

PGY-1 Pharmacy Residency Manual 2023-2024

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The PGY-1 Pharmacy Residency conducted by Brigham and Women's Faulkner Hospital in Boston, MA is accredited by ASHP.

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Program Overview

Purpose Statement

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

General Information

Benefits

Benefits for pharmacy residents are the same as other non-union full-time employees of the pharmacy department. See [BWFH Benefits](#) for more specific information about these benefits.

Additional, residency specific benefits include travel, registration, and lodging costs for ASHP Midyear and the Eastern States Residency Conference and ASHP resident membership fees.

Residency Year

The residency year is a 52-week term of appointment that will generally begin on July 1st and conclude on June 30th, though the exact dates may vary from year to year, taking into account weekends and the Fourth of July holiday.

Residency Competency Areas, Goals, and Objectives

Required competency areas, goals, and objectives included within are a requirement for all programs. This is not an exhaustive list of covered areas for the residency year, but the minimum required. Goals within each competency area must be evaluated at least once during the residency year. Successful completion of these goals are required for residency graduation.

Required Competency Areas:

- R1. Patient Care
- R2. Advancing Practice and Improving Patient Care
- R3. Leadership and Management
- R4. Teaching, Education, and Dissemination of Knowledge

See the [ASHP Required Competency Areas, Goals, and Objectives for PGY1 Pharmacy Residencies](#) for more details.

Residency Program Administration

| PGY1 Residency Program Director | PGY1 Residency Program Coordinator |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Raul Santiago, PharmD, BCPS, BCIDP Clinical Pharmacy Specialist, Infectious Diseases (617) 983-7000 x3225 rasantiago@bwh.harvard.edu | Meaghan Watson, PharmD, BCPS <i>Clinical Pharmacy Specialist, Emergency Medicine</i> mwatson4@bwh.harvard.edu |



Residency Design and Structure

The RPD and RPC will establish the rotation schedule and develop a customized training plan during the first month of the residency year. This will be based on a discussion of the resident's goals for the residency year and will also be contingent on preceptor availability. If the resident's goals change during the year, they may request an adjustment to their schedule. The RPD and RPC will make reasonable attempts to accommodate both the resident and the program preceptors in making these changes. Any changes to the resident schedule will be documented in the resident's training plan and will be communicated to program preceptors.

ASHP requires that the resident's training program be customized based on their entering interests, skills, and experiences. Progress towards achieving program outcomes and requirement should be assessed on a quarterly basis with the RPD along with the customized training plan. This ensures that the resident's interests and personal goals are consistent with the program goals and objectives.

Pre-Rotation Expectations

Residents should be prepared by the start of the rotation to discuss goals/objectives for the rotation, learning activities, the rotation schedule/calendar, the resident's personal goals and objectives, and other rotation specific information. Residents should communicate any planned PTO, teaching commitments, and/or any other known events that may impact the rotation as soon as they are aware of them. Some rotations may require attention prior to the first day, but this will be communicated by those individual preceptors.

Between each rotation, a meeting should be scheduled with the resident, the RPD, the outgoing preceptor, and the incoming preceptor. This provides an opportunity for these people to discuss strengths and areas of improvement that can be focused on in the upcoming rotation. These meetings will be split into two parts, the first being the RPD, outgoing preceptor, and incoming preceptor reviewing this information. For the second half of the meeting, residents will join the group so these items can be discussed with them and allow the resident an opportunity to discuss areas they wish to focus on in the upcoming rotation. These meetings will be documented in PharmAcademic for preceptor and resident review.

Core/Required Rotations

| Rotation | Preceptor(s) |
|---------------------------------------------------|-------------------------------------------------------------------------------------|
| Orientation (6 weeks) | Raul Santiago, PharmD, BCPS, BCIDP |
| Critical Care (6 weeks) | Kristina Milewski, PharmD, BCPS |
| Emergency Medicine (6 weeks) | Meaghan Watson, PharmD, BCPS |
| Infectious Diseases (6 weeks) | Raul Santiago, PharmD, BCPS, BCIDP |
| Internal Medicine I (6 weeks) | Rosette Chhor, PharmD, BCPS Connie Lio, PharmD, BCPS Brenda Hoa, PharmD, BCPS |
| Internal Medicine II – Teaching Focused (6 weeks) | Rosette Chhor, PharmD, BCPS Connie Lio, PharmD, BCPS Brenda Hoa, PharmD, BCPS |
| Pharmacy Administration (4 weeks) | Peter Nguyen, PharmD |



