

Pharmacy Residency Manual 2026 – 2027



Post Graduate Year One



Post Graduate Year Two – Infectious Diseases



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Residency Program Vision and Mission

Program 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.

Program Purpose Statement

PGY1:

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

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.

Hospital Vision and Mission

Boston Medical Center Health System (BMCHS)

Vision Statement

To make Boston the healthiest urban population in the world.

Values

Three cornerstone values drive BMCHS's pursuit to provide award-winning clinical care to everyone, guiding our beliefs, behaviors and decision-making along the way.

1. Built on respect powered by empathy
2. Move mountains
3. Many faces create our greatness

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 (BMC-B)

BMC-B 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 (Pharmacists' Patient Care Process).
- 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 (population health management).

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:

E4: Health, Wellness and Emergency Preparedness

- E4.1: Design and deliver programs that contribute to public health efforts.

E7: Delivery of Medications

- E7.1.1: Manage and facilitate delivery of medications to support safe and effective drug therapy for infectious disease patients.

Resident Qualifications and Requirements for Licensure

Resident Qualifications and Requirements (PGY1 and PGY2):

- Doctor of Pharmacy degree: 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.
- Residents shall be available to begin July 1st for a 52-week appointment.
- 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, within 30 days of 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 Massachusetts pharmacy license.
 - 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. A copy of the license will be saved to the resident file in both PharmAcademic and sharedrive.
 - Participation in the Residency Program is contingent on securing and maintaining a license without restriction in the Commonwealth of Massachusetts. It is the expectation that the resident will complete these licensure requirements within 90 days of the commencement of the program. **Failure to obtain licensure within 90 days of the start of the program will result in immediate dismissal from the program and termination of employment. The resident will not be awarded a certificate of completion.**

Residency Certificate 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.
- Incoming PGY2 residents must provide a copy of the PGY1 certificate of completion prior to the PGY2 residency start date that is to be uploaded into PharmAcademic and the resident's sharedrive folder by the RPD. If the incoming PGY2 resident is unable to provide a certificate of completion prior to the residency start date, the RPD may also use PharmAcademic or direct communication with the resident's PGY1 RPD to verify PGY1 residency completion. If direct communication with the RPD is utilized for PGY1 verification prior to the start of the residency, a certificate of PGY1 completion must be provided within 30 days of the resident start date. If completion of a PGY1 residency cannot be verified by any of the above methods, the offer of employment will be withdrawn.
- 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.
- **Failure to provide the PGY1 certificate of completion within 30 days of the residency start date will be grounds for immediate dismissal from the residency program.**

International Track

- In addition to the above, international applicants 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.

Resident Benefits

Resident Benefits for PGY1 and PGY2:

- Time off: 10 business days – including personal days and time off taken for interviews.
- 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)
- 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).
 - If the resident’s time away exceeds 37 days, the residency program will be extended by the number of days in excess of the allowable 37 calendar days. The extension will be equal in time and competencies missed due to the leave up to a maximum of 12 weeks. Failure by a pharmacy resident to complete the required extension period will result in dismissal from the residency program without a certificate of completion. If extended leave is required beyond 12 weeks, the resident will be dismissed from the residency program and will not be eligible for a certificate of completion.
- PGY1 and PGY2 residents will participate in the ASHP Midyear Clinical Meeting.
- PGY1 residents will participate in the New England Residency Conference.
- PGY2 residents may consider substitution of New England Residency Conference or a specialized ID meeting, pending acceptance of poster for presentation at the discretion of the RPD and Director of Pharmacy.

General Track PGY1:

- Stipend –\$55,000
- Benefits: Medical, dental, vision, pharmacy
- Expenses for meetings must be pre-approved by the RPD for reimbursement.

General Track PGY2:

- Stipend –\$58,000
- Benefits: Medical, dental, vision, pharmacy
- Expenses for meetings must be pre-approved by the RPD for reimbursement.

International Track PGY1 and PGY2:

- Salary and benefits are provided through MCPHS. The resident will receive an annual salary as decided and is eligible for health, dental, and prescription benefits. The required wage rate paid must be the higher of the actual wage rate or the Department of Labor prevailing wage. In addition, an employer is not permitted to pay a wage that is lower than a wage required under any other applicable Federal, State or local law.
- Reimbursement for required meetings for the international track is provided through MCPHS University.

Resident Leave Policy

Minimum Term of Appointment

In accordance with the American Society of Health-System Pharmacists (ASHP), pharmacy residency programs are a minimum of 52 weeks in duration.

