.3. Recognition in the area of pharmacy practice for which they serve as preceptors;
 - 3.4. An established, active practice in the area for which they serve as preceptor;
 - 3.5. Maintenance of continuity of practice during the time of residents' learning experiences; and,
 - 3.6. Ongoing professionalism, including a personal commitment to advancing the profession.

Preceptors' Responsibilities

4. Preceptors serve as role models for learning experiences. They must;
 - 4.1. Contribute to the success of residents and the program;
 - 4.2. Provide learning experiences in accordance with the ASHP Standard;



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- 4.3. Participate actively in the residency program's continuous quality improvement processes;
- 4.4. Demonstrate practice expertise, preceptor skills, and strive continuously improve;
- 4.5. Adhere to residency program and department policies pertaining to residents and services; and,
- 4.6. Demonstrate commitment to advancing the residency program and pharmacy services.

Preceptor in Training Qualifications

5. 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:
 - 5.1. be assigned an advisor or coach who is qualified preceptor
 - 5.2. have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Non-pharmacist preceptors

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

Documentation of Qualifications

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

Preceptor Responsibilities to Learning Experiences

8. The preceptor will meet with the resident at the beginning of the rotation. At this time, the preceptor will:
 - 8.1. Supply or direct the resident to the learning experience description for the rotation.
 - 8.2. Discuss the preceptor's specific goals and objectives for the resident throughout the rotation.
 - 8.3. Assess the resident's baseline knowledge, previous experience, and aptitude; based on these parameters, goals and objectives shall be modified accordingly.
 - 8.4. Develop an understanding of the resident's specific goals, interests, and expectations for the rotation.



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- 8.5. 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.
- 8.6. Coverage issues related to the service should be addressed proactively with appropriate faculty, hospital staff, and appropriate arrangements made.
9. Throughout the rotation the preceptor will interact with the resident, providing guidance, assistance, advice, and supervision.
10. The preceptor will provide ongoing, criteria-based formative feedback regarding the resident's progress.
 - 10.1. 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.
 - 10.2. 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.
 - 10.3. 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.
 - 10.4. 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.
11. 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.
12. 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.
13. The following accommodations shall be required during the time of preceptor absence:



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- 13.1. 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.
 - 13.2. 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.
14. 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.
- 14.1. Descriptive action plan for any preceptor evaluation score other than a 1 on the majority of each evaluation question (i.e., if a preceptor had four residents throughout the year and for the evaluation "The preceptor was a pharmacy practice role model" three residents gave a score of '2' and one resident gave a score of '1', the preceptor would be required to include an action plan to improve this quality.
 - 14.2. As a result of this annual review each preceptor's status will be renewed as either "Preceptor Status" or "Probation Status."
 - 14.3. "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.

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



PGY1 Community Pharmacy Residency
BH-PR-408 Preceptor Development

Purpose

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

Note: see also BH-PR-406 Pharmacist Preceptor Responsibilities

7. Qualifications of a Preceptor

Baystate PGY1 Community Pharmacy Residency will follow the standards established by ASHP found on www.ASHP.org.

8. Documentation of Qualifications

Pharmacists seeking to become a residency preceptor and existing pharmacist preceptors must complete the ASHP Academic and Professional Record form *annually* and submit it to the BMC Academic Leadership Team.



ASHP Academic
Professional Record F

9. Annual Survey

9.1. Pharmacist preceptors must complete the preceptor self-assessment survey annually and submit it to RPD and Assistant RPD.



ASHP Preceptor Self
Assessment

9.2. The AAC will meet the month following collection of the survey to discuss its results.

9.2.1. The results of the survey will identify an area of preceptor development that needs to be addressed before the next academic year.

9.2.2. The AAC will determine an action plan to improve the results of the annual survey

9.3. The progress of the action plan shall be discussed at the monthly AAC meeting at least once per quarter.

9.4. Before another survey can be circulated, the outcomes of the previous year's action plan needs to be evaluated by the BMC Academic Leadership Team.