Elective Rotations (Choose 2)

| Rotation | Preceptor(s) |
|---------------------------------------------------------|---------------------------------|
| Sterile Compounding Management (4 weeks) | Craig Jones, RPh, BCSCP |
| Pharmacy Informatics (4 weeks) | John Morgan, PharmD, BCPS |
| Medication Safety (4 weeks) | Ann Katznelson, PharmD |
| Critical Care II (4 weeks) | Kristina Milewski, PharmD, BCPS |
| Drug Use Policy at MGB Center for Drug Policy (4 weeks) | CDP Pharmacist |

Longitudinal Experiences

| Rotation | Preceptor(s) |
|--------------------------------------------------------------------------|------------------------------------|
| Pharmacy Service <i>48 weeks, approx. 32 hours per month.</i> | Jessica Zheng, PharmD, BCPS |
| Residency Projects 52 weeks, 2 weeks dedicated project time | Project-Specific |
| Teaching and Presentations <i>52 weeks, approx. 4 hours per month</i> | Raul Santiago, PharmD, BCPS, BCIDP |
| Medical Emergency Response <i>46 weeks, alternating week coverage</i> | Kristina Milewski, PharmD, BCPS |

Other Experiences

| Experience |
|---------------------------------------------------------------------------------------------|
| IV Admixture Training |
| Teaching Certificate with Massachusetts College of Pharmacy and Health Sciences – Worcester |

Off-Site Elective Rotations

Should a resident be interested in an off-site elective that is not routinely offered as a part of this residency program, the resident must discuss this with the RPD, who will need to provide approval in addition to seeking approval from the RAC and Director of Pharmacy prior to resident participation. The resident should be able to discuss the nature of the elective, the site location, practice description, preceptor qualifications, learning experience description, and preceptor contact information.

Elective Rotations with Non-Pharmacist Preceptors

If a resident has an interest in an experience that can only be provided with a non-pharmacist preceptor, the RPD with the RAC will determine if the resident will gain added benefit to their professional development, is capable of independent practice at the time of the learning experience (driven by progress of R1 goals, and other data), and how the non-pharmacist preceptor will contribute to the evaluation process of the resident for the learning experience. Such learning



experiences may NOT be scheduled until after the RPD and preceptor group agree that the individual resident is ready for independent practice.

In this case, a pharmacist is required to act as a supporting preceptor to assist with PharmAcademic evaluation processes. They will work with the non-pharmacist preceptor and resident to select educational goals and objectives for the learning experience, develop an appropriate learning experience description, syllabus, expectations, schedule, and overall assessment strategy for measurement of progression during the learning experience.

Resident Qualifications and Requirements

- Residents must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
- Residents must be licensed or eligible for pharmacist licensure in Massachusetts.
 - The resident must confirm with the Residency Program Director (RPD) that they have taken or are scheduled to take the NAPLEX and the MPJE or that they already have a valid Massachusetts pharmacist license.
 - If they are not already licensed, residents should obtain a Massachusetts Pharmacy Intern license in order to begin the residency program.
- Residents must be authorized to work in the United States on a full-time basis. BWFH is unable to provide work authorization sponsorship.
- Residents shall participate in and obey the rules of the American Society of Health-System Pharmacists (ASHP) Resident Matching Program.
- Participation in the Residency Program is contingent on securing and maintaining a license without restriction in Massachusetts. This requirement must be completed within 120 days of the commencement of the residency year.
 - Failure to obtain licensure within 120 days of the start of the residency year will result in dismissal from the program and termination of employment in accordance with the Pharmacy Resident Failure to Obtain Pharmacist Licensure policy.
- Residents are required to provide documentation of licensure upon successful completion of the NAPLEX and MPJE.
- Residents must be available to begin the 12-month appointment starting on July 1st.