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 appropriate scheduling.

- 1. Time off:** Residents shall receive ten (10) business days off with pay annually. These days will apply to vacation days, personal days, and days off for external post-graduate interviews. Time off must be agreed upon by the resident, the current rotation preceptor and the RPD, it is non-cumulative from one year to the next. Time off will be documented in the PharmAcademic schedule.
- 2. Sick Leave:** Residents shall receive ten (10) days of sick leave to be used in the event of the resident's own illness or injury or a family member's illness or 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 RPD and the preceptor for their current rotation of any absence because of illness. Residents shall provide medical verification and follow hospital leave policy for absences due to illness when requested. Sick time cannot be used for any other purpose.
- 3. Additional Leave:** Additional unpaid 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 program completion requirements to receive a certificate of completion.

In accordance with ASHP, the pharmacy residency programs are a minimum of 52 weeks in duration. In the event of extended leave, the resident may utilize all remaining earned time and may still graduate on time if total time away does not exceed 37 calendar days. If the resident's time away exceeds 37 days, the residency program will be extended by the number of days in excess of the allowable 37 calendar days. The extension will be equal in time and competencies missed due to the leave. Failure by a pharmacy resident to complete the required extension period will result in dismissal from the residency program without a certificate of completion. Regardless of leave duration, if a resident is unable to meet the requirements for program completion, they will be dismissed from the program and will not receive a certificate of completion.

- 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 and 2 above (Time off and Sick 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. If the resident requires additional time away from the program (see item 3 above) the resident may still graduate on time if total time away does not exceed 37 calendar days. If the resident's time away exceeds 37 days, the residency program will be extended by the number of days in excess of the allowable 37 calendar days. The extension will be equal in time and competencies missed due to the leave. Failure by a pharmacy resident to complete the required extension period will result in dismissal from the residency program without a certificate of completion. Regardless of leave duration, if a resident is unable to meet the requirements for program completion, they will be dismissed from the program and will not receive a certificate of completion.
- 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 and 2 above (Time off and Sick Leave). If the resident requires additional time away from the program (see item 3 above) the resident may still

graduate on time if total time away does not exceed 37 calendar days. If the resident's time away exceeds 37 days, the residency program will be extended by the number of days in excess of the allowable 37 calendar days. The extension will be equal in time and competencies missed due to the leave. Failure by a pharmacy resident to complete the required extension period will result in dismissal from the residency program without a certificate of completion. Regardless of leave duration, if a resident is unable to meet the requirements for program completion, they will be dismissed from the program and will not receive a certificate of completion.

- 6. Extended Leave:** In accordance with ASHP, the pharmacy residency programs are a minimum of 52 weeks in duration. In the event of extended leave, the resident may utilize all remaining earned time and may still graduate on time if total time away does not exceed 37 calendar days.

If the resident's time away exceeds 37 days, the residency program will be extended by the number of days in excess of the allowable 37 calendar days. The extension will be equal in time and competencies missed due to the leave up to a maximum of 12 weeks. Failure by a pharmacy resident to complete the required extension period will result in dismissal from the residency program without a certificate of completion. If extended leave is required beyond 12 weeks, the resident will be dismissed from the residency program and will not be eligible for a certificate of completion.

Any extension of the residency program will be paid, and healthcare benefits will continue through the extension. If the resident requires greater than what is allowed in the above policies, they may be dismissed from the residency program and will not be eligible for a certificate of completion.-

Once the resident returns from extended leave, they will meet with the program director to re-evaluate and amend the resident yearly plan to ensure all program requirements are met prior to completion of the program.

Regardless of leave duration, if a resident is unable to meet the requirements for program completion, they will be dismissed from the program and will not receive a certificate of completion.

Additionally, program extension will only be allowed in the event of circumstances outlined in this document or covered in the Massachusetts Sick Leave Policy (HR 33) and the Leave of Absence Policy (HR 28). The program will not be extended due to the resident starting the program late or failing to obtain pharmacist licensure within 90 days of the start of the program. Additionally, the program will not be extended due to the resident's failure to meet the requirements for program completion.