10. Required Education for Pharmacist Preceptors

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

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



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10.2.1. At least **2 qualifying credits/year** from the Preceptor Development

Educational List

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

10.2.2. At least **3 qualifying credits/year** from the Preceptor Development

Interactive List

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

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer Date: 7/1/20



PGY1 Community Pharmacy Residency
Appendix A: Education Opportunities for Preceptor Development

Online

1. *Drake University: Preceptor Development Modules (CE program)*
<http://www.theceinstitute.org>
 - Preceptor Development- Core Requirements (2 hr CE)
 - College Mission and Assessment Tools/ Role of the Preceptor/ Developing your rotation/ Giving Experiential Students Constructive Feedback
 - Developing and Implementing an Introductory Pharmacy Practice Experience (1 hr CE) (Select 'Register' next to the program titled "Preceptor Development Core Requirements". When prompted to pay, enter the prepaid code TEACH (all caps) to register at no charge)
2. *Pharmacist's Letter Preceptor Training CE (under Preceptor Home)*
www.pharmacistletter.com
3. *The Community Pharmacist Preceptor Education Program developed by APhA and NACDS (3 hrs CE)*
 - Go to www.nacdsfoundation.org and click on "CE Center." Click the "Register" link on the top left of the page. Fill out the registration form completely.
 - Click the "Submit" button at the bottom of the page to complete your registration. Click the "Distance CE" link and then click "The Community Pharmacist Preceptor Education Program" link. Click on "Enroll in this Distance CE." Follow the online instructions, complete the online assessment and evaluations, and receive your Statement of Credit.

Conferences/Courses

1. *ASHP Residency Learning System (RLS) Workshops*
www.ashp.org/meetings/preceptors
 - RLS is a way of thinking about training in pharmacy residencies based on systems thinking.
 - ASHP National Preceptors Conference: Offered every year in Washington D.C.
 - ASHP Clinical Midyear Meeting: Offered every year (December)
2. *Eastern States Residency Conference*
<http://www.easternstates.org/>
 - Preceptor Development Pre-Conference Workshops (Annually in May)
 - RLS course offered pre-meeting
3. *Other National Meetings*
 - ASHP Midyear Clinical Meeting (December)
 - ACCP Annual Clinical Meeting (October)



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Readings related to Teaching

1. *ASHP Web site Residency Learning System (RLS) and Residency Standards:*
<http://www.ashp.org/menu/Accreditation/ResidencyAccreditation.aspx>
2. Teaching and Learning Resources from American College of Clinical Pharmacy (ACCP):
<http://www.accp.com/strteach.php>



PGY1 Community Pharmacy Residency

BH-PR-409 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.

1. The non-pharmacist preceptor will meet the following requirements for qualification:
 - 2.5. Non-pharmacist preceptors must currently hold an appropriate license within the Commonwealth of Massachusetts.
 - 2.6. 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.
 - 2.6.1. Non-pharmacist preceptors must have a minimum of five years of experience and licensure in the area of practice for which they serve as preceptors.
 - 2.7. Non-pharmacist preceptors must have a record of contribution and commitment to practice within the organization characterized by the following:
 - 2.7.1. Documented record of improvements in and contributions to the respective area of practice (e.g., implementation of a new service, active participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
 - 2.7.2. Formal recognition by peers as a model practitioner (e.g., board certification, awards).
 - 2.7.3. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).
 - 2.8. Non-pharmacist preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating). Further, preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills.
2. For the PGY1 Community pharmacy residency program, a non-pharmacist preceptor may only admit a pharmacy resident to their rotation during the final six months.
 - 2.1 Ultimately the PGY1 Community pharmacy resident needs to demonstrate a level of competence that permits preceptor oversight by someone other than a pharmacist prior to commencing a rotation guided by a non-pharmacist.
 - 2.2 Prior to starting any rotation offered by a non-pharmacist, the Academic Advisory Committee (AAC) must agree that the PGY1 Community pharmacy resident has received enough instruction and modeling of pharmacy practice and that their rotation evaluations reflect such readiness.
 - 2.3 A PGY1 Community pharmacy resident may choose to request permission to select a non-pharmacist preceptor's rotation prior to the six month mark through a formal



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request to the AAC. The AAC will then decide if the PGY1 Community resident is ready for the experience and that all documentation up to that point would reflect such readiness.

