

Massachusetts College of Pharmacy and Health Sciences (MCPHS)/Atrius Health PGY1 Pharmacy Residency Program Residency Manual



MASSACHUSETTS COLLEGE OF PHARMACY
and HEALTH SCIENCES



Accredited



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Welcome to the MCPHS/Atrius Health Residency Program!

Dear Resident,

Welcome to the MCPHS/Atrius Health PGY1 Residency Program! We are excited to have you join our organization for your post graduate training. This year will be filled with many rewarding experiences that will advance your clinical skills. We look forward to a successful year with you!

Pharmacists play an integral role in providing quality health care services to patients and practitioners. The development of strong communication skills, leadership qualities, and experience in diverse health care settings will produce a well-qualified and determined pharmacist. The MCPHS/Atrius Health PGY1 residency is constructed to provide you with the ability to expand your practice in various areas of therapeutics, academia, and pharmacy administration in order to develop the skills necessary for a career in clinical pharmacy.

This will be a busy year, but with proper time management, dedication, and a strong desire to learn you will experience great success. Pharmacy is an evolving profession and post graduate training will help you adapt to the changes you may be faced with. This residency program will prepare you to take on advanced patient care responsibilities, including an advanced understanding of care plan development for patients taking multiple medications or experiencing medication-related problems, cost effective prescribing, and much more. Your time and dedication to your post graduate training will pay off. As the residency director, I want to help you reach your career goal. Throughout the year, if you have any questions or concerns, please let me know. I look forward to working with you and watching you begin your journey as a clinical pharmacist.

This program is a 12-month commitment beginning on July 1st and ending the following June 30th. Please read the enclosed manual as it gives you the terms and conditions of employment and information about the residency program.

Sincerely,



Kathy Zaiken, Pharm.D.
Residency Program Co-Director



Ewan McNicol, Pharm.D., MS
Residency Program Co-Director

MCPHS

Introduction

MCPHS is the oldest institution of higher education in the entire city of Boston and the second-oldest university of pharmacy in the United States. Since the University's founding in 1823, MCPHS University has been on the cutting edge of innovation in healthcare education.

MCPHS has graduated countless leaders in the healthcare industry and is committed to shaping healthcare one generation at a time. We see our students as the future of an industry we are wholly committed to, and our mission is to arm them with the knowledge and skills that will lead to success for them, and better science for all.

Mission Statement

MCPHS prepares graduates to advance health worldwide through excellence, innovation, and collaboration in teaching, practice, scholarship, and research and to transform the communities that they will serve.

Core Values

STUDENT-CENTERED: Prioritize student needs in all decision-making. Develop a holistic approach to engage students as successful life-long learners.

RESPECT: Treat others as they would like to be treated. Seek out the best in and assume positive intent of others. Listen actively, welcome feedback, and deliver meaningful information with care and tact. Deal with conflicts quickly and directly.

DIVERSITY and INCLUSION: Promote equity in access to quality health care through teaching, discovery, and advocacy. Foster a culture of inclusion and cultural competence among students, faculty, staff, and other key stakeholders.

INTEGRITY and AUTHENTICITY: Seek truth. Be intellectually and interpersonally honest with others. Make ethical decisions.

INNOVATION: Embrace change and challenge the status quo. Find new and better ways to enhance education, both in and outside the classroom. Enhance work quality and address institutional needs. Continually improve skills and abilities. Through education and example, develop our students to be innovators.

PERSONAL and PROFESSIONAL ACCOUNTABILITY: Be mission focused. Honor commitments. Work collaboratively as a team member. Be reflective and transparent in communications. Always provide your best effort. Speak up when professional or ethical standards are being violated.

LEADERSHIP ACCOUNTABILITY: Devote resources to address priorities. Communicate in a transparent manner. Ensure transparency in decision-making. Use data to inform decisions. Create a safe-to-say environment. Develop leadership at all levels. Maximize individual contributions.

Atrius Health Clinical Pharmacy Program

Mission Statement

The Atrius Health Clinical Pharmacy Department is dedicated to providing high quality, patient-centered medication management through an integrated, collaborative, multidisciplinary team approach. We strive to optimize individualized and compassionate care by recommending or providing clinically appropriate, evidence-based, cost-effective medication therapy; we also strive to empower the members of Atrius' clinical practices through education to do the same.

Goals

- To provide direct patient care for chronic drug management
- To promote cost-effective prescribing within all Atrius Health practice groups
- To provide drug information and payor information for all health care professionals
- To support clinical quality initiatives with a focus on medication management

Responsibility of Clinical Pharmacist

- Evidence-based clinician education
- Onsite Clinics- office visits for chronic disease state medication management and comprehensive medication review and education
- Atrius Formulary Management
 - Epic Tools
 - Pharmacy and Therapeutics (P&T) Committee prescribing initiative support
- Support clinical quality initiatives
- Participate in interdisciplinary team meetings to develop and assist with providing appropriate medication regimens and monitor plans for various disease states while considering patient-specific medication-related problems and ensuring continuity of care during transition periods (roster review)
- Provide drug information and insurance payor drug benefit coverage information
- Distribute formal and informal communication on drug-related news and urgent actions
- Serve as Specialty Clinical Pharmacy Liaison to most specialties
- Provide education to nurses, medical assistants, and other support staff regarding initiatives

Atrius Health Outpatient Pharmacy

Mission Statement

We are committed to:

- Collaborate with Clinicians and other Atrius Staff to provide the highest quality care for our patients
- Aim towards healthy outcomes and excellent patient satisfaction
- Maintain a safe and cost-effective pharmacy program
- Create a respectful, supportive and happy work environment for our employees

Please refer to Appendix 1, 2, and 3 for MCPHS, Clinical Pharmacy, and Pharmacy Operations organizational charts.