Duty Hours, Moonlighting and On-Call Policy

- **Duty Hours:**
 - Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program. Residents must complete the Resident Duty Hours attestation monthly in PharmAcademic in order to track compliance with Duty Hour Requirements for Pharmacy Residencies Policy set forth by ASHP. Residents 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 should meet the standards established by the ASHP [Duty-Hour Policy](#)
 - These duty periods are assigned by the residency program director or a 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 internal and external 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 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.
- **Moonlighting:**
 - Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). 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
- **On-call programs:**
 - There are no call requirements for the PGY1 or PGY2 residents.
- **Duty Hour Oversight:**
 - Residents are required to complete the Duty Hour Attestation monthly in PharmAcademic™. The RPD will review resident attestations at the end of each month to monitor compliance with duty hour requirements, including moonlighting.
 - Any deviations or potential issues related to duty hours will be promptly reviewed, and appropriate actions will be taken to address them.
 - Any instance of non-compliance will be addressed by the RPD and an action plan to prevent future instances will be developed.
 - For total duty hours violations, RPDs will create a plan to limit future weeks duty hours to average out to 80 hours over a four-week period.
 - For time off violations, RPDs will create a plan with the resident to prevent future instances of duty hours violations.
 - Any resident found to be engaging in moonlighting in violation of this policy will be subject to corrective action as determined by the RPD, in accordance with program policies, up to and including dismissal from the program.

PGY1 Residency Program Structure

Rotations are both longitudinal and concentrated. All rotation experiences are a minimum of 5 weeks with the exception of the orientation, which is one month long. 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.

Required	Elective	Longitudinal Required Activities*
<ul style="list-style-type: none"> • Orientation (1 month) • Administration (5 weeks) • Antimicrobial Stewardship (5 weeks) • Internal Medicine I (5 weeks) • Internal Medicine II (5 weeks) • Medical Intensive Care Unit (MICU) (5 weeks) 	<ul style="list-style-type: none"> • Administration II (5 weeks) • Advanced Infectious Disease (5 weeks) • Ambulatory Care (at BMC Main) (5 weeks) • Cardiac Intensive Care Unit (CICU) (5 weeks) 	<ul style="list-style-type: none"> • Medication Use Systems and Collaborative Learning Experiences • Pharmacy Practice – Staffing** • Scholarship Project • Teaching and Pharmacy Education

*Longitudinal activities occur throughout the residency year

**Staffing requirement for PGY1 residents includes 17 eight-hour shifts (every third weekend, both Saturday and Sunday), 8 to 9 four-hour shifts (Friday evening starting in January), 1 eight-hour shift on a major holiday and 1 eight-hour shift on a minor holiday and

PGY2-Infectious Diseases Residency Program Structure

The PGY2 Infectious Diseases Pharmacy Residency is a 52-week, full-time program designed to develop the resident into an independent infectious diseases pharmacy specialist capable of providing advanced direct patient care, antimicrobial stewardship leadership, teaching, and scholarship.

Learning experiences are structured as both required and elective and are delivered in block (concentrated) and longitudinal formats. At least 50% of the residency year is scheduled for required learning experiences, consistent with ASHP Standards.

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 are contingent on completing the Residency requirement check list, including the appendix.

Required	Elective	Longitudinal Required Activities	Teaching & Education Required Activities (12 months)
<ul style="list-style-type: none"> • Orientation (1 month) • Infection Control (2 weeks) • Foundation in Microbiology (3 weeks) • Concentrated Antimicrobial Stewardship (5 weeks) • Infectious Disease Consult I (8 weeks) • Infectious Disease Consult II (10 weeks) • Infectious Disease Consult III (5 weeks) 	<ul style="list-style-type: none"> • Administration (5 weeks) • Cardiac ICU (5 weeks) • Medical ICU (5 weeks) • Residency Teaching Certificate Program with Northeastern University Bouvé College of Pharmacy⁺ 	<ul style="list-style-type: none"> • Antimicrobial Stewardship Management & Leadership (10 months - Dedicated one day every Tuesday (8 hours/month)) • Outpatient Infectious Diseases Clinic (10 weeks - ½ day every Friday precepted by ID physician) • Pharmacy Practice staffing (10 months - every 4th Weekend (Saturday and Sunday) = 13 Shifts Total) • Scholarship (9 months - 5 project days are allotted through the year) 	<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

Chief Resident

The Chief Pharmacy Resident serves as a liaison between residents and the RPDs, 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 (RAC)
- 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
- Leading the planning of the annual residency retreat
- Leading the planning of Pharmacy Week activities

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 RAC 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 RAC, 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

PGY1 and PGY2 Recruitment and Selection of Residents

Invite for Interviews

Following completion of application reviews, the RPD will compile, and rank applicants based on the average evaluation score (average of scores inputted into WebAdMIT by the three reviewers). The RAC will then convene to review and discuss the rankings and determine which applicants will be invited to interview. The program will aim to interview approximately six candidates per available residency position.