Application Requirements

- Applications must be submitted through PhORCAS with the deadline set each year and posted on the program website and in the ASHP Residency Directory.
- Applications must include:
 - Curriculum vitae
 - Letter of Intent
 - Three letters of recommendation, preferably with one from a clinical preceptor
 - Official pharmacy school transcript

Resident Evaluation and Assessment

Regular feedback in both directions between residents and preceptors is essential to developing resident skills and the ongoing improvement of the residency program. These discussions are meant to discuss resident achievements as it pertains to learning objectives, share feedback that can help the resident throughout the rest of the residency year and in future practice, and to provide feedback to preceptors to develop their skills. There are a number of methods through which this will occur, both formally and informally.



Initial Assessment

Residents will be assigned the ASHP Entering Interests form and the Entering Objective-Based Self-Evaluation prior to or at the beginning of the residency year. The RPD will meet with each resident during orientation to discuss these evaluations. Prior to the end of orientation, the RPD will summarize the resident's strengths, areas for improvement, interests/career goals, and objective-based evaluation and use that information to develop the initial development plan for each resident. This plan will be documented and uploaded into PharmAcademic and shared with preceptors on the resident's schedule.

Formative Assessments

Residents will receive formative feedback during all learning experiences. Formative feedback is frequent, immediately following an activity, behavior specific, and provides recommendations for future actions. Examples of this include verbal feedback following a presentation or patient care interaction or written edits/comments on a manuscript draft or patient encounter note. Preceptors should use the "Provide Feedback to Resident" function in PharmAcademic to document this feedback and use it to make appropriate adjustments to learning activities based on day-to-day informal observations, interactions, and assessments.

Summative Feedback

All learning experiences will be assigned a minimum of one summative evaluation. Longitudinal experiences are required to have a summative evaluation every three months, depending on the length of the experience. At the end of each learning experience, residents must receive, and discuss with each preceptor, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives. Preceptors and residents are expected to dedicate time to discuss the resident's progress towards achievement of residency specific goals and objectives.

If there are multiple preceptors for an individual learning experience, all preceptors must provide input into residents' evaluations. For multi-preceptor rotations, the team-based evaluation functionality will be used in PharmAcademic. Evaluations completed by preceptors-in-training should be cosigned by their preceptor advisor/coach. Residents are required to complete and discuss at least one evaluation of each preceptor and an evaluation of the learning experience at the end of each learning experience.

The summative evaluation should be discussed on the last day of the rotation to ensure that the resident receives timely feedback. The preceptor is responsible for completing a summative evaluation in PharmAcademic within seven days of the end of the rotation, documenting this assessment. Preceptors should utilize the following criteria for evaluation. The below scale should be used by preceptors when evaluating residents.

PharmAcademic Evaluation Scale

| Score | Definition |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Improvement (NI) | <ul style="list-style-type: none">Resident progress will not result in achievement of the objective, for example<ul style="list-style-type: none">Deficient in knowledge/skills in this areaOften requires assistance to complete the objectiveUnable to consistently ask appropriate questions to supplement learningSignificant improvement is needed.Specific concern must be addressed in narrative comments and a plan for improvement must be documented by the preceptor(s). |
| Satisfactory Progress (SP) | <ul style="list-style-type: none">Resident progress is expected to result in achievement of the objective, for example<ul style="list-style-type: none">Performing and progressing at a level that will lead to mastery of the goal/objectiveAdequate knowledge/skills in this areaSometimes requires assistance to complete this objectiveAble to ask appropriate questions to supplement learningRequires skill development over more than one rotationPreceptors should consider the timing of the experience, practice setting, prior evaluations of the objective, and future opportunities to evaluate this objective. |



| | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Preceptor(s) must address what residents can do in order to reach the ACH level for the given objective in narrative comments. |
| Achieved (ACH) | <ul style="list-style-type: none"> • Resident performance is ideal and meets what is expected of a PGY1 resident at a given stage of the residency year, with consideration for the practice setting. <ul style="list-style-type: none"> ○ Resident can perform the activities associated with the learning activities independently in this learning experience ○ Rarely requires any assistance to complete tasks |
| Achieved for Residency (ACHR) | <ul style="list-style-type: none"> • Resident performance is ideal and what is expected of a PGY1 residency graduate over multiple experiences (where applicable), with consistency, independence, and professionalism. <ul style="list-style-type: none"> ○ R1 objectives should generally not be marked as ACHR until they are marked as ACH in at least two different learning experiences (unless only assigned to one learning experience). ○ Other objectives can be considered for ACHR after one assessment of ACH. • NOTE: RPD will review rotation evaluations monthly, discuss these at monthly RAC meetings, and mark objectives as ACHR based on progress of the resident, or as deemed by preceptor and RAC evaluation. |
| Not Applicable (NA) | <ul style="list-style-type: none"> • Objective will never be evaluated in the learning experience • Preceptors marking an objective as NA <u>must</u> discuss this with the RPD prior to submission of the evaluation to ensure there is no impact to resident progress towards completion. |

Residents should expect specific and actionable comments recognizing the resident’s skill development and progression, and recommendations for improvement. There should also be a plan of action in any goal/objective marked as Needs Improvement. The assessment must be cosigned by the resident and routed to the RPD for review and signature. After review of preceptor and resident summative evaluations, the RPD will mark Achieved for Residency (ACHR) when a resident can consistently perform activities associated with a learning activity at the achieved level, as defined above.

Finally, at the end of each learning experience, residents will be required to complete and discuss an evaluation of the learning experience and of the preceptor. These assessments must be cosigned by the preceptor and routed to the RPD for review and signature.

Resident Development Plan

Residents must complete a quarterly self-assessment. The RPD will meet with each resident to discuss and evaluate them on their overall progress and performance. This report should evaluate the progress towards meeting the goals and objectives of the residency program. The RPD will utilize regular evaluations from preceptors and well as the resident’s quarterly report to formulate the evaluation. This report will be documented on the resident’s customized training and progression plan and uploaded into the PharmAcademic Development Plan tab on a quarterly basis. All program preceptors are notified of these quarterly updates by PharmAcademic.

Requirements for Completion of the Residency Program

Minimum requirements for completion of the BWFH PGY1 Pharmacy residency program have been set. These requirements and progress towards completion will be reviewed at each quarterly evaluation. Failure to meet these minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and the resident will not complete the program.

The minimum requirements for completion are as follows:

- Attain achieved for residency on at least 75% of all objectives, including 100% of objectives in competency areas surrounding patient care (R1), and attain at least satisfactory progress on all other activities by the end of the year.
- Complete orientation and all required learning experiences (eight required, two electives) including their required activities and assignments. The required and elective learning experiences are listed in this document.
- Successfully complete all longitudinal learning experiences.
- Complete the residency project, including poster and platform presentations (R2.2.5), with a final report submitted in manuscript style (R2.2.5). See the Resident Project section of this document and the Residency Project



Longitudinal learning experience description for full details and requirements. All required components of the project are required to be done for this standard to be met.

- Complete additional items as required in ASHP standards, including:
 - Drug class review, monograph, treatment guideline, or protocol (R2.1.1)
 - Medication use evaluation (R2.1.2)
- Successfully complete service component (32 hours per month plus one major holiday and two minor holidays in the central pharmacy).
- Complete all PharmAcademic evaluations and requirements within seven days of the end of each rotation.
- Remain in good standing within the department and BWFH.
- Obtain BLS/ACLS certification.
- Complete required teaching/education activities, including:
 - Complete teaching certificate program with MCPHS Worcester
 - Precept at least one student on rotation and demonstrate the ability to effectively assess student performance (Internal Medicine II rotation)
 - 1 APP Grand Rounds Presentation (shared with co-resident)
 - Two case presentation-based pharmacy in-services
 - 1 clinical update presentation
 - 2 pharmacy newsletters (1 every other quarter)
- Complete residency portfolio
- Participate in residency recruitment and interview activities
- Return of hospital badge, pagers, and any other hospital property is required prior to receiving the certificate.

Residency Portfolio

Residents will utilize the PharmAcademic residency portfolio to maintain an electronic record of all documents that demonstrate the completion of rotational and/or longitudinal assignments. These documents will be used as evidence towards meeting/achieving all residency objectives/requirements. This should be done on an ongoing basis and will be discussed during the quarterly evaluation. This will be reviewed by the RPD at the end of the residency year to ensure completeness.

