

Pharmacy Residency Manual 2025 – 2026



Post Graduate Year One



Post Graduate Year Two



Table of Contents	Page
Table of Content	Page
Residency Program and Hospital Vision and Mission	3 – 4
Program Description & ASHP Competency Areas, Goals, and Objectives	5 – 6
Resident Qualifications & Requirements, Licensure and Early Commitment	7 – 8
Resident Benefits	9
Residency Design, Structure and Expectations	10 – 12
Chief Resident	13
Recruitment and Selection of Residents	14
Duty Hours & Compensation Time Policy	15
Resident Assessment and Evaluation Strategies	16 – 17
Residency Program Certificate & Checklist	18 – 22
Residency Program Portfolio	23
Standards of Performance/Disciplinary Action/Dismissal	24
Residency Governance	25 – 26
Residency Advisory Committee, Residency Program Director & Preceptor Selection	27 – 28
Current Preceptors	29
Past Resident Projects	30
Pharmacy Resident Leave Policy	31 – 32

Mission Statement

Our mission is to provide a professional environment to foster passionate, well-rounded clinical pharmacy experts who serve as a vital component of a multidisciplinary healthcare team, dedicated to leadership, teaching and cutting-edge pharmacotherapy.

Purpose Statement

PGY1:

The post graduate year one (PGY1) Pharmacy Residency Program at Boston Medical Center – Brighton (BMC-Brighton) provides a structured framework where residents are equipped to succeed in a variety of settings including PGY2 training, fellowship or clinical practice. Our goal is to develop critical thinkers and clinical pharmacy leaders who are adaptable to the ever-evolving healthcare environment.

PGY2:

The post graduate year two (PGY2) Infectious Disease Pharmacy Residency Program builds on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

The PGY2 Infectious Disease Pharmacy Residency Program at Boston Medical Center – Brighton builds on the PGY1 experience in furthering residents' development as ID experts. Our goal is to empower residents to function independently as leaders, educators and researchers to serve as life-long advocates for stewardship and ID services.

Our Institutional Values - CARES

- Compassion: Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness and sensitivity
- Accountability: Accepting responsibility for continuous performance & improvement, embracing change and seeking new opportunities to serve
- Respect: Honoring the dignity of each person
- Excellence: Exceeding expectations through teamwork and innovation
- Stewardship: Managing our financial and human resources responsibly in caring for those entrusted to us

Pharmacy Services at Boston Medical Center - Brighton

Pharmacy Mission Statement

Deliver high-quality and patient-oriented care through collaborative, compassionate and innovative pharmacy services.

Vision Statement

Achieve excellence in pharmacy practice by building multifaceted state-of-the-art services and providing opportunities for education and career growth within our pharmacy department.

Program Description

Site Description

Boston Medical Center - Brighton

Boston Medical Center – Brighton is a community based tertiary care academic medical center. The hospital is part of an integrated healthcare delivery network providing quality healthcare. Along with delivering exceptional patient care we are a teaching affiliate of Boston University School of Medicine & Tufts University School of Medicine. With state-of-the-art computerized systems, BMC-Brighton possesses vast capabilities in inpatient and outpatient care. In addition, our research center conducts investigations in various areas, including, but not limited to, neurology and pulmonology.

ASHP Required Competency Areas, Goals, and Objectives:

PGY1 Required:

R1: Patient Care

- R 1.1 Provide safe and effective patient care services following JCPP.
- R 1.2 Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers and stakeholders.
- R 1.3 Promote safe and effective access to medication therapy.
- R 1.4 Participate in the identification and implementation of medication-related interventions for a patient population.

R2: Practice Advancement

- R 2.1 Conduct practice advancement projects.

R3: Leadership

- R 3.1 Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
- R 3.2 Demonstrate leadership skills that foster personal growth and professional engagement.

R4: Teaching and Education

- R 4.1 Provide effective medication and practice-related education.
- R 4.2 Provide professional and practice-related training to meet learners' educational needs.

ASHP Required Competency Areas, Goals, and Objectives:

PGY2 Infectious Disease

Required:

R1: Patient Care

- R1.1 In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.
- R1.2 Ensure continuity of care during infectious diseases patient transitions between care settings.
- R1.3 Manage antimicrobial stewardship activities.

R2: Advancing Practice and Improving Patient Care

- R2.1 Demonstrate ability to manage formulary and medication-use processes for infectious diseases patients, as applicable to the organization and antimicrobial stewardship program.
- R2.2 Demonstrate ability to conduct a quality improvement or research project.
- R2.3 Manage and improve anti-infective-use processes.

R3: Leadership and Management

- R3.1 Establish oneself as an organizational expert for infectious diseases pharmacy-related information and resources.
- R3.2 Demonstrate leadership skills for successful self-development in the provision of care for infectious diseases patients.
- R3.3 Demonstrate management skills in the provision of care for infectious diseases patients.

R4: Teaching, Education, and Dissemination of Knowledge

- R4.1 Provide effective medication and practice-related education to infectious diseases patients, caregivers, health care professionals, students, and the public (individuals and groups).
- R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals) about care of patients with infectious diseases.

Electives:

E7: Delivery of Medications

- E7.1.1: Manage aspects of the medication-use process related to formulary management for infectious diseases patients.
- E7.1.3: Facilitate aspects of the medication-use process for patients with infectious diseases.