3. The non-pharmacist preceptor will meet with the resident at the beginning of the rotation. At this time, the preceptor will:
 - 3.1 Discuss the preceptor's specific goals and objectives for the resident throughout the rotation.
 - 3.2 Assess the resident's baseline knowledge, previous experience, and aptitude; based on these parameters, goals and objectives shall be modified accordingly.
 - 3.3 Develop an understanding of the resident's specific goals, interests, and expectations for the rotation.
 - 3.4 Review the resident's portfolio during the first week of the rotation.
 - 3.5 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.
 - 3.6 Coverage issues related to the service should be addressed proactively with appropriate faculty, hospital staff, and appropriate arrangements made.
4. Throughout the rotation the non-pharmacist preceptor will interact with the resident, providing guidance, assistance, advice, and supervision.
5. The expectation of non-pharmacist preceptor interaction with the resident will involve more coaching and facilitating rather than instructing and modeling. However, the preceptor may deviate from this expectation if they so choose.
6. The non-pharmacist preceptor will provide ongoing feedback regarding the resident's progress. A formal mid-point evaluation will be considered optional (written or verbal), provided there is ongoing assessment and communication with the resident throughout the rotation.
7. If problems arise during the rotation that impairs communication between the preceptor and resident, the Residency Program Director shall serve as the liaison for assistance in the matter.
8. The following accommodations shall be required during the time of preceptor absence:
 - 8.1 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.
 - 8.2 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.



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9. Upon completion of the rotation, the non-pharmacist preceptor shall complete a PharmAcademic™ resident evaluation form with the assistance of the RPD. This form is to be discussed with the resident before its submission to the RPD on the last day of the rotation. This expectation corresponds to the evaluation procedure followed by the resident at the end of each month.
10. 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 AAC for further review. The AAC committee will then decide upon further action if necessary.

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



PGY1 Community Pharmacy Residency
BH-PR-410 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. PGY1 Community 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 Community 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.

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



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**PGY1 Community Pharmacy Residency
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



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PGY1 Community Pharmacy Residency

BH-PR-411 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.

Description

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.

Procedure

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 first day of the fourth month due to failure of the NAPLEX, the resident will be scheduled for a remediation rotation focusing on Pharmacy Practice with the schedule developed on the resident needs by the Academic Advisory Committee. 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 out-patient staffing rotation.
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: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 3/25/21



PGY1 Community Pharmacy Residency
**BH-PR-412 Guidelines for Evaluation of PGY1 Community Pharmacy Residency
Candidates**

*****Note: due to COVID-19 Baystate Medical Center requires all residency candidates to be interviewed virtually for the recruiting year of 2021-2022.**

Purpose

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

Guidelines:

It is the goal of the BMC PGY1 Community 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 Community 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:
 - Completed PhORCAS application
 - Valid school of pharmacy transcript
 - (3) Letters of reference submitted within reference section on PhORCAS
 - Letter of intent
 - Curriculum Vitae
 - Completed "applicant's questionnaire" (**Appendix A**)
- * Exceptions will be made for transcripts and letters of recommendation that are not uploaded by the deadline as this is not controllable by the candidate.
2. Once the application deadline has passed, the Academic Advisory Committee (AAC) will review the application packets.
 - 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.
 - 2.2 Residency applicants must be a United States Citizen or have permanent legal residency (green card) in the United States.
 - 2.3 Residency applicants must be licensed or eligible for licensure as a pharmacist in the Commonwealth of Massachusetts. See policy Failure to Obtain Pharmacist Licensure in the Commonwealth of Massachusetts.



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2.4 Residency applicants must be able to commit to twelve months of training and understand that the program is a full-time practice commitment.

3. Only residency applicants who have a GPA ≥ 2.75 will be qualified for further consideration.
4. Selection for an onsite interview includes the rating of applicants after compilation of an application rubric score (**Appendix B**) that evaluates the following criteria:
 - Written communication and motivation (20% of rubric score)
 - Curriculum vitae (leadership, service, awards, work experience, publications) (30% of rubric score)
 - Letters of reference (30% of rubric score)
 - Transcript (GPA before APPE rotations) (20% of rubric score)
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.



PGY1 Community Pharmacy Residency

- 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.

10. 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; 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:
 - Completed PhORCAS application
 - Valid school of pharmacy transcript
 - (3) Letters of reference submitted within reference section on PhORCAS
 - Letter of intent
 - Curriculum Vitae
2. Once the application deadline has passed, the RPD will review the application packets.
 - 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.