In the event that two or more applicants receive identical scores, the applicant with greater number of direct patient care experiences will be ranked higher. If the applicants remain tied, the RAC will conduct a blinded majority vote.

RPDs will send e-mails to applicants offered an interview with interview date and details. This e-mail will also contain a copy of the residency manual, which the applicant will be expected to review prior to the interview. The residency manual includes the following:

1. Leave policy
2. Duty-hour policy
3. Licensure policy
4. Requirements for successful completion of the program
5. Residency-specific remediation/disciplinary policy
6. Program start date and term of appointment
7. Stipend and benefit information
8. Information regarding financial support for required professional meeting attendance

Alternatively, the RPD may elect to send copies of the individual policies listed above instead of the manual.

RPDs will also notify all applicants not offered an interview after finalizing the interview list.

Interview Process

All residency candidates are interviewed by pharmacy leadership, residency leadership, preceptors, other clinical pharmacists and residents with the aid of a standard list of questions and a standard evaluation rubric. Applicants will be required to deliver a 15-minute presentation on a clinical topic of their choice. Interviews will be conducted virtually. Each interviewer will assess candidates using the interview rubric provided by the RPD. Interviewers will be responsible for entering their own interview scores into WebAdMIT.

Candidate Scoring and Ranking Process

After all interviews have been completed and all interviewers have entered their scores into WebAdMIT, the RPD will download the score report and rank the applicants based on average scores. The preceptors, the RPD, and residents will meet to discuss the scores and create a final rank list. A final list is compiled and submitted via the National Matching Service by the rank deadline.

In the event that two or more applicants receive identical composite scores following the standardized application review and interview process, the following tie-breaker procedure will be applied.

1. Interview score: the applicant with the higher total interview score (sum of all interviewer scores) will be ranked higher.
2. If the tie persists, the applicant with greater number of direct patient care experiences will be ranked higher.

If the objective criteria remain equivalent, the RAC will conduct a blinded majority vote to determine which applicant is ranked higher.

The Match

Within 30 days of the Match, the RPD contacts each matched candidate via email and requests candidates to confirm and document their acceptance of the Match by return correspondence by a date determined by the program but prior to the

start of the residency program. The RPD also provides general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment. Matched PGY2 candidates are provided with information related to verification of PGY1 residency program completion.

Phase II and the Scramble

Phase II and the scramble procedures will follow the applicant screening and interviewing process as outlined above, in an expedited fashion. Applicants will be screened in order which applications are submitted, and interviews will be extended on a rolling basis.

Early Commitment for PGY2 Infectious Disease:

- Current PGY1 residents interested in pursuing PGY2 Infectious Disease training at BMC Brighton may be eligible given the following:
 - Resident must express commitment by October 15th
 - Resident must be 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
 - Resident must complete two infectious disease learning experiences before the end of PGY1
- The PGY1 resident must submit a letter of intent and updated curriculum vitae to the PGY2 RPD.
- Residents interested in early commitment will be expected to interview with the RPD and preceptors.
- If more than one resident is interested in early commitment, candidates will be ranked based upon the same rubrics used on external candidates (as discussed above).
- Both the resident and PGY2 RPD will complete the online process for the Early Commitment agreement and submit to the National Matching Service by the designated ASHP submission deadline.
- Residents who are interested in PGY2 who do not apply through early commitment will go through standard PGY2 application process (i.e. PhORCAS).

Resident Assessment and Evaluation Strategies

Entering Assessment:

- Once selected each resident will complete their entering self-assessment in PharmAcademic. The RPD will review the self-assessment with the Resident and develop an initial assessment plan. This plan will be documented in PharmAcademic. 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 completed in 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.

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 RPD will complete a final assessment to document in PharmAcademic that all required goals have been achieved for the Resident.
- For PGY2 residents, the RPD will ensure that the appendix requirements have been completed.
- A Residency Certificate will be awarded to the Resident after completion of the program.

Residency Completion Requirements and Checklist

Purpose:

To outline criteria for obtaining a Residency Certificate for the successful completion of a Pharmacy Residency Program at Boston Medical Center Brighton.