MCPHS/Atrius Health PGY1 Residency

PGY1 Purpose Statement

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

Program Description

The MCPHS/Atrius Health Residency is an ASHP-accredited, structured, one-year postgraduate educational and training program that fosters the development of advanced knowledge and skill in the delivery of ambulatory/managed care clinical pharmacy services within a non-profit alliance of community-based medical groups. During the twelve-month program, the resident completes a variety of rotations to gain both patient care and practice management experience. The fundamental goal of the residency is to attract and develop pharmacists whose talents and motivation indicate a strong potential for assuming leadership roles in managed care, ambulatory care, and/or academia.

Recruitment

Representatives from MCPHS/Atrius Health will be available at the New England Residency Showcase hosted at MCPHS and the ASHP Midyear Clinical Meeting in December.

Program Description

Number of Positions: 1

Application Deadline: Application deadline first week of January, date assigned yearly

Starting Date: July 1st (or closest Monday)

End Date: June 30th (or closest Friday)

Stipend: \$51,000

Interview Required: Yes

Benefits: Eligible for health, dental, prescription and other benefits through MCPHS

Training Site: MCPHS in Boston and select Atrius Health sites located throughout Massachusetts (Beverly, Cambridge, Dedham, Kenmore, Somerville, Watertown, and West Roxbury).

Residency Program Co-Director

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Resident Procurement Process

Qualifications for Consideration

- Possess a Pharm.D. degree or candidate for Pharm.D. from an ACPE accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee certificate from the National Association of Boards of Pharmacy.
- Register with the National Matching Service and the Pharmacy Online Residency Centralized Application Service (PhORCAS/WebAdMIT)
- Applicants must be eligible for licensure in Massachusetts by July 1st of the application year
- Applicants must possess a minimum of a 3.0 cumulative GPA
- Experience in community pharmacy related practice preferred
- Must possess strong interpersonal communication skills
- Involvement in community service, leadership, and other extracurricular wide activities is preferred

Application Requirements

- MCPHS Application (to be completed after selected for Residency)
- Letter of intent
- Curriculum vitae
- 3 letters of recommendation
- Official college/university transcripts
- Onsite interview or virtually via Zoom by invitation to be conducted end of January through early February
 - All Interviewees are required to submit a presentation title prior to their interview. Candidates may choose a topic of interest to present, however ambulatory care/managed care topics are highly encouraged.
- Completed applications must be received in full by the deadline for consideration (application deadline first week of January, date assigned yearly)

Diversity, Equity, and Inclusion

As a premier health sciences institution, MCPHS educates students to work within diverse communities with patients of all backgrounds. Our dedication to academic excellence is inseparable from our commitment to diversity, equity, and inclusion. We encourage all members of the MCPHS Community to commit their time and talents to help create a more equitable society.

Diversity: We are committed to increasing diversity, which is expressed in myriad forms, including race and ethnicity, gender and gender identity, sexual orientation, socioeconomic status, language, culture, national origin, religious commitments, age, (dis)ability status, and political perspective.

Equity: We are committed to working actively to challenge and respond to bias, harassment, and discrimination. We are committed to a policy of equal opportunity for all persons so that all members of the MCPHS community are treated justly.

Inclusion: We are committed to pursuing deliberate efforts to ensure that our campus is a place where differences are welcomed, different perspectives are respectfully heard, and every individual feels a sense of belonging and inclusion and is treated with dignity and respect.

The MCPHS Non-Discrimination Policy can be found here: <https://www.mcphs.edu/about-mcphs/policies-discrimination-harassment/non-discrimination-policy>

Applicant Review

Applications for consideration will be reviewed by the Residency Advisory Committee (RAC). This committee is comprised of the residency program director and 7 preceptors. Seven reviewers, the RPD and six preceptors are assigned to review each applicant's application. The seven reviewers also make a recommendation of whether they recommend, waitlist, or do not recommend a candidate for interview based on their whole application using the Residency Candidate Applicant Screening document. Each resident candidate will receive a score of between 0 and 54 points (0 and 50 points if candidate is from a pass/fail school) from each reviewer and the average score from all the reviewers will be the candidate's pre-interview score. An Additional preceptor may be asked to review a candidate's packet if there are large discrepancies in reviewer's scores or the candidate is on the border of being considered for the program. The top 10 candidates based on pre-interview scores and the recommendations of the RAC will be invited for an interview either onsite or virtually via Zoom. During the interview candidates will interview with the RPD, preceptors, and resident.

All candidates will receive an email invitation for interview from the Residency Program Director. A pre-determined list of interview dates will be sent to candidates, candidates will rank dates in order of preference and be scheduled accordingly. For Phase II applicants, the same process will be followed.

Interview Process

To increase accessibility to candidates from all geographic locations, interviews will be conducted virtually via Zoom. Each interview will be conducted over one business day. All interviews consist of an introduction, 4 individual interviews with members of the interview team, a SOAP note assessment, 15-minute presentation, and lunch/tour with current resident.

For Phase II applicants, the same process will be followed. Members of the interview team might need to be adjusted based on availability during Phase II timeline.

All members of the interview team have access to applicant material through PhORCAS/ WebAdMIT.

Each member/pair of the interview team will be assigned a specific domain to evaluate the resident candidate on during their interview. They will be given an interview guide with suggested questions for the interview.