Resident Qualifications and Requirements (PGY1 and PGY2):

- 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 shall participate in and obey the rules of the Residency Matching Program.
- Applicants invited to interview will receive the residency manual delineating expectations, summarizing benefits and the general terms and conditions for successful completion of the residency.
- Residents must be authorized to work in the United States on a full-time basis and meet the pre-employment requirements as outlined in Background Screening, Human Resources Policy Number: HR 04a.
- Matched residents will receive an acceptance letter acknowledging the match. Acknowledgment in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year.
- Residents must be licensed or eligible for licensure in Massachusetts.
 - The resident will provide the Residency Program Director (RPD) confirmation that: He/she has already taken or is scheduled to take the NAPLEX and the Multistate Pharmacy Jurisprudence Examination (MPJE) or that he/she has already has a valid MA pharmacy license. A copy of the license will be saved to the resident file in both PharmAcademic and sharedrive.
- Upon notification of successful completion of the NAPLEX and/or MPJE the resident will provide documentation of licensure to the RPD. Licensure can also be verified online.
- Participation in the Residency Program is contingent on securing and maintaining a license without restriction in the Commonwealth of Massachusetts (MA). It is the expectation that the resident will complete these licensure requirements within 90 days of the commencement of the program (October 1st).

Additional Licensure and Residency Certificate Requirement and verification Process for PGY2 only:

- Qualifications for participation in the BMC-Brighton PGY2 Residency Program are in accordance with criteria set forth by ASHP.
- Residents applying to the program must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or a program with ASHP candidate status.
 - The resident must provide a copy of the PGY1 residency certificate at the beginning of the PGY2 academic residency year. A copy of the certificate will be verified and saved to the resident file in both PharmAcademic and sharedrive.
- Residents meeting ASHP requirements for PGY1 equivalent experience must provide copy of certification from ASHP. This will be saved to the resident file in both PharmAcademic and sharedrive.

Early Commitment for PGY2 Infectious Disease:

- Current SEMC PGY1 residents interested in pursuing PGY2 Infectious Disease training may be eligible given the following:
 - Express commitment by October 15th
 - In good standing with all projects and rotation related activities as shown by successful progress towards ACH status for required goals and objectives as reflected in PharmAcademic

- Completion of two infectious disease learning experiences before the end of PGY1
- Residents interested in early commitment will be expected to interview with the RPD and select PGY2 preceptors.
- If more than one resident is interested in early commitment, candidates will be ranked based upon the collaborative input from RAC with regard to the interviews and qualifications of the candidates.
- See PGY2 RPD for details of application process.
- Residents who are interested in PGY2 who do not apply through early commitment will go through standard PGY2 application process (i.e. PhORCAS).

Qualifications for PGY1 and PGY2:

- Doctor of Pharmacy degree
- Massachusetts pharmacy license or eligible to be licensed in MA within 90 days of the commencement of the residency.
- Be available to begin July 1st for a 52-week appointment

International Track

- In addition to the above, must have completed an international program from the Department of Pharmacy Practice at the Massachusetts College of Pharmacy and Health Sciences which qualifies them to the residency requirement and authorizes them to work in the United States.

Additional Qualifications for PGY2 only:

- Completion ASHP PGY1 accredited program or a candidate status.
- Applicants applying with equivalent experience must meet criteria as outlined by ASHP.

Licensure Requirement for Residents (PGY1 and PGY2):

- The pharmacy resident should submit appropriate documentation to the State Board of Pharmacy for Massachusetts for pharmacist licensure as soon as possible after learning where they have matched for their residency program.
- The resident must be licensed to practice pharmacy in Massachusetts within 90 days of residency start date (Licensure date October 1st). Failure to obtain licensure within 90 days will result in resident's dismissal from the program and termination of employment.

Resident Benefits for PGY1 and PGY2:

- Time off: 10 business days – including personal days at the discretion of the program director.
- Sick Leave: 10 days
- FMLA Leave: per hospital policy- evaluation to be made on the need for extension or termination of the residency.
- Holidays – Staffing one hospital recognized major holiday (Thanksgiving, Christmas Day, New Year's Day, Memorial Day) and one minor holiday (Labor Day, Indigenous People's Day, Veterans Day, Presidents Day, Patriots Day)
- Resident will participate in the ASHP Midyear Clinical Meeting and New England Residency Conferences
- Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time).
- Residents taking leave in excess of the allotted time will not receive a certificate of completion.
- PGY2 may consider substitution of New England Residency Conference for a specialized meeting, pending acceptance of poster for presentation at the discretion of the RPD and Director of Pharmacy

General Track PGY1:

- Stipend –\$55,000
- Expenses must be pre-approved by the RPD for reimbursement.

General Track PGY2:

- Stipend –\$58,000
- Expenses must be pre-approved by the RPD for reimbursement.

International Track

- Stipend – provided through MCPHSU.
- Reimbursement for meetings is processed through MCPHSU.

Residency Design and Structure: PGY1 Program

Rotations are both longitudinal and concentrated. All rotation experiences are a minimum of 5 weeks with the exception of the orientation. The sequence of learning experiences is to be determined based on the individual resident goals, program requirements, and preceptor availability.

All required Goals and Objectives are taught and evaluated in the residency program.

Clinical rotations are offered in a variety of areas and customized to the interests of the residents. Residents can choose up to four elective rotations. If a resident is interested in a certain area, a second opportunity may be offered as an elective depending upon the preceptor's availability. The elective rotation will be at a more advanced level than the required learning experience. Residents may elect to design their own elective rotation with the guidance and approval of the Program Director.

Residents will be allotted 5 project days throughout the residency year. These days must be approved by the RPD and the rotation preceptor no less than 1 week in advance. The resident is required to be on site for project days. These are intended to be days dedicated to scholarship, upcoming presentations or additional project work.