Policy Statement:

Performance Assessment Scale

The Residency Program Directors (RPDs) in conjunction with the Residency Advisory Committee (RAC) have created the following definitions for our resident feedback grading system. The purpose of this scale is to provide consistent expectations about the meaning of feedback for our residents across all residency programs.

<p>Needs Improvement (NI)</p>	<ul style="list-style-type: none"> • Does not know how to perform activity • Requires extensive preceptor supervision • Cannot complete tasks or assignments without complete guidance from start to finish • Gather basic information to answer general patient care questions • Other unprofessional activities noted <p>Examples:</p> <ul style="list-style-type: none"> • Recommendations are incomplete, poorly researched, and/or lack justification • Consistently requires preceptor prompting to communicate recommendations to team or follow-up on patient care issues
<p>Satisfactory Performance (SP)</p>	<ul style="list-style-type: none"> • At expected state for time of residency year • Performs most skills independently • Requires some directed preceptor intervention to complete a task • Improvement is noted during learning experience but does not include mastery of the objective <p>Examples:</p> <ul style="list-style-type: none"> • Consistently able to answer questions of the team and provide complete response with minimal preceptor prompting or assistance • Able to make recommendations to team without preceptor prompting • Recommendations are straightforward and well-received • Sometimes struggles with more complex recommendations or difficult interactions • Should continue to identify supporting evidence to assist with difficult recommendations
<p>Achieved (ACH)</p>	<ul style="list-style-type: none"> • Able to practice independently with limited preceptor supervision/preceptor mainly functions in “facilitation” preceptor role • Able to perform skill and self-monitor quality • Mastered the objective and consistently performed task/ expectation with limited to no guidance <p>Examples:</p> <ul style="list-style-type: none"> • Recommendations are always complete with appropriate data and evidence; requires no preceptor prompting • Consistently makes effort to teach team members the rationale for therapy recommendations and follows up on patient care issues without prompting

Achieved for Residency (ACHR)	<ul style="list-style-type: none"> For objectives taught and evaluated in multiple learning experiences or multiple quarters, requires having an evaluation of “achieved” on two separate learning experiences Objectives evaluated in a singular learning experience may be marked ACHR after a one-time evaluation of “achieved” <p>Designated only by program director or coordinator based upon review and assessment of each resident’s performance from summative evaluations</p>
Not Applicable (NA)	<p>The specific objective is unable to be evaluated on this rotation. Notify the residency program director to remove this objective from the rotation if appropriate.</p>

All preceptors will be orientated to these definitions and how to apply this scale to residents for all learning experiences and quarterly assessments. The RPD must track and document overall progress towards achieving the educational goals and objectives of the residency program. An updated copy of the checklist (see below) will be uploaded to PharmAcademic with every quarterly update to the development plan. Additionally, the RPD will meet with the resident every quarter to discuss the development plan and the progress towards completion of residency requirements. The final quarterly evaluation should ensure that the resident has successfully completed all of the residency program educational goals and objectives.

Criteria for Residency Completion and Award of an ASHP-Accredited Residency Certificate

The BMC Brighton Pharmacy Residency Program outlines the following criteria for obtaining a Residency Certificate at the completion of either a PGY1 or PGY2 Pharmacy Residency:

- 1) Minimum of 52 weeks of residency program services
- 2) Maintain Duty Hours
- 3) Completion of all program requirements that are outlined in the checklists below
- 4) Achieving a rating of ACHR on all R1 objectives by the end of the 4th quarter
- 5) Achieving a rating of ACHR or SP on a minimum of 85% of all objectives (including all R1 objectives), with none marked as NI
- 6) For PGY2-ID, the RPD will review the resident’s progression towards completion of appendix requirements in PharmAcademic™ quarterly. All topics need to be addressed by the end of the residency year.
- 7) Completion of all PharmAcademic™ evaluations
- 8) Completion a quality improvement or research project and submission of a completed manuscript
- 9) If a Performance Improvement Plan has been in place, the resident must complete all requirements outlined in the plan by the specified deadline
- 10) Complete residency portfolio