The resident portfolio should be maintained electronically in the Pharmacy Residency group in Microsoft Teams. The resident's portfolio should include the following items:

- Completed orientation checklist
- All residency-based evaluations, including:
 - Entering Interests Form
 - Goal-Based Evaluations
 - Summative Evaluations (self and preceptor)
 - Preceptor Evaluations
 - Custom Evaluations
 - Customized Training Plans
- Record of all educational in-services (major presentations/seminars presented)
- Outlines and/or lecture slides
- Evaluations received from all attendees of in-services/presentations/seminars
- Residency Project Materials
 - Proposal/Submission Form
 - IRB Submission
 - Project Timeline Checklist
 - Data collection and analysis
 - Final manuscript
- Any formulary reviews, formal drug information responses, treatment guidelines, protocols, or other completed assignments



- Examples of patient care documentation (de-identified for HIPAA compliance)

Residents are required to provide a copy of this portfolio to the RPD by the end of the residency year.

Residency Policies, Procedures, and Conduct

Resident Expectations

Residents are expected to actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services and will work to attain the knowledge, skills, and understanding to participate in these activities. The resident's assignments, learning experiences, and other planned activities will contribute to the resident's management of priorities, time, resources, and activities external to the residency.

Residents will be expected to:

- Follow all BWFH rules and codes of conduct in accordance with professional, respectful, courteous, and confidential behavior. Residents are required to comply with the same terms of employment that all other BWFH employees are required to follow in addition to unique items specific to residency programs.
- Be in prompt attendance for all assigned learning experiences, scheduled meetings, conferences, and seminars
- Complete projects within deadline or give reasonable notification of delays
- Perform within guidelines provided by the hospital's and pharmacy service's policies and procedures
- Notify learning experience preceptor 1 week in advance of each new block to set up a meeting in order to complete Pre-Learning Experience Checklist
- Solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each learning experience
- Provide learning experience and preceptor evaluations at the completion of each assigned block
- Notify the RPD and preceptor of any absence due to illness
- Submit all leave requests to the RPD as soon as possible
- Complete all residency requirements within the residency year

Professional Dress

Residents are expected to dress in an appropriate, professional manner whenever they are within the hospital or participating in/attending any function as a representative of BWFH.

Employee Badges

Massachusetts state law requires that employees wear ID badges at all times while on the hospital campus. Residents who lose badges are responsible for replacing it ASAP and for the fee associated with replacement.

Communication and Conflict Resolution

Constructive criticism and feedback are a part of the residency year and a part of being a pharmacist and is intended to help residents grow and develop professionally. Conflicts that arise between residents and preceptors should be addressed between the involved parties first. If an issue cannot be resolved through this, the RPD should be contacted via email to schedule a meeting to seek resolution of an issue. If further intervention is required, pharmacy administration or Human Resources may become involved.

Patient Confidentiality

Confidentiality should be strictly maintained in accordance with BWFH policies.



Travel

When traveling for education opportunities throughout the residency year, residents are expected to adhere to any travel-related policies set forth by BWFH or MGB. The Pharmacy Resident Attendance and Leave policy describes what will be paid for by the department for residency-related travel. Additional resident expectations are:

- At a minimum, attendance at ASHP Midyear and the Eastern States Residency Conference are expected. Any conferences otherwise will be addressed on a case-by-case basis with the RPD and pharmacy administration pending available funding and importance/relevance to a resident's training.
- For authorized conferences, residents should coordinate with the RPD and the scheduling manager to ensure time off is noted on the master pharmacist schedule. Should a resident wish to extend their trip beyond conference dates, leave should be requested and approved in advance according to applicable policies.
- Residents are expected to attend the conference in its entirety unless specified otherwise by the RPD. All residents, the RPD, and any attending preceptors are expected to attend presentations of other BWFH residents, especially at the Eastern States Residency Conference.

Residency Project – Resident Responsibilities

All major project proposals originated by the pharmacy resident will be reviewed and approved by the Residency Director and/or the Residency Advisory Committee and will include designation of a qualified research preceptor for each project.