Resident Ranking

At the completion of each interview, each member of the interview team will complete the Interview Evaluation Form. All interview scores are averaged together. All interview team members will participate in a residency ranking meeting where scores, recommendations and overall feedback is evaluated to decide what candidates are ranked and the rank order. Candidates are evaluated for suitability of the program considering the applicant's experience and skill set, interaction with the RPD/preceptors/resident, and compatibility between each applicant's goals and program's goals. The file rank order lists will be submitted to the NMRP by the Residency Program Director. The same process will be used for Phase II applicants.

Position Offering

Once results of the Match are available, a formal offer will be extended to the candidate which must be signed and returned to the RPD within 7 days. The resident will also receive a contract from MCPHS detailing their role as an Instructor of Pharmacy Practice.

Pharmacy Licensure

All residents must be licensed or be eligible for licensure in the state of Massachusetts. All attempts should be made to have sat for both portions of the Massachusetts Pharmacy Licensure exam before the beginning of the residency year. In the event the resident is unable to take the Massachusetts Pharmacy Licensure exam before the beginning of the residency year, the resident must sit for each exam at the earliest available date after the required documents have been received from the State Board of Pharmacy. Since the residency year is predicated on obtaining licensure, **failure to obtain pharmacist licensure to practice pharmacy in Massachusetts by October 1st (within 90 days) of the residency start date may result in immediate termination of the residency program for the resident** (termination of employment). In the event that a resident is unable to obtain licensure by this date, they may be evaluated on a case-by-case basis for consideration of extenuating circumstances. Residents with extenuating circumstances may request a 30-day waiver. Waiver requests are to be emailed to the RPD by the 85th day of the residency and include the circumstances which prevented licensure and the plan to ensure licensure within 120 days of the residency start date. The RPD will notify the resident if the waiver is granted within 5 business days of receipt of request. If a waiver is granted, a documented plan will be in place for obtaining licensure by November 1st. **Failure to obtain pharmacist licensure to practice pharmacy in Massachusetts by November 1st (within 120 days) of the residency start date will result immediate termination of the residency program for the resident (termination of employment).**

Please refer to Appendix 4 and 5 for a sample of the Residency Match Agreement, and Contract for Appointment of Instructor of Pharmacy Practice Resident for MCPHS.

Employment Information

The resident is a full-time employee of MCPHS and has an Instructor of Pharmacy Practice appointment. The residency year will begin July 1st and end June 30th of each year.

Professional Dress Guidelines

MCPHS strives to maintain an atmosphere that is professional at all times, and employees' attire should reflect that goal. Unless a position requires otherwise, employees are expected to dress in business casual attire. Such attire is to be in neat and clean condition. Worn, faded, tight and/or revealing clothing is not appropriate. This generally means that employees may wear, for example, khakis, capris (which fall below the knee), polo and cotton shirts with collars, skirts and dresses, sweaters and cardigans. Footwear should be appropriate for a business environment or otherwise appropriate for the employee's position. Attire that generally is not acceptable includes, but is not limited to, denim, skorts, mini-skirts, shorts, overalls, halter-tops, midriff-baring tops, tank tops, beachwear, workout attire, spandex, T-shirts, and other clothing with logos (other than MCPHS logos), pictures, cartoons, or profane language.

Specific guidelines may be established by MCPHS for specific departments/schools and positions. Reasonable accommodations will be made for employees' sincerely held religious beliefs and disabilities, to the extent required by applicable law. An employee and/or supervisor who is unsure of what is appropriate should check with their supervisor and/or Human Resources.

Employee Identification Cards – Safety & Security

All employees receive photo identification cards at the start of employment. To assure the safety and security of all faculty, staff, and students, IDs are to be worn around the neck on the issued lanyard at all times while on duty in all University buildings, on all campuses. This may also be required when the employee attends events, and programs and when the employee uses various MCPHS and Colleges of the Fenway services, including the library and Wellness Center. For reasons of safety and security, all employees must be readily identifiable while they are on campus and/or engaged in required off-campus activities. Therefore, any head covering that would obscure an employee's face may not be worn, except when required for medical and/or sincerely held religious beliefs.

Public Safety personnel stationed at the entrance of University buildings will check the ID upon the employee's entry to the building. No one will be permitted access without an ID. Employees may be asked to remove any covering that obscures the employee's face in order to verify identity for security purposes. If an employee's ID is lost or misplaced, he or she will be directed to the Public Safety Office where he or she will be asked to sign in.

Lost or stolen ID cards should be reported to Information Services help desk personnel so that the lost ID may be de-activated and a new ID issued.

The ID card remains the property of the University, and must be returned upon termination of employment.

Professional Conduct in the Workplace

MCPHS endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, employees must abide by certain rules of conduct, which are based on common sense and fair play. The following are examples of some but not all conduct which may subject an employee to disciplinary action, up to and including termination of employment, in the University's sole discretion:

- Obtaining employment on the basis of false or misleading information;
- Stealing, MCPHS, co-worker, or student equipment, funds, or materials;
- Violating the Substance Abuse policy;
- Violating the Violence in the Workplace policy;
- Violating the Equal Employment Opportunity, Harassment, or Sexual Harassment policies;
- Violating the Attendance policy;
- Gambling on University property;
- Wasting work materials;
- Performing personal work during working time;
- Engaging in improper practices such as any illegal, fraudulent, maliciously dishonest, negligent, or otherwise unethical action relating to University operations, finances or activities;
- Engaging in unsatisfactory work performance;
- Violating any other of MCPHS's policies.

Nothing in this policy is intended to alter the at-will status of employees. Violation of this policy and/or similar areas may lead to disciplinary action up to and including termination. The employee or MCPHS may terminate the employment relationship at any time with or without notice and with or without cause.

MCPHS reserves the right to address any circumstances in which any employee does not meet the expected standards of conduct.