Completion of Requirements Checklist for PGY1 Pharmacy Residents

Learning Experience		Topic or Block	Primary Preceptor	Completion Date
Drug Information Projects	One Medication Use Evaluation			
	One Monograph/SBAR			
	Adverse Drug Report (Quarterly)			
	P&T Minutes (Quarterly)			
Required Teaching/Education Activities	One Pharmacist Education Conference			
	One Noon Conference			
	At least one Formal Case Presentation			
	At least one Physician Inservice			
	At least one Nursing Inservice			
	Journal Club #1			
	Journal Club #2			
Scholarship Activities	Resident Teaching and Learning Seminar			
	IHI Open School Module Completed			
	Present Project Plan Updates at Monthly Scholarship Meetings			
	ASHP Poster Submission and Presentation			
	BMC Brighton Research Day Participation			
	New England Residency Conference Presentation			
Required rotations (5)	Final Manuscript			
	Administration			
	Antimicrobial Stewardship			

	Internal Medicine I			
	Internal Medicine II			
	Medical ICU			
	Orientation			
Elective rotations (4)	Administration II			
	Advanced ID			
	Ambulatory Care			
	Cardiac ICU			
Staffing Requirements	Every 3 rd Weekend (Saturday and Sunday) = 17 Shifts Total			
	One Major Holiday			
	One Minor Holiday			
	Beginning in January, Four-hour Friday Evening Shift Before Each Scheduled Staffing Weekend = 8 to 9 Shifts			
Elective/additional activities completed (not required to graduate)	MSHP Resident Clinical Pearl (application)			
	MSHP Poster (Submission)			

COMPETENCIES

<p>By the end of residency, the resident must have:</p> <ul style="list-style-type: none"> • ACHR on all R1 objectives • ACHR or SP on 85% of all objectives, including R1 • No NI by end of residency <p>Under each quarter, please indicate what percentage objectives have already met this requirement</p>					
R1 Objectives (must have ACHR on all by end of residency)	Objectives	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	R1.1.1 Collect relevant subjective and objective information about the patient.				
	R1.1.2 Assess clinical information collected and analyze its impact on the patient's overall health goals.				
	R1.1.3 Develop evidence-based, cost effective, and comprehensive patient-centered care plans.				

	R1.1.4	Implement care plans.				
	R1.1.5	Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.				
	R1.1.6	Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.				
	R1.2.1	Collaborate and communicate with healthcare team members.				
	R1.2.2	Communicate effectively with patients and caregivers.				
	R1.2.3	Document patient care activities in the medical record or where appropriate.				
	R1.3.1	Facilitate the medication-use process related to formulary management or medication access.				
	R1.3.2	Participate in medication event reporting.				
	R1.3.3	Manage the process for preparing, dispensing, and administering (when appropriate) medications.				
	R1.4.1	Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.				
R1.4.2	Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.					

RPH Licensure within 90 days of the start of the program
Date Obtained:

Completion of Requirements Checklist for PGY2-ID Pharmacy Residents

Learning Experience		Topic or Block	Primary Preceptor	Completion Date
Drug Information Projects	One Infectious Disease Medication Use Evaluation			
	One Infectious Disease Monograph/SBAR			
	Adverse Drug Report (Quarterly)			
	P&T Participation and Completing Minutes (Quarterly)			
	Publish a Bimonthly Antimicrobial Electronic Newsletter (≥ 4 newsletters)			
Required Teaching/Education Activities	One Pharmacist Education Conference			
	One Noon Conference Presented to Medical Residents			
	At least one Formal Case Presentation			
	At least one Physician Inservice			
	At least one Nursing Inservice			
	Journal Club #1			
	Journal Club #2			
	Pharmacy Staff Development Topic Presentation #1			
Pharmacy Staff Development Topic Presentation #2				
Scholarship Activities	IHI Open School Module Completed			
	Poster Submission and Presentation at ASHP Midyear			
	BMC Brighton Research Day Participation			

	New England Residency Conference Presentation or alternate AMS Meeting			
	Final Manuscript			
Leadership Activities Attendance is required for most of the meetings. Absence needs to be approved by RPD	Attendance of ≥ 4 Infection Control Meetings + 1 Presentation			
	Participate in <u>Local</u> Antimicrobial Stewardship Committee Meeting (Minimum attendance of 4)			
	Attendance of ≥ 4 <u>System</u> Antimicrobial Stewardship Committee Meetings Active participation is required at the discretion of the RPD			
Required rotations (9)	Orientation			
	Infection Control			
	Foundation in Microbiology			
	Concentrated Antimicrobial Stewardship			
	Infectious Disease Consult I			
	Infectious Disease Consult II			
	Infectious Disease Consult III			
	Outpatient Infectious Disease Clinic			
	Antimicrobial Stewardship Management & Leadership			
Elective rotations (3)	Administration			
	Medical ICU			
	Cardiac ICU			
Staffing Requirements	Every 4th Weekend (Saturday and Sunday) = 13 Shifts Total			
	One Major Holiday			