Orientation	Required	Elective	Longitudinal Required Activities	Teaching & Education
<ul style="list-style-type: none"> • Introduction to pharmacy staffing • Medication error & adverse drug reaction reporting (RLs) • PharmAcademic • Pharmacy policies & procedures 	<ul style="list-style-type: none"> • Administration • Antimicrobial Stewardship • Internal Medicine I • Internal Medicine II • Medical ICU 	<ul style="list-style-type: none"> • Administration II • Advanced Infectious Disease • Ambulatory Care • Cardiac ICU • Surgical ICU 	<ul style="list-style-type: none"> • Drug Monograph/Order Set Development • Leadership Series • Medication Use Evaluation • Pharmacy Practice • Residency Teaching Certificate Program with Northeastern University Bouvé College of Pharmacy • Scholarship 	<ul style="list-style-type: none"> • ASHP Midyear Clinical Meeting • Department of Medicine Noon Conference • Formal Case Presentation • New England Residency Conference • Pharmacy Education Conference

Residency Design and Structure: PGY2 Program

Learning experiences are both longitudinal and concentrated. Over the course of the year the resident will gain experience in the management of common and uncommon infectious diseases in a variety of patient populations, and develop a solid understanding of microbiology, pharmacokinetics and pharmacodynamics of antimicrobial therapy.

The sequence of learning experiences is to be determined depending on the individual resident; however, infection control and microbiology must be the first rounding experience. Residents can choose up to three elective rotations.

Residents will be allotted 5 project days throughout the residency year. These days must be approved by the RPD and the rotation preceptor no less than 1 week in advance. The resident is required to be on site for project days. These are intended to be days dedicated to scholarship, upcoming presentations or additional project work.

The length for each learning experience is designed with the purpose of advancing the resident to the level of an experienced licensed infectious disease pharmacy specialist.

All required and elective Goals and Objectives are taught and evaluated in the residency program. Graduation and awarding certificate is contingent on completing the Residency requirement check list.

Orientation	Required	Electives 5 weeks	Longitudinal Required Activities	Teaching & Education
<ul style="list-style-type: none"> • Introduction to pharmacy staffing • Medication error & adverse drug reaction reporting (RLs) • PharmAcademic • Pharmacy policies & procedures 	<ul style="list-style-type: none"> • Infection Control [2wk] • Foundation in Microbiology [3wk] • Concentrated Antimicrobial Stewardship [5wk] • Infectious Disease Consult I [8wk] • Infectious Disease Consult II – HIV & Hepatitis [10wk] • Infectious Disease Consult III – Teaching [5WK] 	<ul style="list-style-type: none"> • Administration • Cardiac ICU • Medical ICU • Surgical ICU 	<ul style="list-style-type: none"> • Antimicrobial Stewardship Management & Leadership • Outpatient Infectious Diseases Clinic • Pharmacy Practice • Residency Teaching Certificate Program with Northeastern University Bouvé College of Pharmacy⁺ • Scholarship 	<ul style="list-style-type: none"> • Antimicrobial Newsletter • ASHP Midyear Clinical Meeting • Department of Medicine Noon Conference • Formal Case Presentation • New England Residency Conference • Pharmacy Education Conference

⁺Only if not completed during PGY1

Resident Expectations

- Residents must be authorized to work in the United States on a full-time basis and meet the pre-employment requirements. Background Screening. Human Resources. Policy Number: HR 04a
- The resident will develop and refine clinical skills to successfully self-monitor his/her progress and gain the ability to function proficiently as a member of the healthcare team.
- The resident is expected to complete all assigned rotations.
- The resident is expected to complete a residency project.
- The resident is expected to participate in and present the scholarship project in hospital research and quality improvement day.
- The resident is expected to participate in didactic teaching and assist as a preceptor in the training of pharmacy students from both Northeastern and Massachusetts College of Pharmacy and Health Sciences University.
- The resident is expected to complete a monthly attestation of duty hours in PharmAcademic.

Chief Resident

The Chief Pharmacy Resident serves as a liaison between residents and the RPD, preceptors and pharmacy staff. The Chief Pharmacy Resident shall maintain regular contact with both RPDs.

Responsibilities include, but are not limited to:

- Coordinating resident meetings
- Assisting the RPD in coordinating educational programming
- Serving as the residents' representative to the Residency Advisory Committee
- Overseeing Social media, managing Instagram postings and coordinating with Marketing
- Attending meetings requiring resident representation from a program point of view
- Informing fellow residents of any seminars, social events, program changes
- Coordinating resident presentations during monthly scholarship meetings
- Organizing residents for ASHP Midyear meeting, New England Residency Conference, BMC QI/Research Day and others as applicable

The Chief Pharmacy Resident will serve a term beginning August 1st and ending June 30th. The position may be held by a PGY1 or PGY2 resident.

Criteria for Eligibility and Selection Process:

Residents interested in the position shall express their interest in writing to the RPD no later than July 19th. Residents may be self-nominated or nominated by fellow residents or preceptors. The Residency Advisory Committee shall review potential candidates and appoint the Chief Pharmacy Resident by July 29th. If more than one resident express interest, applicants will need to interview with the RPDs and two preceptors. The decision will be based upon the following criteria:

- Communication skills
- Professionalism
- Problem solving and conflict resolution skills
- Leadership skills
- Time management skills

Removal of Chief Pharmacy Resident:

The Chief Pharmacy Resident may be relieved of the position, authority and responsibilities by the RPD, after consulting with the Residency Advisory Committee, in the following situations:

- The Chief Resident fails to perform their duties in a satisfactory manner
- The Chief Resident has committed a serious breach of medical, ethical, personal or legal standards such that their continued service would jeopardize the reputation of the program or the department

Resident Recruitment and Selection

Applications and scoring will be conducted through the Pharmacy Online Residency Centralized Application Service (WebAdMIT) program.

Assessment of Resident Candidates

Our admissions procedures are designed to select those students best fit by ability and potential to benefit from and to achieve the goals of our program. While preceptors will be guided in their decision-making by the criteria that follow, it is important to remember that selection involves complex professional judgments.

General Selection Criteria

- Enthusiasm for pharmacy
- Intellectual knowledge and curiosity
- Motivation
- Flexibility
- Accuracy and attention to detail
- Relevant pharmacy experience
- Capacity for hard work

Within these general criteria, the assessment of written work and interviews is guided by more specific criteria, as follows.