Orientation for New Employees

As a condition of employment all newly hired full time faculty, full and part time staff are required to attend a new employee orientation program. This program is scheduled each month by the Office of Human Resources and is made available on all campuses via video conferencing.

Orientation introduces new employees to the College's history, mission, vision, management structure, strategic initiatives, policies and procedures, emergency protocols and other information relevant to their work environment.

New faculty and staff must attend a new employee orientation within 60 days of their date of employment. The resident will attend the new employee orientation in August of the residency year.

Please refer to Appendix 6 for a sample letter regarding New Employee Orientation.

HIPAA Policy

The resident shall maintain as confidential all patient information and other data to which they may have access, and shall not disclose to or copy the same for any person. The resident will be required to read the Privacy Page located on Share Place at Atrius Health at the start of their residency. This information can be found at:

<https://shareplace.atrariushealth.org/administrative/HumanResources/HRPolicies/Documents/Contingent%20Worker%20Policy%20and%20Procedures%20Packet%20121620.pdf> and <https://shareplace.atrariushealth.org/administrative/HumanResources/employmentandgettingstarted/Pages/OnlineTraining.aspx>

Duty Hour Policy

Duty hours are defined as all scheduled clinical and academic activities related to the residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Please read the ASHP Duty-Hour Requirements for Pharmacy Residencies ([ASHP Duty-Hour Requirements](#)).

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, which are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Moonlighting: Any voluntary, compensated, 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.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Duty Hour Requirements

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled, and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

- I. Personal and Professional Responsibility for Patient Safety

- A. Residency program directors must educate residents and preceptors about their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of patients to transition care to another qualified, rested provider.
- D. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

Maximum Work Hours per Week and Duty-Free Times

- A. 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.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
 - i. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
- C. All moonlighting hours are required to be reported to the RPD.
- D. The resident is responsible for completing the monthly attestation form PharmAcademic which will include:
 - i. Any event that shares moonlighting hours.
 - ii. Moonlighting hours performed and what type of event.
- E. Residents should have a minimum of one day (per seven (7) day period, averaged over four (4) consecutive weeks) free of duty.
Note: At-home call may not be assigned on these free days.
- F. Residents should have 10 hours free of duty between scheduled duty times, and should have a minimum of eight (8) hours break between each scheduled duty period.
- G. Residents should have at least 14 hours free of duty after the 24 hours of in-house duty when applicable.
- H. Residents should have defined hours assigned for the residency but may also be responsible for hours not previously set or defined.
- I. Continuous duty periods of residents should not exceed a 16-hour period. The maximum allowable duty hour assignment must not exceed 24 hours even when built in strategic napping or other strategies to reduce fatigue or sleep deprivation, with an additional period of up to 2 hours permitted for transitions of care or educational activities.

The resident must complete the moonlighting attestation every month in PharmAcademic. Residents must provide comments for all “No” answers. The RPD will review monthly, co-sign, and follow-up with the resident if compliance issues are noted that may be affecting the resident’s overall performance including any impact to their ability to achieve the educational goals and objectives of the residency program and providing safe patient care. Furthermore, residents will maintain a monthly duty hours log documenting hours worked, including moonlighting; the resident will notify the RPD immediately if it is discovered that the resident has worked in a manner inconsistent with the standard.

The RPD reserves the right to discontinue all moonlighting events of the resident if the impact is negative to the resident’s performance and ability to complete the residency program.

Note: Failure to discontinue moonlighting activities by the resident may impact the resident’s ability to complete the residency program.

Holidays

New Year’s Day, Martin Luther King’s Day, President’s Day, Patriot’s Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Indigenous Peoples Day, Veteran’s Day, Thanksgiving Day and Christmas Day are all observed holidays. *Additional holidays may be observed as determined by MCPHS.

Vacation Days

The resident is entitled to 10 days of vacation. Vacation days must be requested 2 weeks before said vacation, and will be approved by the RPD. In addition, vacation days must be utilized for job or PGY2 interviews in the spring. Vacation days cannot be accumulated and taken all at once in May or June. Vacation days cannot be accrued and cashed in at the end of the residency year. All responsibilities of the resident should be adequately covered prior to taking any vacation day.

Resident Well-being

Residents are encouraged to use their vacation time intermittently through the year, and not let it accumulate towards the last quarter. This will help with the overall wellbeing of the resident and work-life balance. Vacation all taken towards the last quarter of the program will be highly discouraged.

Leaves under the Massachusetts Paid Family and Medical Leave Program

The resident, as an MCPHS employee, is entitled to receive paid, job-protected leave of absences under Massachusetts’ Paid Family and Medical Leave program (“MAPFML”) limited to the following family and medical circumstances:

- Caring for their own serious health condition as certified by a health care provider, including illness, injury, or pregnancy/childbirth (up to 20 weeks of paid medical leave)
- Caring for a family member with a serious health condition as certified by a health care provider, including illness, injury, or pregnancy/childbirth (up to 12 weeks of paid family leave)
- Bonding with their child during the first 12 months after birth, adoption, or placement (up to 12 weeks of paid family leave)
- Caring for a family member who was injured serving in the armed forces (up to 26 weeks of paid family leave)
- Managing affairs while a family member is on active duty (up to 12 weeks of paid family leave)

MAPFML provides a benefit amount to the employee based on the calculation in the regulation that may be less than the employee’s salary.