	One Minor Holiday					
Elective/additional activities completed (not required to graduate)	MSHP Resident Clinical Pearl (application)					
	MSHP Poster (Submission)					
COMPETENCIES						
By the end of residency, the resident must have:						
<ul style="list-style-type: none"> • ACHR on all R1 objectives • ACHR or SP on 85% of all objectives, including R1 • No NI by end of residency 						
Under each quarter, please indicate what percentage objectives have already met this requirement						
R1 Objectives (must have ACHR on all by end of residency)	Objectives	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
	R1.1.1	Interact effectively with health care teams, including microbiologists and infection control preventionists, to manage medication therapy for patients with infectious diseases.				
	R1.1.2	Interact effectively with infectious diseases patients, family members, and caregivers				
	R1.1.3	Collect information on which to base safe and effective medication therapy for infectious diseases patients.				
	R1.1.4	Analyze and assess information on which to base safe and effective medication therapy for infectious diseases patients.				
	R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans) for infectious diseases patients.				
	R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) for infectious diseases of patients by taking appropriate follow-up actions.				
	R1.1.7	For infectious diseases patients, document direct patient care activities appropriately in the medical record or where appropriate				
	R1.1.8	Demonstrate responsibility to infectious diseases patients.				
	R1.2.1	Manage transitions of care effectively for patients with infectious diseases.				
R1.3.1	Demonstrate an understanding of the integral members of the stewardship team, their roles, and the antimicrobial stewardship					

		strategies used by organizations.				
	R1.3.2	Participate in the institution's antimicrobial stewardship program.				
	R1.3.3	Evaluate stewardship program processes and outcomes.				
Appendix Progression		RPD to document quarterly updates of progression				
RPH Licensure within 90 days of the start of the program						
Date Obtained:						
PGY1 Certificate submitted to RPD						
Date Submitted:						

Residency Remediation and Disciplinary Policy

The Residency Program Director (RPD), Residency Advisory Committee (RAC), and preceptors will follow a corrective action process based on oral and documented corrective action counseling when one or more serious deficiencies in a resident's performance is noted. The corrective action process will be used when addressing areas of resident performance and/or behavior requiring improvement or elimination. It is intended to initiate action that will assist the resident in correcting problems and improving performance and behavior. Failure to improve performance as addressed by the corrective action process within the specified time frame(s) will result in the resident not receiving a certificate of successful completion and may result in involuntary dismissal. However, certain behaviors or actions will be considered immediate grounds for dismissal, and the corrective action process will not apply. Corrective action procedures and grounds for dismissal are outlined below.

Corrective action may be imposed if the resident fails to meet their obligations and responsibilities inherent to successful completion of the residency-training period. This includes, but is not limited to, progress toward achievement of learning experience objectives, completing assignments and meeting deadlines, progress towards completion of the residency project, completion of the program's requirements and deliverables as outlined in the completion requirements policy, and completion and submission of all program evaluation materials. Corrective action may also be imposed if the resident acts in a manner contrary to the professional obligations (e.g., unprofessional behavior, plagiarism) and responsibilities of a pharmacist.

Procedure: The RPD will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified deficiencies. The following are examples of concerns, performance, or actions that may prompt an investigation to determine the need for corrective action (this list is not comprehensive):

1. Failure to make progress towards achievement of an educational objective in more than one learning experience
2. Failure to meet required deadlines
3. Failure to complete assigned work
4. Violation of moonlighting policy

Following an investigation, the RPD, in conjunction with the RAC, will review the results of the investigation to determine the need to impose corrective action. The RPD shall inform the resident of the results of the review regardless of the final decision. In addition, the RPD will contact Human Resource (HR) personnel, as appropriate.

When the RPD, in conjunction with the RAC, determines that corrective action is necessary, corrective action will begin with oral counseling followed by, if necessary, a written corrective action plan.