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- 2.2 Residency applicants must be a United States Citizen or have permanent legal residency (green card) in the United States.
 - 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.
 - 2.4 Residency applicants must be able to commit to twelve months of training and understand that the program is a full-time practice commitment.
3. Only residency applicants who have a GPA ≥ 3.1 will be qualified for further consideration.
 4. 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:
 - Written communication and motivation (20% of rubric score)
 - Curriculum vitae (leadership, service, awards, work experience, publications) (30% of rubric score)
 - Letters of reference (30% of rubric score)
 - Transcript (GPA before APPE rotations) (20% of rubric score)
 5. 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.
 6. 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.
 7. 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.
 8. 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.



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9. 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: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



Baystate
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PGY1 Community Pharmacy Residency



Appendix A- Applicant's Questionnaire for PGY1 COMMUNITY Pharmacy Residents

**Baystate Medical Center
Department of Pharmacy
Applicant's Questionnaire for PGY1 COMMUNITY 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**.



PGY1 Community Pharmacy Residency

Appendix B—PGY1 COMMUNITY Pharmacy Residency Candidate Interview Rubric

BMC PGY1 COMMUNITY Pharmacy Residency Applicant Interview Candidate Rubric

Applicant Name: _____

	Letter of Intent and Applicant's Questionnaire (20%)			
Performance Area	3-Excellent	2 - Good	1 - Satisfactory	0 - Poor
Written Communication Score: _____	Perfect spelling, grammar and sentence structure. Very engaging writing style with varied vocabulary.	Appropriate spelling, grammar, and sentence structure throughout. Theme is well-developed and easy to follow.	Minor spelling, grammar, or sentence structure errors. Theme is apparent and able to be followed.	Distracting spelling, grammar, or sentence structure errors. Theme is not apparent.
Motivation Score: _____	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	Motivated to actively contribute to patient care and personal goals. Specific goals for the future are included.	Motivation evident. Vague goals for the future included.	No evidence of motivation or goals for the future.
	Curriculum Vitae and Applicant's Questionnaire (30%)			
Performance Area	3-Excellent	2 - Good	1 - Satisfactory	0 - Poor
Leadership Score: _____	Holds an office in a student pharmacy or community organization at Chair/President or Vice Chair/Vice President	Holds an office in a student pharmacy or community organization below Chair/President or Vice Chair/Vice President (i.e. secretary, treasurer, etc.)	Participant in a student pharmacy organization.	No leadership roles evident.
Service Activities Score: _____	Participated in multiple service activities (>1) during professional pharmacy academic years and the applicant demonstrated a leadership role in at least one (organizer, director, etc.).	Active participation in > 4 unique service activities during professional pharmacy academic years with no demonstrated leadership role.	Active participation in at 1 to 4 service activities during professional pharmacy academic years with no demonstrated leadership role.	No service activities during professional pharmacy academic years.
Performance Area	3-Excellent	2 - Good	1 - Satisfactory	0 - Poor
Awards (Excludes "Deans List" and "Rho Chi") Score: _____	National recognition (i.e. ASHP skills competition winner)	Regional recognition (i.e. MSHP)	Local recognition (i.e. local scholarships, PLS, local ASHP skills comp. winner)	No awards
Work Experience Score: _____		Licensed Pharmacist in Retail or Hospital related pharmacy	Consistent pharmacy or non-pharmacy related work experience (>1yr)	No work experience OR sporadic work experience
Publications	Publication in a peer-reviewed journal	Regional or national poster or	Newsletter/monograph, etc. related to candidate's	No publications, poster presentations,



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Score: _____		presentation; organizational newsletter (ex: MSHP).	institutional/local Pharmacy employment experience	or manuscripts outside of normal APPE requirements (i.e. Grad poster at MCPHS)
Letters of Reference (30%)				
Performance Area	3-Excellent	2 – Good	1 – Satisfactory	0 – Poor
Letter of Reference #1 Score: _____ Letter of References #2 Score: _____ Letter of Reference #3 Score: _____ Average of all 3 letters: _____ (max value is 3) (Less than 3 letters, applicant should have score of zero averaged in with other letters) (More than 3 letters, at the review committee's discretion of which letters to include to be averaged)	<ul style="list-style-type: none"> Referee indicates 'highly recommends' with multiple specific examples to the candidate's motivation, patient care abilities, teamwork, etc. Referee has had significant interaction with the applicant (APPE rotation plus project, poster, publication, longitudinal APPE experiences or classroom interactions). Referee is Baystate Health preceptor who indicates "highly recommends" and had student for at least one APPE rotation. 	<ul style="list-style-type: none"> Referee indicates 'highly recommends' but contains little to no specific documentation supporting the recommendation. Referee had limited interaction with the applicant such as one APPE rotation. 	<ul style="list-style-type: none"> Referee indicates 'recommends' Letter contains positive comments but is vague or generic in nature. Letter contains positive comments but indicates that applicant has specific areas of improvement required for success in a residency program. 	<ul style="list-style-type: none"> Referee indicates 'recommends with reservation' and/or letter expresses concern about the applicant's ability to be successful in a residency program. OR Letter of reference is written by someone who works in a field unrelated to pharmacy practice or healthcare.
Transcripts (20%)				
Performance Area	3-Excellent	2 – Good	1 – Satisfactory	0 – Poor
GPA Before APPE Rotations Score: _____	3.67-4.0	3.34-3.66 College of Pharmacy without GPA: Pass & Rho Chi OR High Pass	3.0 – 3.33 College of Pharmacy without GPA: Pass	2.75 – 2.99 College of Pharmacy without GPA: Fail Note: GPA < 2.75 automatically eliminates applicant