A leave of absence under MAPFML may affect the resident’s ability to meet the 12-month practice commitment within the residency year. When the resident submits a leave request, the Residency

Program Director will develop a proposed plan for the resident to assure that requirements for the residency are successfully met, and that the individual resident is treated fairly. For leaves of shorter duration, this plan could potentially include rescheduling work time to make up additional days to be able to meet the 12-month practice commitment within the residency year. For MAPFML leaves of longer duration where a plan cannot be created within the residency year, a recommendation to extend the residency program will be placed and an extended practice plan will be developed in conjunction with the individual resident and the Residency Program Director. The term of the appointment and residency year will be extended for a time period equal to the duration of the MAPFML leave and will be equivalent in competencies, salary, and benefits. The plan will be presented to the Residency Advisory Committee for approval.

Further information about MAPFML can be found on the MCPHS University website through this [link](#).

Leaves Not Qualified for Benefits

Requests from the resident for leaves of absence not covered by MAPFML will be granted on a case-by-case basis at the discretion of the Residency Advisory Committee. Any approved leave of absence that is not related to MAPFML will be unpaid leave. However, employees may choose to use accrued paid time off during such an approved leave of absence. For approved non-MAPFML leaves under 8 weeks, the Residency Program Director will develop a proposed plan for the resident to assure that requirements for the residency are successfully met within the residency year, with extensions granted at the discretion of the Residency Program Director. This plan could potentially include reduction of vacation time and conference time to make up additional days to be able to meet the 12-month practice commitment. Any non-MAPFML leave for more than 8 weeks duration may result in termination of the residency program for the resident at the discretion of the Residency Program Director.

Residents should contact [The Office of Human Resources](#) with questions about the University's leave policies.

Professional Leave

The resident will be granted professional leave for the following: NAPLEX and MPJE test days (2 days), ASHP Midyear Clinical Meeting (5 days), Reed Conference (1 day). Any additional requests must be submitted to the RPD who will determine the value of any professional meeting (local/state), and will have final approval after reviewing the request submitted by the resident

Dismissal/Discipline Policy

The MCPHS/Atrius Health Residency Program is committed to excellence. Residents are expected to satisfactorily complete all requirements of the residency program. Only those residents who satisfactorily complete the requirements will receive their residency certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done as part of the quarterly review process. The RPD in conjunction with preceptors involved with residents training will assess the ability of the resident to meet the requirements by established deadlines, and work with the resident to assure their satisfactory completion.

If a resident is failing to make satisfactory progress in any aspect of the residency program, the following steps shall be taken to assure their satisfactory completion (refer to the University's Professional Conduct in the Workplace on p.12). Some violations of the Professional Conduct in the Workplace, as well as behaviors, will result in starting the disciplinary action at any of the levels up to and including discharge. The resident may be placed on a suspension without pay or administrative leave, pending an investigation of the alleged infraction. Employees will be notified by the RPD of placement on any administrative leave.

I. Verbal Counseling

The RPD will meet with the resident to advise him/her of the problem, the corrective action needed and the consequences of failing to correct the problem. When informal verbal counseling sessions do not resolve the problem, the next level of warning (the written Counseling Report) should be completed.

II. Written Counseling Report

The RPD will complete MCPHS/Atrius Health notice of discussion and corrective action report stating what the resident is doing wrong, what corrective action is needed and what will happen if the resident does not do what is expected of her/him. The RPD will meet with the resident to discuss the written Counseling Report. The resident may write their comments about the issue on this report. The resident signs the report, is given a copy, and is advised that a copy becomes part of his permanent personnel file. If the resident fails to take corrective action within a reasonable period of time or creates other problems, she/he is given either a final written warning or suspended without pay depending on the seriousness of the incident.

III. Final Written Warning

Prior to issuing a final written warning, the case is reviewed with the Human Resources Director or Vice President to ensure that the problem and the disciplinary steps are properly documented and the action proposed is appropriate. The Resident is advised that his/her employment is dependent upon his/her ability and willingness to improve, and an "action plan" should be put in place. The Resident should be closely observed and advised of his/her progress during the period. If the Resident has corrected the problem, the RPD writes a summary of his/her progress for the personnel file. The Resident should be advised that he/she has demonstrated the ability to meet the standards set for him/her and is expected to continue to do so to avoid placing his/her job in jeopardy in the future. If the Resident fails to make sufficient effort to correct the problem she/he may be terminated. The reason(s) must be written and placed in the Resident's personnel folder.

IV. Suspension

The RPD or designee may place a Resident on unpaid suspension when she/he fails to correct a problem for which a written or final written notice has been issued, or when time is needed to investigate a specific incident and determine the appropriate course of action. Suspension can take the place of the final written warning.

Grounds for immediate dismissal

Failure to obtain pharmacist licensure to practice pharmacy in Massachusetts by November 1st, absence from work in excess of approved time off and/or extended leave and/or unwillingness to make up missed shifts, or violation of the University's Professional Conduct in the Workplace policy that would result in immediate termination under MCPHS University human resources policy (e.g., HIPAA violation).

Emergency

MCPHS has partnered with Rave Mobile Safety to offer an emergency alert notification system called Rave Alert to deliver reliable emergency text and email messages to employees and students any time there is an emergency that poses a safety concern for the community. The resident will be automatically set up for the alert system when they get an MCPHS email address.

Stipend and Benefits

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.

Professional Meetings

The resident is expected to attend the ASHP Midyear Clinical Meeting (December). A poster presentation on their residency project is required for the Midyear Clinical Meeting, as well as participation in the residency showcase. The resident will present the results of their research project at the annual End of Year MCPHS Residency and Fellowship presentations event. The resident will also attend the New England Residency Showcase held at MCPHS.

Travel Expenses and Reimbursement

The resident will be reimbursed for travel expenses to and from professional meetings. Before attending a professional meeting, the resident is required to fill out a travel authorization form and submit the form to the MCPHS Chair of Pharmacy Practice. Upon returning from the meeting, the resident is responsible for submitting a travel expense report with all required documentation (meeting registration, credit card statement, flight itinerary, receipts).