1. Identify and select a project and project preceptor by the established timetable deadline.
2. Submit written protocol, and application to the IRB (as required) according to the established timetable deadlines.
 - a. If the project is part of an existing protocol, the resident must submit a separate written statement explaining his or her role in the project and an update of any work completed to date.
 - b. Pharmacy residents who select BWFH-approved drug usage evaluations (DUEs) as a residency major project must complete and submit a research proposal to the IRB since it is known that DUE results may be published as a requirement of the residency program. All patient data collection pertinent to the DUE plus any additional patient data collection must be specified in the research proposal submitted to IRB. It is most likely that the IRB will provide an 'expedited' review for such proposals or determine that the project is not Human Subjects Research. All projects must be submitted to IRB for approval as specified in MGB enterprise policies.
3. Verbally summarize the proposal to the RAC. The presentation should demonstrate that the resident has a thorough understanding of all components of the proposal, including his/her role, and should include a research timeline including all interim deadlines as well as those included in the established timetable.
4. Obtain IRB approval, if necessary, to update the RAC as needed on the progress of the project, and to complete the project according to the established timetable.
5. Be proactive in all aspects of the project which are in agreement with you and your project preceptor.
6. Coordinate research resources for statistician review and advice in the protocol design, analysis, and power determination if needed.
7. Submit an abstract of your project for poster presentation at the ASHP Midyear meeting.
8. Present the poster project at ASHP Midyear.
9. Submit an abstract of your project for a platform presentation at the Eastern States Residency Conference.
10. Complete a formal manuscript (formatted to the requirements for the journal the work could/will be submitted to) of the project according to the established timetable.



Residency Policies

Failure to Obtain Pharmacist Licensure

Incoming residents must actively pursue pharmacist licensure in the Commonwealth of Massachusetts as soon as possible after matching and must notify the Residency Program Director (RPD) of all examination dates. If the resident has not obtained Massachusetts pharmacist licensure by the start of the residency year, the resident must obtain a Massachusetts pharmacy intern license in order to begin work. If neither of these are obtained prior to the start of the residency year, it will result in termination of the residency agreement, release of the resident from the residency program, and termination of employment.

If not already licensed as a pharmacist in Massachusetts prior to the start of the residency year, residents are required to obtain pharmacist licensure in the Commonwealth of Massachusetts within 120 days of the first day of the residency program year, to ensure that at least two-thirds of the residency year is completed as a licensed pharmacist.

Failure of the resident to obtain Massachusetts pharmacist licensure within 120 days of the first day of the residency year will result in termination of the residency agreement, release of the resident from the residency program, and termination of employment.

Disciplinary Action and Dismissal

See the BWFH Pharmacy Resident Disciplinary Action and Dismissal Policy for more specific details.

Duty Hours and Moonlighting

See the BWFH Resident Duty Hours and Moonlighting Policy and the ASHP Duty-Hour Requirements for Pharmacy Residencies document for more specific details.

Pharmacy Resident Leave

See the BWFH Resident Attendance and Leave policy for more specific details.

Residency Program Continuous Quality Improvement

The RPD will work with the RAC and pharmacy administration to ensure that an annual formal evaluation of the residency program occurs. The goal of this process will be to ensure that the program is successful in meeting desired outcomes, especially the ability to facilitate professional growth of residents. This will include review of resident evaluation of the program, individual rotations, and preceptors. Resident feedback is essential to facilitate positive changes in program design and conduct.

Preceptors and residents should feel empowered to provide feedback and recommendations throughout the residency year outside of the annual review process. Recommendations will be brought to the attention of the RAC, either at an upcoming meeting, or ad hoc, if there is an urgent need for a change. Any recommendations from an external survey will be reviewed by the RAC and addressed in a timely manner.

As a part of the continuous quality improvement process, the program will track their graduates, collecting information including, but not limited to, initial employment, changes in employment, and attainment of board certification.



Pharmacy Resident Well-Being and Resilience

Wellness services available through BWFH or the Pharmacy Department are as follows:

- Employee Assistance Program (www.eap.partners.org)
 - Includes self-guided resources and other wellbeing apps, such as Headspace.
- ASHP Wellbeing and You
 - Wellbeing and Resilience Webinar Series
 - Portions are for CE credit as part of included ASHP membership

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| RAC Approval Date(s) | 7/22 |
| Review Date(s) | |
| Revision Date(s) | 4/23, 8/23 |