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

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



PGY1 Community Pharmacy Residency

Appendix C—PGY1 COMMUNITY Pharmacy Residency Candidate Rank Worksheet

Applicant Rank Worksheet:

APPLICANT NAME:

Definitions	
<i>Excellent</i>	2
<i>Satisfactory</i>	1
<i>Poor</i>	0

Interview Rubric:

Excellent: Gives examples of ideal answers

Satisfactory: Gives examples of acceptable answers

Poor: Gives examples of poor answers

Principle/ Capability	Model/ Indicators	Level of Evidence
Group 1:		
Communication	<ul style="list-style-type: none"> ➤ Establishes open lines of communication. ➤ Confronts and resolves conflict directly with affected individuals. ➤ Establishes clear goals, responsibilities, and accountability. ➤ Holds no grudges and has no personal agendas, but disagrees when appropriate. ➤ Listens actively and speaks directly/simple. ➤ Values humor. 	
Integrity	<ul style="list-style-type: none"> ➤ Adheres to high standards of ethics and quality. ➤ Is congruent in actions and values. ➤ Considers community, patient, and employees impact when making decisions. ➤ Preserves the trust of all BHS stake holders. ➤ Commits to do the right thing, and urges others to do the same. ➤ Supports entrepreneurship and creativity. ➤ Maintains focus and drive to execute strategy. ➤ Accepts and learns from failure. ➤ Is a change agent. ➤ Commits to and embraces diversity. ➤ Is a steward of the organization’s resources 	
MCPHS and WNE Faculty:		
Trust	<ul style="list-style-type: none"> ➤ Displays personal concern, sensitivity, and tolerance for each other and each other’s views/needs. ➤ Requests the time of others judiciously. ➤ Is honest and direct, in a constructive, non-confrontational manner. ➤ Treats others with dignity and as you would want to be treated. ➤ Maintains confidentiality. ➤ Offers to others; learns from others. ➤ Recognizes the healthy importance of personal life “outside Baystate.” 	
Respect	<ul style="list-style-type: none"> ➤ Displays personal concern, sensitivity, and tolerance for each other and each other’s views/needs. ➤ Requests the time of others judiciously. ➤ Is honest and direct, in a constructive, non-confrontational manner. ➤ Treats others with dignity and as you would want to be treated. ➤ Maintains confidentiality. 	