Residency Program Structure

During this 12-month residency experience, the resident is expected to complete an orientation to the program, 8 core learning experiences (all 6 weeks in length unless noted), 4 longitudinal learning experiences (patient counseling and pharmacy operations, drug information, teaching, and residency research project), and 1 elective learning experience (4 weeks in length). The following competency areas and all associated educational goals and objectives required by the ASHP accreditation standard are included and assessed in the residency program: Patient Care, Advancing practice and improving patient care, Leadership and management and Teaching, education, and dissemination of knowledge.

The resident will be provided with: an area in which to work, that is safe and conducive to concentrating without frequent interruptions; access to technology necessary to perform work functions (for residents working remotely, appropriate technology and equipment will be provided).

Required Learning Experiences

Orientation of the Resident to the Residency Program

This learning experience occurs over the first 4 days of the residency year. The resident will be oriented to the residency's purpose, MCPHS, and Atrius Health. This learning experience will introduce the resident to the structure and operations of the residency program, MCPHS, and a general overview of the Atrius Health clinical pharmacy program. The resident is not expected to act independently but should start to show comprehension of workflow processes, demonstrate appropriate progression towards expectations of each learning experience, and understand the policies and procedures of the various services provided. It will include a review of the residents ASHP Entering Interests form, Entering Objective-based Self-Evaluation, review the Residency Teaching Certificate Program Syllabus, complete the required CITI training/discuss the residency project research process, and attend EPIC training. The preceptors for the Clinical Pharmacy Administration orientation checklist is included in the Orientation Manual as a reference.

Patient Counseling and Pharmacy Operations

This 3-week learning experience is designed to familiarize the PGY-1 Pharmacy Resident with the processes associated with working in a clinic-based pharmacy. As the resident should become licensed during this rotation, the resident will learn all systems, operations, and workflows required to be fully competent when completing staffing requirements during the remainder of the year. In addition, the resident will become fully versed in the use of the electronic medical record (EMR), clinical pharmacy resources, and drug information tools. After completion of this 3-week rotation, the resident will be required to staff 5 hours/week and be responsible for entering/verifying prescriptions, recommending OTC products, and patient counseling. In addition, the resident will be responsible for conducting quarterly huddles to educate the clinic pharmacy staff on clinical initiatives. The resident is supervised by the chief pharmacist and staff pharmacist while working.

Clinical Pharmacy Administration

This 9-week learning experience is a hybrid of virtual and in person meetings, where in person takes place at the clinical pharmacy administration office located in Watertown, MA and is for a period of 9 weeks. The primary focus of this rotation will be for the resident to initially learn and understand the services provided by the Primary Care Clinical Pharmacists at Atrius Health. The resident will be involved

in the day-to-day administrative operations of Primary Care Clinical Pharmacy which involves management of services such as academic detailing/initiative rollout, drug information consultation, drug switch, and clinical pharmacy clinics. The resident will participate in various administrative meetings that are occurring at the time. A secondary emphasis of this rotation is placed upon delivering multiple assignments which includes a P&T Committee Formulary Drug Review, P&T MedVerses, Primary Care Clinical Pharmacy meeting planning and coordination, Program Management meeting planning and coordination, an Atrius Formulary Project, and a Rapid Target initiative or a prescribing initiative or an update to a fact sheet that is applicable during the rotation period.

Drug Information

This learning experience consists of a 3-week initial “boot camp” rotation block and then longitudinal drug information responsibilities. This rotation focuses on a variety of Drug Information (DI) activities, including the application of a systematic approach to evaluating and responding to DI consults, appropriate documentation methods, and use of high-quality DI resources and methodologies. As one of the most valued functions of clinical pharmacy, this rotation is intended to assist and prepare the resident for providing optimal DI services during this residency and in a variety of practice settings thereafter. The resident will meet with the preceptor daily to review and respond to DI consults (verbal and electric). While this rotation is focused on drug information, the resident will also shadow CP clinic for 3 weekly sessions, and may be asked to complete medication reconciliations, glucometer/device teaching, and other clinic duties as determined by the preceptor.

Direct Patient Care I

This 8-week ambulatory care learning experience is focused on introducing the resident to various direct patient care scenarios and exploring how to manage each of these efficiently at Atrius Health. The resident will work with the Clinical Pharmacist to meet with patients in a clinic setting to assist in managing patients with chronic diseases such as diabetes, hypertension, hyperlipidemia, and work on addressing medication-related concerns. The resident will have the opportunity to closely work with the healthcare team to develop patient-specific plans in order to optimize regimens, simplify doses, and provide disease management in the internal medicine department. These plans should be executed and monitored by the resident (when possible) for effectiveness in collaboration with the preceptor under the preceptor’s CDTM (Collaborative Drug Therapy Management) Agreement. In addition to in patient visits and follow-up, the resident will assist in additional drug information questions that are posed by the healthcare team to manage patient care for Atrius patients. They will be responsible for communicating the information back to the team after reviewing with their preceptor and completing any patient outreach that may be associated with that request. The Pharmacy Resident will also work with the Clinical Pharmacist to complete additional tasks required in an internal medicine department and related specialties (Pain and Weight Management). This includes but is not limited to applicable presentations, managing drug switches, and roster review of provider panels (review of chronic disease patients).