- Work Experience: Experience in hospital pharmacy practice, which may include unit dose, IV admixture, pharmacy computer systems, decentralized systems.
- Clinical Experience: Experience in clerkship and clinical pharmacy practice settings.
- Knowledge Base: Content and quality of Pharm.D. curriculum, clerkships, GPA, honors/awards received, and extracurricular activities.
- Professional Goals: Clarity of career goals, the compatibility between goals and the residency program, reasons for selecting this program, willingness to commit to an additional year of training.
- Professionalism: Written and verbal communication skills, poise, confidence, leadership potential, maturity, appearance, and personality.
- References: What is said and not said in work and faculty references.
- Oral Presentation: Knowledge of topic, appropriateness of topic, confidence, presentation style, ability to answer questions.
- Overall Impression: Consider how well you think this candidate will perform in our residency program.
- Overall Interest: Consider the applicant's overall interest in our program.

Candidates will be assessed against these criteria based on information derived from the following sources:

- CV, school transcripts, qualifications achieved, references
- Performance in interviews
- Comparison, in all these areas, with other candidates

The Pharmacy Practice Residency Interview evaluation form is to assist with the evaluation process.

- Each assessment area will be ranked on a weighted scale.
- Preceptor rankings will be compiled and averaged.
- The final candidate will be selected considering the total ranking score and overall fit with our program.
- The match ranking will be applied after considering the above.

Every effort will be made to consider special needs or circumstances of candidates in making these judgments.

Duty Hours:

Residents must complete the Resident Duty Hours attestation monthly in PharmAcademic. The resident must comply with duty hour regulations as outlined below.

- **Scheduled duty periods:** Assigned duties regardless of setting are required to meet the educational goals and objective of the residency program and it should meet the standards established by the [Accreditation Standard for Pharmacy Residencies](#).
- These duty periods are assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.
- **Compensation Time:** Residents will be provided a half day of compensation time on the Monday following their weekend staffing shifts. For residents whose assigned holiday commitment falls on a Monday following their weekend, a half day compensation will be provided on the Tuesday following.
- **Maximum Hours of Work per Week and Duty-Free Time:** Duty hours must be limited to 80 hours per week averaged over a four-week period inclusive of all in-house call activities and all moonlighting.
- **Mandatory time free of duty:** residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duties and must have at a minimum of 8 hours between scheduled duty periods.
- **Maximum Duty-Period Length:** Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must 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.
- **Moonlighting:**
 - Definition: Voluntary, compensated, pharmacy- 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 not permitted for PGY1 or PGY2 residents.

Resident Assessment Strategy:

Entering Assessment:

Once selected each resident will complete a self-evaluation form and a self-assessment of the RLS goals and objectives for the residency program provided by the RPD. The RPD will review the entering evaluations with the Resident and develop an initial assessment plan. This plan will be documented in PharmAcademic and saved to the resident's sharedrive folder. A rotation schedule will be developed for the Resident and documented in the residency sharedrive folder and PharmAcademic.

Ongoing Assessment

A quarterly development plan will be completed by the RPD for each resident in conjunction with RAC committee members. The resident and RPD will meet quarterly to review the development plan and set goals for the following quarter integrating RAC member feedback. Plans will be saved in the resident's sharedrive folder and uploaded to PharmAcademic. Resident wellness and incorporation of time off will be discussed during quarterly development plan meetings.

Preceptor Evaluation

Preceptors must complete the rotation specific ASHP evaluation in PharmAcademic, at the end of each concentrated rotation and quarterly for longitudinal rotations. Residents should receive informal midpoint evaluations for all concentrated rotations.

Preceptors are encouraged to provide the resident with individualized feedback verbally on an ongoing basis. Midpoint reflections are documented as feedback in PharmAcademic. Preceptors should consider feedback from previous rotations when evaluating the resident. All evaluations should be completed within 7 days of the end of rotation.

Resident Self-Evaluation

Residents will apply a process of ongoing self-evaluation and personal improvement. Residents will complete formal self-evaluations during longitudinal rotations and the concentrated administration rotation. Residents are required to discuss a plan of self-improvement with RPD during quarterly meetings and adopt a process for improvement. Resident wellness and balanced time away from work will be discussed during quarterly meetings with the RPD and documented in the resident's development plan.

Resident Evaluations: Learning Experience & Preceptors

Residents must complete a rotation specific evaluation of learning experiences and for preceptor in PharmAcademic at the end of each rotation. All evaluations should be completed within 7 days of the end of rotation.

Evaluation Strategy

The following definitions were developed to be utilized by all preceptors in the summative and quarterly evaluations:

Program Definitions:

- **Needs Improvement (NI):** *Resident's skills not progressing as expected. Knowledge base may be lacking, resident shows little **OR** no motivation to grow professionally, or preceptor must provide*

directed questioning, or extensive or consistent prompting to facilitate completion.

- **Satisfactory Progress (SP):** *Resident is progressing at rate expected for new practitioner with minimal experience (performs within expectations with minimal supervision). Resident does not consistently meet, **OR** requires occasional prompting to complete, objective. Resident would benefit from additional learning experience.*
- **Achieved (ACH):** *Resident consistently practices at level of experienced practitioner. Demonstrates confidence, efficiency, **AND** proficiency. Requires no prompting to meet expectations and would be capable of precepting students on this particular objective. No further instruction required.*
 - If ACH in 2nd Quarter, preceptors must provide adequate documentation to support and discuss during quarterly RAC meeting.
- **Achieved for Program (ACH-R):** *Resident consistently practices at level of experienced practitioner. Demonstrates confidence, efficiency, **AND** proficiency. Requires no prompting to meet expectations and would be capable of precepting students on this particular objective. No further instruction required. RAC decision, no longer a need for further evaluation within program.*

RPD will be responsible for discussing ACH-R at the monthly RAC once the resident has successfully earned an ACH on 2 monthly and/or longitudinal rotations, or as deemed by preceptor and RAC evaluation. If deemed to be ACH-R, the RPD will then assign ACH-R for the goal/objective within PharmAcademic.