PGY1 Community Pharmacy Residency

Principle/ Capability	Model/ Indicators	Level of Evidence	
	<ul style="list-style-type: none"> ➤ Offers to others; learns from others. ➤ Recognizes the healthy importance of personal life "outside Baystate." 		
Group 3:			
Implementation	<ul style="list-style-type: none"> ➤ Develops systems for monitoring accountability. ➤ Clarifies process, expectations, and accountability before starting a project. ➤ Establishes expectations with colleagues and stake holders. ➤ 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 stake holders about status of goals. 		
Maturity	<ul style="list-style-type: none"> ➤ Makes and communicates "hard decisions" with empathy and compassion. ➤ Demonstrates resilience by accepting setbacks with grace and renewed determination. ➤ Connects with people by expressing openness to dissenting views and feelings. ➤ Expresses pride and humility in personal and organizational accomplishments. ➤ Projects a positive, confident, and optimistic attitude (while putting negative issues in their appropriate context). ➤ Obtains commitments by expressing confidence in others capabilities. ➤ Admits to errors and shortcomings with humor. 		
Group 2:			
Teamwork / Collaboration	<ul style="list-style-type: none"> ➤ Displays and promotes teamwork and team play. ➤ Explores alternatives and accepts team decisions. ➤ Commits to each other's success by helping them succeed. ➤ Respects, values, and seeks out internal expertise. ➤ Celebrates success. ➤ Values the contribution of each employee to overall success. ➤ Models and promotes team work and team play. 		
OVERALL:			
Application Packet	<ul style="list-style-type: none"> ➤ Writing skills ➤ Letters of Recommendation ➤ Transcript ➤ Academic Ability ➤ Clinical Knowledge 	Packet Rubric Score	Corresponding Rank Rubric Score
		≥23	4
		≥20 - <23	2.5
		<20	1.5
Interview Rank Worksheet Score:		<input style="width: 80px; height: 40px;" type="text"/>	
Impression Score	<ul style="list-style-type: none"> ➤ Professional ➤ Prepared and asked questions ➤ Desire to learn about BMC and the Residency Program ➤ Thoughtful and well spoken 	2 – Excellent 1 – Satisfactory 0 – Poor	

**Applicant
Total
Score:**



PGY1 Community Pharmacy Residency

BH-PR-413 PGY1 Community Pharmacy Residency Program Assessment Strategy

Purpose

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

Resident Initial Needs Assessment

1. Prior to starting the PGY1 Community 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™.

Resident Assessment Strategy Guidelines:

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.



**PGY1 Community Pharmacy Residency
Ratings Scale Definitions**

Rating	Definition(s)
Needs Improvement (NI)	<ul style="list-style-type: none"> • Resident is not performing at an expected level, significant improvement is needed. • Deficient in knowledge/skills in this area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning
Satisfactory Progress (SP)	<ul style="list-style-type: none"> • Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in this area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	<ul style="list-style-type: none"> • Resident can perform associated activities independently for this learning experience • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective; minimum supervision is required • No further developmental work is needed
Achieved for Residency (ACHR)	<ul style="list-style-type: none"> • Resident consistently performs objective at Achieved level, as defined above, for the residency • Resident can perform associated activities independently across the scope of pharmacy practice.

Customized Development Plan:



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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.

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.

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/ARPD reserves the right to return any evaluation that does not have appropriate commentary.**

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



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PGY1 Community Pharmacy Residency
BH- PR- 414 Requirements for Program Completion

*****Note: due to COVID-19 travel restrictions, alternative opportunities will be provided to resemble some graduation requirements.**

Purpose

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

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.

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

Checklist

A residency certificate will be awarded when the following requirements are successfully completed in accordance with learning experience specific requirements as well as approved by the Residency Advisory Committee.

- Successful licensure as a Pharmacist in the Commonwealth of Massachusetts within 4 months of starting the residency
 - Date of NAPLEX and MPJE is to be scheduled as soon as possible once eligibility is determined by the national credentialing groups.
- Attainment of goals and terminal objectives established for the residency.
- Completion of all required longitudinal and rotational learning experiences.
- Completion of the requirements of customized training plans.
- Completion of a residency project and associated project write-up (creating a new service and clinical service)
- Presentation of a poster at the UHC/ASHP Midyear Clinical Meeting.
- Platform presentation at the Eastern States Residency Conference.
- Presentation of (1) topic presentation for CEU credit.
- Presentation of (2) formal journal clubs (scheduled by resident).



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- Presentation of (2) documented case presentations to pharmacy staff, pharmacy students or other health care professionals.
- Presentation of at least (3) pharmacy student boot camp sessions
- Presentation of at least (2) interdisciplinary education sessions (i.e. High Street Physicians)
- Attendance to 2 community outreach events (Baystate Health events or equivalent)
- Completion of a newsletter article.
- Completion of Residency Portfolio (binder).
- Completion of a business plan
- Completion of a collaborative practice agreement/protocol
- Completion of 80% of the objectives must be “achieved” by the end of the residency, with no more than 20% can be “satisfactory” and no objectives can be “needs improvement”