1. Oral Counseling will include a discussion of the issues identified. The Resident will also be provided with suggestions for improvement, progression expectations, and the expected timeline for meeting progression expectations or issue resolution that is no longer than four weeks. The Resident will also be notified that the Oral Counseling discussion will be documented in the resident's personnel file. The RPD and preceptors will closely monitor the resident's performance to determine if expectations for progression/issue resolution are being met.
2. A Corrective Action Plan will be initiated if the RPD and RAC determine the resident has not met progression expectations or corrected identified issues by the end of the expected timeline. The purpose of the Corrective Action Plan is to document specific, measurable, achievable, repeatable and time bound (SMART) goals for a pharmacy resident who has failed to correct identified issues and/or displays behavior that is not conducive to achieving the predetermined objectives of the residency program. Corrective Action Plans will include the following components:
 - a. Description of the issues that must be corrected
 - b. Timeline that does not exceed four weeks
 - c. Criteria for successful resolution of the corrective action plan

- d. Date and signatures of the resident and RPD
3. Within five working days of the agreed upon timeframe for evaluation, the RPD and the RAC will assess the performance of the resident relative to the plan and discuss the updated performance with the resident.
 - a. If the resident was able to successfully complete the corrective action plan, no further action is necessary.
 - b. If the resident was NOT able to successfully complete the performance improvement plan, the resident will be dismissed from the residency program and employment will be terminated. The resident will not be awarded a certificate.
 - c. If the resident is making progress but has not achieved all criteria for successful resolution, the RPD/RAC, may provisionally extend the Corrective Action Timeline, up to four weeks if, based on their assessment, the resident can successfully complete the plan in this time frame. Progression and duration of the extension will be documented in the Corrective Action Plan with a copy provided to the resident. At the end of any extension, the resident will be dismissed from the residency program and will not receive a certificate of completion if all criteria for resolution have not been met. The residency program duration will not be extended beyond June 30th.

Dismissal: Grounds for immediate dismissal from the residency program include but are not limited to:

1. Failure to obtain pharmacist licensure within 90 days of the residency start date
2. For PGY2 residents, failure to provide their PGY1 certificate of completion within 30 days from the residency start date
3. Knowingly or negligently placing a patient, employee or any other person in danger
4. Falsifying information on a document
5. Committing plagiarism as determined by the RAC after review of the materials suspected of plagiarism

The resident is also subject to the Hospital's Performance Improvement Policy BMC-Brighton HR 21.

Director of Pharmacy:

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Current Preceptors 2026 - 2027

PGY 1:

Preceptor Name	Learning Experience	Area of Day-to-Day Practice
Lindsay Arnold, PharmD, MPH, FCCP, BCPS	Administration Administration II	Director of Pharmacy
Edward Chao, PharmD	-	Decentralized Clinical Pharmacist
Salwa Elarabi, RPH, BCPS, BCIDP	Antimicrobial Stewardship Advanced Infectious Disease	Clinical Pharmacy Specialist – Infectious Disease PGY2 RPD, Infectious Disease
Adah Lau, PharmD	Internal Medicine I & II	Decentralized Clinical Pharmacist
Jiaqi Li, PharmD	Internal Medicine I & II Staffing	Decentralized Clinical Pharmacist
Diala Nicolas, PharmD, BCPS	---	Clinical Pharmacy Manager PGY1 RPD
Thao Pham, PharmD, BCPS	Medical ICU	Clinical Pharmacy Specialist – Medical Intensive Care Unit
Mirembe Reed, PharmD, BCPS, BCCCP, BCCP	Cardiac ICU	Clinical Pharmacy Specialist – Cardiology

PGY 2:

Preceptor Name	Learning Experience	Area of Day-to-Day Practice
Lindsay Arnold, PharmD, MPH, FCCP, BCPS	Administration	Director of Pharmacy
Rosemarie Auguste-Prou, RN, MS, CIC	Infection Control	Infection Control
Deborah Chaulk, MS, RN, CPHQ, CIC	Infection Control	Infection Control
Salwa Elarabi, RPH, BCPS, BCIDP	Infectious Disease	Clinical Pharmacy Specialist- Infectious Disease RPD PGY2 - ID
Jorge Fleisher, MD	Outpatient Clinic Infectious Disease	Chief, Infectious Disease Chair, Infection Control Antibiotic Stewardship, BMC Brighton
Adah Lau, PharmD	Pharmacy Practice	Decentralized Clinical Pharmacist
Thao Pham, PharmD, BCCCP	Medical ICU	Clinical Pharmacy Specialist - Medical ICU
Mirembe Reed, PharmD, BCPS, BCCCP, BCCP	Cardiac ICU	Clinical Pharmacy Specialist – Cardiology
Lisa Zenkin	Microbiology	Microbiology

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