Effective and criteria Based Feedback

Providing effective feedback to pharmacy residents occurs during the evaluation process. Preceptors are encouraged to utilize the following questions for effective criterion-based feedback

- What skills were focused on during the experience and how were these connected to the resident's development plan?
- Regarding these skills, what qualitative information should be documented (not "what was done" but "how it was done")?
- How did the resident improve on known weaknesses? How can he/she continue to improve or what actions should be taken (e.g., on the next rotation) to stimulate future improvement?
- What new areas for improvement were identified (if any)?
- How can observed strengths be reinforced?
- What skills should be the focus for future rotations and learning experiences?
- Can the documentation lead to future improvement in resident skill? Does the commentary (or the language used) direct future improvement in skills, attitudes, and abilities of the resident?

Final Assessment

The Residency Program Director will complete a final assessment to document in PharmAcademic that all required goals have been achieved for the Resident. A Residency Certificate will be awarded to the Resident after completion of the program.

Residency Program Certificate

A certificate will be awarded only to residents who have completed all of the requirements of the residency program.

Requirements for completion of this residency program include

- Adhere to all policies and procedures of the pharmacy department and medical center (example Human Resources, Safety, Compliance and Resident Leave Policy, etc)
- Have all entering qualifications as outlined above (**Resident Qualifications**)
- Obtain a Massachusetts Pharmacy license by October 1st
- Complete the twelve months of the residency program and all assigned rotations
- Complete and present a scholarship project. Required presentations will occur at the ASHP Midyear Clinical Meeting and the New England Residency Conference (or alternate for PGY2 only).
- Complete all assigned tasks detailed in the requirement list (See **Pharmacy Residency Requirement Check List**).
- Maintain duty hours (See **Residency expectations, Duty Hours**) and portfolio (See **Resident Portfolio**).
- Complete all evaluations. Rating of "Achieved-R" on all R1 objectives. Rating of "Achieved-R or satisfactory progress" on 85% of remaining objectives. No rating of "Needs Improvement" on any required objectives by the end of residency.

PGY1 Residency Requirements Checklist

PGY1 RESIDENT NAME:

Core Rotations		Date Completed	Elective Rotations		Date Completed
	Orientation			Administration II	
	Administration			Advanced Infectious Disease	
	Antimicrobial Stewardship			Cardiac ICU	
	Internal Medicine I			Surgical ICU	
	Internal Medicine II				
	Medical ICU				
Longitudinal Rotations:					
	Scholarship (Research or Quality Improvement)				
	Administration Lecture Series				
	Resident Teaching Certificate Program				
Central Pharmacy Operations					
	Staffing: Every third weekend, one major & one minor holiday, every third Friday starting in January.				
Scholarship Requirements:					
	Complete the IHI Open School Curriculum				
	Present a Poster at the ASHP clinical Meeting or an equivalent meeting				
	Participate at BMC-Brighton residency recruitment showcase				
	Abstract submission to MSHP (<i>Optional</i>)				
	New England Residency Conference (<i>Spring</i>)				
	Residency project completion (<i>by the end of residency year</i>)				
	Final project manuscript (<i>by the end of residency year</i>)				
Drug Information Projects:					
	Pharmacy & Therapeutics Committee				
		Medication Use Evaluation			
		Formulary Review (monograph and SBAR presentations)			
Minimum of 2 In-services:					
	Nursing				
	Physician				
Presentations & Teaching:					
	Pharmacist Education Conference				
	MSHP Clinical Pearl Submission (<i>optional but encouraged</i>)				
	Department of Medicine Noon Conference				

	Formal Case Presentation	
	Resident Teaching Seminar Presentation (TLS at Northeastern University)	
Minimum of 2 Journal clubs: To be completed during any rotation		
Other Requirements:		
	Completion of Anticoagulation Competency	
	Completion of Code Stroke training	
	Completion of Code Blue training (ACLS)	
	Completion of Antimicrobial Stewardship competency	
	Completion of Vancomycin & Aminoglycoside per pharmacy competency	
	Completion of all learning experience evaluations	
	Contribute to medication incident and ADR reporting system	
Program Completion:		
	PharmAcademic evaluations completed for all learning experiences	
	Rating of "Achieved-R" on all R1 objectives	
	Rating of "Achieved-R or satisfactory progress" on 85% of remaining objectives	
	No rating of "Needs Improvement" on any objectives at the end of residency	
	Completing duty hours documentation in PharmAcademic	

PGY2 Residency Requirements Checklist

PGY2 – ID Resident Name:

Core Required Rotations		Date Completed	Elective Rotations		Date Completed
	Orientation			Administration	
	Infection Control			Cardiac ICU	
	Foundation in Microbiology			Medical ICU	
	Infectious Disease Consult I			Surgical ICU	
	Infectious Disease Consult II – HIV & Hepatitis				
	Infectious Disease Consult III - Teaching				
	Outpatient Infectious Disease Clinic HIV/Hepatitis – ½ day /week				
	Concentrated Antimicrobial Stewardship				
Longitudinal rotations:					
	Antimicrobial Stewardship Leadership & Management				
	Scholarship (Research & Quality Improvement)				
	Northeastern University Resident Teaching Certificate Program (*Optional only if previously completed)				
Central Pharmacy Operations					
	Staffing, every fourth weekend, one major and one minor holiday				
Scholarship Requirements:					
	Completion of IHI Open School Curriculum				
	Present a Poster at the ASHP Clinical Meeting or an equivalent meeting				
	Participate at BMC – Brighton residency recruitment showcase				
	Abstract submission to MSHP (<i>elective not required for graduation</i>)				
	Present at New England Residency Conference or MAD-ID				
	Residency project completion (<i>by the end of residency year</i>)				
	Final project manuscript (<i>by the end of residency year</i>)				
	BMC- Brighton Research Day Poster Submission				
Presentations & Teaching:					