Task	Date Completed
Registered Pharmacist—Commonwealth of MA (must occur prior to 11/1)	
Completion of customized training plan requirements	
Attainment of all goals, Achieve 80% of objectives, no more than 20% of objectives are Satisfactory	
Completion of Residency Portfolio (binder)	
Required Learning Experiences	
Orientation	
Transitions of Care I	
Transitions of Care II	
Baystate Specialty Pharmacy I	
Baystate Specialty Pharmacy II	
Pharmacotherapy/Am-Care (HSHC) I	
Pharmacotherapy/Am-Care (HSHC) II	
Internal Medicine	
Medication Safety	
Staffing <ul style="list-style-type: none"> - Every 3rd Sunday - 2 weekday evenings (ER and Daly pharmacy) 	
	Date Completed
Pharmacy Administration Longitudinal (6 months): <ul style="list-style-type: none"> - Pharmacy Administration Seminars - Drug Information 	



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<p>Residency Projects</p> <ul style="list-style-type: none"> • Project design • IRB Approval (if research) • Project presentation (UHC, Eastern States) • Manuscript Draft or project write-up 	
<p>Education/Teaching:</p> <ul style="list-style-type: none"> • Journal Club Presentations (2) Formal • Pharmacy Student Boot Camps (at least 3) • Interdisciplinary education sessions (i.e. High Street Clinic Presentations) (at least 2) • Eastern States Research Project Presentation (new clinical service and new service 2 projects) • Vizient UHC/ASHP Midyear Poster Presentation • Pharmacy newsletter article (1) • Continuing Education Presentation (1) • Precept Pharmacy Students • Advanced Teaching (MCPHS—Worcester) • Resident Teaching Seminar (optional) <ul style="list-style-type: none"> ○ Completion of Teaching Portfolio • Case Discussions / Presentations (2) 	
<p>Miscellaneous</p> <ul style="list-style-type: none"> • Completion of a business plan • Completion of a collaborative practice agreement/protocol • Provide and direct health and wellness screenings (4) • Flu Champion during flu season 	

Approved: Jason Cross, PharmD, BCPS, BCACP PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



PGY1 Community Pharmacy Residency
BH-PR-415 General PGY1 Community Pharmacy Resident Expectations and Responsibilities

Purpose

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

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

1. Professional Conduct

It is the responsibility of all residents, as representatives of the Pharmacy Department and the profession of pharmacy, to uphold the highest degree of professional conduct at all times. The resident will display an attitude of professionalism in all aspects of his/her daily practice.

2. Professional Dress

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

[BHS—HR—800 Appearance Standards](#)

3. Attendance

Residents are expected to attend all functions as required by the Academic Advisory Committee, the Residency Program Director, Assistant Residency Program Director, and 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](#)



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5. Patient Confidentiality (HIPPA)

[BC 7.010 – Privacy Policy](#)

Approved: Jason Cross, PharmD, BCPS, BCACP, PGY 1 Community Pharmacy Residency
Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20



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PGY1 Community Pharmacy Residency BH-PR-417 Residency Program Projects and Teaching Responsibilities

*****Note: due to COVID-19 travel restrictions, alternative opportunities will be provided to resemble some graduation requirements.**

Purpose

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

Teaching Responsibilities

Residents will participate in the teaching and education of pharmacists and resident physicians at BMC. The purpose of teaching is to foster development and refinement of the resident's communication skills, to build confidence, and to promote the effectiveness of the resident as a teacher. Each 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 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. Residents are required to complete one continuing education presentation, two formal journal clubs and two case presentations. However, the 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 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.

Residency Projects

Each 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 Residency Program Director, Assistant Residency Program Director and the Academic Advisory Committee members will approve the project list. The 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 residency project is deemed to be research, the resident will be required to develop a protocol and obtain IRB approval for their project.



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



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PGY1 Community Pharmacy Residency

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

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

Salary and Funding

The PGY1 Community Pharmacy Residency Program at Baystate Medical Center is funded solely by Baystate Medical Center; this includes 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.

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 residency program. The elective Academia Rotation has a core expectation that the resident will provide a lecture to students in the Therapeutics course. The PGY1 Community 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 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 a education site for other colleges of pharmacy that include the University of Connecticut, Albany College of Pharmacy, University of Rhode Island and others. Pharmacy residents have an opportunity to co-precept students with BMC Clinical Pharmacy Specialists.

Approved: Jason Cross, PharmD, BCPS, BCACP PGY 1 Community Pharmacy Residency Program Director

Authorized: Gary Kerr, PharmD, Chief Pharmacy Officer

Date: 7/1/20