Direct Patient Care II

This 6-week learning experience is designed as a follow-up to Direct Patient Care I to further expose the PGY-1 Pharmacy Resident to a variety of chronic disease states encountered in the ambulatory internal medicine environment, including diabetes, hypertension, and hyperlipidemia. The Pharmacy Resident will also encounter opportunities to address polypharmacy and other medication-related concerns. The resident will continue to partner with experienced healthcare professionals (MD’s, APC’s, RN’s and clinical support staff) to provide a comprehensive team-based approach to deliver high quality and cost-

effective healthcare, analyzing and assessing individual patients to create patient-specific care recommendations, optimizing medication regimens, doses, and follow-up plans. These plans should be executed and monitored by the resident (when possible) for effectiveness in collaboration with the preceptor under the preceptor's CDTM (Collaborative Drug Therapy Management) Agreement. The pharmacy resident will also assist with team-based reviews of diabetic, cardiovascular and geriatric populations to ensure effective evidence-based medicine is delivered to the patients at Atrius Health. In addition to direct patient care, the resident will also assist in responding to drug information requests. The resident will also be responsible for additional tasks typically required by an ambulatory care clinical pharmacist, such as presentations, topic discussions, journal clubs, roster reviews, and identifying and implementing drug switches.

Direct Patient Care III/APPE Preceptor

This 6-week learning experience is designed to continue to expose the PGY-1 Pharmacy Resident to a variety of chronic disease states encountered in the ambulatory care setting including diabetes, hypertension, and hyperlipidemia. The Pharmacy Resident will focus on one location (Beverly, MA) during this rotation. The pharmacy resident will partner with experienced healthcare professionals (MD's, APC's, RN's and clinical support staff) to provide a comprehensive team-based approach to deliver high quality and cost-effective healthcare. A secondary emphasis of this rotation is placed upon teaching. Residents will have teaching opportunities in collaboration with MCPHS. Teaching experiences will include co-preceptorship of APPE students on their 6-week ambulatory care rotation. Using the layered-learning model, residents will facilitate learning experiences for students, such as topic discussions, drug information, journal clubs, and case presentations. In addition, residents will oversee students as they see patients in clinic and provide formative/summative feedback.

Anticoagulation Management Services

The Anticoagulation Management Service (AMS) is a 6-week ambulatory rotation at Atrius Health. Residents will be provided with an overview of anticoagulation therapy management and work on developing skills focused on providing comprehensive patient care. These skills include evaluation and development of anticoagulation management plans for patients on both warfarin and direct oral anticoagulants and professional communication with fellow pharmacists, providers, and patients. The pharmacy resident will partner with experienced healthcare professionals (MDs, APCs, RNs and clinical support staff) to provide a team-based approach to deliver high quality and cost-effective care.

Informatics

This rotation is designed to expose the PGY-1 Pharmacy Resident to the role of an ambulatory care Informatics pharmacist navigating the EpicCare electronic medical record (EMR). Throughout this 4-week rotation, the Pharmacy Resident will learn about the duties and tasks involved in maintaining EpicCare tools for the whole organization, including but not limited to building/maintaining cost effective prescribing pop-ups, disease state or drug class specific order sets, preferred medication lists in order entry, patient education phrases as well as maintenance of drug-drug, drug-allergy, drug-dose, drug-disease alerts. In addition, the pharmacy resident will be continuing direct patient care activities of previous rotations in an ambulatory care clinic one day a week, managing patients with diabetes, hypertension, hyperlipidemia, anxiety, depression and/or insomnia. The resident may also be responsible for other aspects of the ambulatory care clinical pharmacists' responsibilities, including, but not limited to drug information questions, cost-effective drug switches, and educational presentations to various healthcare team members.

Research (Longitudinal)

During this longitudinal learning experience, the Pharmacy Resident will work on a year-long research project in which they are the primary investigator. They will develop a hypothesis for their project, obtain IRB approval, present a poster at the ASHP Midyear meeting, and present their overall results at the year-end MCPHS Residency/Fellowship Presentation Forum in June. Throughout the year the resident will present on their project to the clinical pharmacy department, so all parties are aware of the project. The RPD will oversee the research project and be available for support at all times. Residents may choose any type of quality improvement project from ideas supplied by the RPD and clinical pharmacy program. The project must include generation of original data, be suitable for a poster presentation at the ASHP Midyear Meeting, be publication worthy, and be completed within the residency year.

Teaching (Longitudinal)

The teaching component is a longitudinal learning experience. The Pharmacy Resident is an Instructor of Pharmacy Practice at MCPHS in which they will serve as a facilitator in the 5th year Seminar course during the fall and spring semesters. They will also participate in Advanced Practice Management Lab in the fall and spring semesters. The Pharmacy Resident will be required to give one live lecture in a professional elective, record a CE to be posted on the MCPHS CE website, and serve as a preceptor for APPE students. The teaching component will be overseen by the RPD. The resident will also be required to participate in the Residency Teaching Certificate Program offered by MCPHS.

Elective Rotations

The resident will complete a 4-week elective in an area of their choice. Options provided within the Atrius network include:

- Pain Management
- Oncology
- Behavioral Health

Example of Residency Year Overview

Month	Learning Experience	Teaching	Residency Project
July (3 days)	MCPHS Orientation		
July (40 hours/week x 3 weeks)	Patient Counseling and Pharmacy Operations		
August to Mid-September (32 hours/week x 9 weeks)	Clinical Pharmacy Administration	MCPHS every Friday (6 hours/day)	2 hours/week
Mid-September to Mid-October (32 hours/week x 3 weeks), then longitudinal	Drug Information	MCPHS every Friday (6 hours/day)	2 hours/week