	Pharmacist Education Conference	
	Department of Medicine Noon Conference	
	Formal Case Conference	
	2-Journal clubs: To be completed during any rotation	
	Pharmacy staff development (minimum of 2 ID presentation)	
	Resident Teaching Seminar Presentation (TLS at Northeastern University) optional for residents with no PGY1 teaching certificate	
	Active participant/mentor in Pharmacy Student education program (<i>optional</i>)	
	COBTH Clinical Pearl Submission (<i>optional but encouraged</i>)	
Drug Information / Drug Use Evaluations / P&T Committee Meetings		
	Pharmacy & Therapeutics Committee assignments	
	Medication Use Evaluation (<i>complete a minimum of one antimicrobial MUE</i>)	
	Formulary Review (<i>at least one antimicrobial monograph and SBAR should be presented</i>)	
	Publish monthly Antimicrobial Electronic Newsletter (<i>minimum of six newsletter publication</i>)	
	Adverse Drug Report Contribution (<i>Quarterly</i>)	
Other requirements:		
	Completion of Anticoagulation Competency	
	Completion of Code Stroke training	
	Completion of Code Blue training (ACLS)	
	Completion of Antimicrobial Stewardship competency	
	Completion of Vancomycin & Aminoglycoside per pharmacy competency	
Leadership & Management: Committee Involvement:		
<i>(Attendance is required for all meetings. Absence needs to be approved by RPD)</i>		
	Infection Control Committee	
	Antimicrobial Stewardship Committee	
Program Completion:		
	PharmAcademic evaluations completed for all learning experiences:	
	Post-residency survey (BMC-Brighton <i>specific</i>)	
	Rating of "Achieved-R" on all R1 Goal & objectives associated	
	Rating of "Achieved-R or satisfactory progress" on 85% of all remaining objectives Total of 37 objectives for the residency year	
	No rating of "Needs Improvement" on any objectives at the end of residency	
	All elective goals assigned are required for completing the program	
	Submit and upload to PharmAcademic a complete document listing didactic discussions, reading assignments, case presentations, written assignments, and/or direct patient care experience in addition to documenting and completing the appendix in PharmAcademic	
	Completing duty hours documentation in PharmAcademic	

Residency Program Portfolio:

The resident will maintain a residency program notebook which should be a complete record of the residency activities. Residents are responsible for maintaining the portfolio throughout the year. This will be submitted to the RPD at the conclusion of the residency program and this will be a requirement for successful completion of the program. All items will be uploaded to PharmAcademic and should be saved in the resident's individual sharedrive folder.

The Residency Program Portfolio should include the following items:

- Documentation of activities and responsibilities for all rotations
- All evaluations not included in Pharmacademic
- IHI Open School Curriculum Certificate
- Medication use evaluations
- Monograph or SBARs
- Bugs & Drugs Newsletter⁺
- Pharmacist Education Lecture
- Formal Case Conference
- Medical Resident Noon Conference Lecture
- Physician In-services
- Nursing In-services
- Journal club 1
- Journal club 2
- Resident Teaching Seminar Presentation*
- Teaching & Learning Seminar Certificate*
- Midyear poster
- SEMC QI Research Day Abstract
- Final Scholarship Project Manuscript
- Final Scholarship Project Presentation for BMC-Brighton

**Only for residents participating in Northeastern University Teaching and Learning Seminar Program. PGY2 may be exempt if previously completed certificate program during PGY1. ⁺For PGY2 only.*

Upon completion of all program requirements and compliance with all conditions of the residency program, the resident will be awarded a certificate indicating successful completion of the Post Graduate Year One (PGY1) or Post Graduate Year Two Infectious Disease (PGY2-ID) Residency Program.

Residents who fail to complete program requirements and do not comply with all conditions of the residency program will not be awarded a certificate of completion of the residency program.

Standards of Performance/Disciplinary Action/Dismissal:

- Residents are required to follow policies and procedures of Boston Medical Center – Brighton Department of Pharmacy Services and license requirements. In the event a resident does not comply, a disciplinary action will be applied after complete discussion at the RAC meeting and alignment of all parties involved with the decision.
- Pharmacy Residency Program follows Boston Medical Center – Brighton Standards of Performance/Disciplinary Action Policy. Human Resources Policy Number: BMC-Brighton HR 21.
- In conjunction with the resident, an appropriate solution to rectify the behavior/deficiency will be determined and a corrective action plan established. A corrective action plan and specific goals for monitoring progress will be determined and outlined. These suggestions will be documented in the resident's file by the RPD. Corrective actions will be in progress before the next scheduled quarterly evaluation.
- The resident will be given a second warning if the resident has not improved within the determined time period set forth by the RPD.
- If the preceptor/RPD determines that the resident may not complete the residency program in the designated time frame, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Director of Pharmacy Services reviews the report and recommendations concerning any final action. If the Director of Pharmacy Services feels that the action recommended by the Preceptor / RPD is appropriate, the action will be implemented. Action may include remedial work or termination.
- When and if dismissal is recommended by the Residency Program Director, the Director of Pharmacy Services will have a meeting with the resident and RPD to discuss the final decision.

Director of Pharmacy:

Lindsay M. Arnold, PharmD, MPH, FCCP, BCPS
 Director of Pharmacy & Clinical Nutrition
 Assistant Professor of Medicine,
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PGY1 Residency Governance:

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 PGY1 Pharmacy Residency Program Director
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Mirembe Reed, PharmD, BCPS, BCCCP, BCCP Clinical Pharmacy Specialist, Cardiology	Salwa Elarabi, R.Ph. BCPS-AQ Infectious Disease Clinical Pharmacy Specialist – Infectious Disease, PGY2 Infectious Disease RPD
Adah Lau, PharmD Decentralized Clinical Pharmacist	Xinqi Yu, PharmD, BCPS Decentralized Clinical Pharmacist
Kayla L. McFarland, PharmD, BCCCP Clinical Pharmacy Specialist, SICU	Thao Pham, PharmD, BCCCP Clinical Pharmacy Specialist, MICU

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PGY2 – ID Residency Governance:

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Adah K. Lau, PharmD Decentralized Clinical Pharmacist	
James MacKinnon, RN Infection Control	Lisa Zenkin Core/Microbiology Supervisor
Lindsay M. Arnold, PharmD, MPH, FCCP, BCPS Director of Pharmacy & Clinical Nutrition Assistant Professor of Medicine Boston University School of Medicine Tufts University School of Medicine	Jorge Fleisher. MD Chief, Infectious Disease Chair, Infection Control Antibiotic Stewardship Boston Medical Center - Brighton Assistant Professor Tufts University School of Medicine

MCPHSU Affiliates

Kathy Zaiken, PharmD Professor of Pharmacy Practice MCPHS University kathy.zaiken@mcphs.edu	Caroline Zeind, PharmD Vice President for Academic Affairs, Associate Provost for Academic Affairs – Boston MCPHS University Caroline.Zeind@mcphs.edu
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Residency Advisory Committee (RAC)

The Residency Advisory Committee (RAC) consists of the Residency Program Director, the Director of Pharmacy and all qualified preceptors. This committee meets monthly or more frequently if needed.

The responsibility of this committee is to ensure that the residency program meets all qualifications of accreditation of the American Society of Health System Pharmacists for an accredited Post Graduate Pharmacy Residency Program.

The committee will reevaluate the program annually.

This committee will also be responsible for evaluating goals that have been achieved by each resident quarterly. Once goals have been identified as achieved, it will be the responsibility of the Residency Program Director to mark into PharmAcademic that these goals have been achieved by the resident.

Requirements of the Residency Program Director (RPD)

The RPD will:

- Evaluate potential preceptors based on their desire and aptitude for teaching.
- Appoint and re-appoint preceptors depending on the criteria described below.
- Maintain a plan for assessing and improving the quality of preceptor skills and provide opportunities for improvement.
- Meet with each preceptor to discuss resident evaluations at least annually and as often as needed.
- Annually consider evaluations, comments and any other information to make changes to the program.

Preceptor Selection Criteria

Procedure for Appointment of preceptors [See Preceptor Appointment/Assessment separately]:

- Motivated preceptors need to express their interests to the Residency Program Director (RPD) and complete the required academic and professional record form.
- Preceptor must meet the criteria for sections 4.5, 4.6, 4.7, 4.8. Based upon their record, the RPD will determine if they meet the ASHP standards for qualifications of a residency preceptor or if they will be considered a preceptor-in-training while attaining the required qualifications
- Preceptors who do not meet the qualifications for residency preceptors in sections 4.5, 4.6, and 4.7 will have an assigned mentor and a documented preceptor development plan to meet the qualifications within two years.
- Preceptors must attend a minimum of six residency advisory committee meetings per year.

Procedure for Reappointment of preceptors:

1. Preceptors will annually complete a Preceptor Self-Assessment Form.
2. RPD will complete a Preceptor Assessment Form for each preceptor on a biannual basis.
3. Preceptors will update their Academic Professional Record electronically in PharmAcademic and forward it to the RPD annually.
4. Preceptors who do not meet the standards above will not be reappointed.
5. Opportunities for improvement of preceptors will be ongoing through meetings, presentations, continuing education including onsite, university sponsored, local or national meetings.

Current Preceptors 2025 - 2026

PGY 1:

Preceptor Name	Learning Experience	Area of Day-to-Day Practice
Lindsay Arnold	Administration Administration II	Director of Pharmacy
Salwa Elarabi	Antimicrobial Stewardship Advanced Infectious Disease	Clinical Pharmacy Specialist – Infectious Disease PGY2 RPD, Infectious Disease
Adah Lau	Internal Medicine I & II	Decentralized Clinical Pharmacist
Mirembe Reed	Cardiac ICU	Clinical Pharmacy Specialist – Cardiology
Kayla L. McFarland	Surgical ICU	Clinical Pharmacy Specialist – Surgical Intensive Care Unit
Thao Pham	Medical ICU	Clinical Pharmacy Specialist – Medical Intensive Care Unit
Diala Nicolas	---	Clinical Pharmacy Manager PGY1 RPD
Xinqi Yu	Internal Medicine I & II	Decentralized Clinical Pharmacist

PGY 2:

Preceptor Name	Learning Experience	Area of Day-to-Day Practice
Salwa Elarabi	Infectious Disease	Clinical Pharmacy Specialist- Infectious Disease RPD PGY2 - ID
Lindsay Arnold	Administration	Director of Pharmacy
Jorge Fleisher MD	Outpatient Clinic Infectious Disease	Chief, Infectious Disease Chair, Infection Control Antibiotic Stewardship, BMC Brighton
James MacKinnon RN	Infection Control	Infection Control
Lisa Zenkin	Microbiology	Microbiology
Mirembe Reed	Cardiac ICU	Clinical Pharmacy Specialist – Cardiology
Adah Lau	Pharmacy Practice	Decentralized Clinical Pharmacist
Kayla L. McFarland	Surgical ICU	Clinical Pharmacy Specialist – Surgical Intensive Care Unit

Past PGY1 Resident Projects

Name	Graduation Date	Research Project
Hyobin Lee	June 2025	Optimization of Pain Score Assessment to Improve Analgosedation in Mechanically Ventilated ICU Patients
Fatimah Dakhel	June 2025	Bridging the Pain Management Gap: Boosting Pharmacist Interventions in Non-ICU Settings
Yusuf Garwan	June 2025	Implementation and Early Analysis of Intraoperative Methadone for Spinal and Abdominal-Pelvic Surgeries
Amal Al Naif	June 2024	Implementation of Pharmacist-Initiated Interventions to Improve Admission Medication Reconciliation
Kerry Blaney	June 2024	Evaluation of Unfractionated Heparin Weight-Based Dosing Protocols in Obese vs. Non-Obese Critically Ill Patients
Eric Gadecki	June 2023	Improving Utilization of Caprini Risk Assessment Model for Management of VTE Prophylaxis in a Surgical Intensive Care Unit
Waad Alrohily	June 2023	Increasing Proper Utilization of Heparin Monitoring Protocol in a Surgical Population
Ali Althubyani	June 2022	The Effect of Adjunct Inhaled Epoprostenol on Improving Oxygenation in Critically Ill Patients with Acute Respiratory Distress Syndrome (ARDS) Associated with COVID 19 Infection
Abigail Hoffman	June 2022	Pharmacist-Led Implementation of Insurance-Driven Ticagrelor Prescribing in Patients Post-PCI
Afaq Alabbasi	June 2021	Implementation of pharmacist led post percutaneous coronary intervention patient education
Abdullah Alahmed	June 2021	Pharmacy discharge transition of care pilot among cardiac surgery patients

Past PGY2 – ID Resident Projects

Name	Graduation Date	Research Project
Amal Al Naif	June 2025	Clinical Outcomes of Rifampin Combination Therapy in Patients with Staphylococcal Prosthetic Infections
Waad Alrohily	June 2024	Impact of Pharmacy Interventions to Improve Surgical Prophylaxis Antimicrobial Selection and Administration Time
Ali Althubyani	June 2023	Assessment of Antibiotic Appropriateness at Hospital Discharge: Antimicrobial Stewardship at Transition of Care
Shane J. Softy	June 2023	Gram-negative Antimicrobial Therapy for Pneumonia and Bacteremia based on Local Risk Factors
Afaq Alabbasi	June 2022	Implementation of Pharmacists' Electronic Feedback Note to Improve Antimicrobial Stewardship
Aislinn Brooks	June 2022	Impact of a Nurse-Pharmacist Driven Antimicrobial Stewardship-Redefining the Team
Tanner Bross	June 2021	Improvement of antimicrobial order set utilization through

		pharmacist involvement
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Pharmacy Resident Leave Policy

Whenever the need for leave (vacation/personal day) is anticipated, the resident will make a reasonable effort to schedule the leave so as not to burden the program and give notice no fewer than thirty (30) days before the leave is to begin. In the case of a planned leave for a birth of a child, parental leave, the resident should give the program director notice as far in advance as possible in order for the program to facilitate for appropriate scheduling.

1. Time off:

Residents shall receive ten (10) business days off with pay annually, including personal days (for interviewing, etc). Time off must be agreed upon by the resident, training site and RPD, it is non-cumulative from one year to the next. Time off will be documented in the PharmAcademic schedule.

2. Sick Leave (SL):

Residents are paid 10 days sick leave during periods of lost work time due to the resident's own illness, injury. Sick pay benefits are not intended for any other use. Sick leave is non-cumulative from one year to the next. Residents are responsible for notifying the program director of any absence because of illness. Residents shall provide medical verification and follow hospital leave policy for absences due to illness when requested. Residents who use more than allotted sick leave many do not meet certification requirements. Sick time cannot be used for personal leave.

3. Additional Leave:

Additional unpaid sick leave may be granted in extraordinary circumstances. Residents may utilize the Massachusetts Sick Leave Policy (HR 33) and the Leave of Absence Policy (HR 28). Residents will be required to meet all requirements to receive certification. A Leave of Absence may require extension of the Residency Program calendar to complete a 12 month of residency working days, and to achieve a satisfactory completion of program requirements.

4. Maternity Leave:

Residents may take maternity leave for the birth of a child, either for the purposes of giving birth or for adopting a child. Maternity leave will include the time noted in items 1-2 above (Time off and Sick Leave). Extended maternity leave beyond the allowed time from the training program for all reasons will result in a requirement to make up lost time. Refer to #7 of this policy. The resident must follow the BMC Brighton requirement for FMLA leave. Prior to returning to the training program, the resident must provide a letter from the obstetrician to employee health noting that the return to the training program is without restrictions.

5. Paternity Leave:

Residents may take paternity leave for the birth of a child, either for the purposes of a childbirth or for adopting a child. Paternity leave will include the time noted in items 1-2 above (Time off and Sick Leave). Extended paternity leave beyond the allowed time from the training program for all reasons will result in a requirement to make up lost time. Refer to item 7 of this policy.

6. Care and Bereavement/Family Leave (CB)

CB is provided to allow leave for providing care to a sick immediate family member or to mourn the death

of an immediate family member/individual with a relationship equivalent of an immediate family member.

- CB should be requested in advance
- CB leave hours are subtracted from the resident's accrued SL hours

7. Make Up for Extended Leave:

- Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time)
 - For leave exceeding 30 days, a review by the RPD shall be required. If it is determined that the resident has not made sufficient progress in the program due to the amount of training time missed in excess of the twenty (20) allowable days as set out in this paragraph, the resident may be required to make up training time. If necessary, training will need to be extended for the resident to complete at least 2/3 of their residency training as a licensed pharmacist which may include weekend and holiday time. The resident will not be allotted additional pay for this extended time. The residency program will not be extended beyond June 30th
 - Residents taking leave in excess of the allotted time will not receive a certificate of completion.