Mid-October to Mid-December (32 hours/week x 9 weeks) <i>*Resident to Attend Midyear x 1 week during this LE*</i>	Direct Patient Care I	MCPHS every Friday (6 hours/day)	2 hours/week
<i>Last week of December to January 1</i>	<i>Administrative Time/Holiday Break</i>		
January to Mid-February (32 hours/week x 6 weeks)	Direct Patient Care II	MCPHS every Friday (6 hours/day)	2 hours/week
Mid-February to Mid-March (32 hours/week x 4 weeks)	Informatics	MCPHS every Friday (6 hours/day)	2 hours/week
Mid-March to Mid-April (32 hours/week x 6 weeks)	Direct Patient Care III/APPE Preceptor	MCPHS every Friday (6 hours/day)	2 hours/week
Mid-April to End of May (32 hours/week x 6 weeks)	Anticoagulation Management Service (AMS)		2 hours/week
June (38 hours/week x 4 weeks)	Elective		2 hours/week

NOTE: This schedule is subject to change. Appropriate notification of any change will be given. Resident is encouraged to ask for deadline accommodations as appropriate for workload concerns, workload alterations/additions, or schedule conflicts.

Longitudinal Teaching Responsibilities: (1) 1 session of Therapeutics Seminar in the Fall and Spring semester;
(2) 1 session of APM lab in Fall and Spring Semester; (3) Residency Teaching Certificate Program

Longitudinal Staffing responsibilities at the HVMA Kenmore facility (5 hrs/week): Henry Huynh, Pharm.D.

Please see below link to the Accreditations Standards for PGY1 Residences:

<https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/accreditation-standards-for-pgy1-pharmacy-residencies>

For Required Outcomes, Goals, and Objectives of the MCPHS/Atrius Health Residency Program please refer to Appendix 7.

Resident Responsibilities and Expectations

Longitudinal

1. Participation in P&T committee meetings

- There are 4 meetings/year with the clinical pharmacy staff, and selected health care professionals from various sites that focus on formulary decisions, quality improvement initiatives, etc.

2. *Weekly Clinical Pharmacy meetings*
 - These meetings are held every Monday Virtually with the entire clinical pharmacy staff. The resident will actively engage in these meetings by contributing information learned at their current rotation or bringing clinical pearls. The resident may choose to bring programming, news events, etc., to the meetings to share. This meeting time offers the resident a chance to collaborate with other pharmacists in a number of different areas as well as build relationships with the fellow staff members. The resident will be responsible for securing the agenda, running the meetings, and taking minutes at various times during the residency year.
3. *Advanced Practice Management Laboratory Preceptor (2 semesters)*
 - The resident works within the community laboratory facility at MCPHS and serves as a preceptor to both 3rd year and 5th year doctor of pharmacy students. The resident will also be involved all aspects of this laboratory. The resident serves both as a preceptor but also has grading responsibilities as well as providing extensive feedback to students on both written and oral work.
4. *Therapeutic Seminar Facilitator (2 semesters)*
 - The seminar program runs once a week for 3 hours. The resident serves as the group facilitator for approximately 15 students. Throughout the semester the resident is responsible for weekly preparation, grading and feedback, as well as serving as a liaison between seminar and other 5th year doctor of pharmacy classes.
5. *Co-preceptor for sixth year doctor of pharmacy rotation students*
 - The resident will serve as a co-preceptor for 6th year MCPHS students during their Direct Patient Care III/APPE Preceptor learning experience. Using the layered-learning model, residents will facilitate learning experiences for students, such as topic discussions, drug information, journal clubs, and case presentations. In addition, residents will oversee students as they see patients in clinic and provide formative/summative feedback.
6. *Ambulatory Care Practice Group (2 semesters)*
 - The resident will present 2-3 times each semester to the ACPG group at MCPHS. The resident will work with the RPD's 6th year APPE students to present a topic of their choice.

Additional Activities

- In-service presentations on a variety of disease state topics
 - Audiences include: physicians, nurse practitioners, physician assistants, nurses and medical assistants.
- Preparation of one full P&T drug review and presentation
 - The resident will critically evaluate and extensively review available data for the medication being reviewed. He or she will also collaborate with a physician in the area of specialty that the medication would be used in. Both a written review as well as an orally presented overview will be given to all members of the P&T committee. The resident will also be responsible for writing a pharmacy newsletter article for publication and distribution to all staff members of Atrius health.

- Formulation and implementation of a Rapid Target Initiative (RTI)
 - The resident will work with the applicable clinical pharmacist to develop materials and tools needed to assist the clinical pharmacy department in implementing an initiative across all Atrius sites. The RTI will occur depending if it is timely during the pharmacy administration rotation.
- MedVerse
 - MedVerse is a collection of concise, tailored guides to individual new drugs authored by a clinical pharmacist, and provides information about each drug's use, efficacy, safety, unique characteristics, and an Atrius-focused recommendation for the drug's place in therapy in relation to its comparator drugs...all in a quick, easy-to-read format. The resident will work with the applicable clinical pharmacist to develop and produce assigned MedVerses.
- Presentation of residency research project as a poster at the ASHP mid-year meeting, as well as a podium presentation at the annual End of Year MCPHS Residency and Fellowship presentations event.
- Develop and teach a lecture for pharmacy students at MCPHS
- Develop and deliver a home study CE for MCPHS

Staffing Responsibility

- One evening a week for a 5-hour shift at an Atrius pharmacy, under the direction of the Chief Pharmacist.
- The resident will practice at a clinic pharmacy located within the Atrius healthcare delivery system providing care that aligns with the mission of Atrius Health.
- During staffing requirement, the resident will gain experience in interpreting, dispensing, administering, and monitoring medications.
- By working with the Chief Pharmacist (who is a professional, legally qualified pharmacist) the resident will gain experience in preparation, distribution, and inventory management of the clinic pharmacy. Collaboration with the Chief Pharmacist will also include experience in leadership and management of the clinic pharmacy to ensure implementation of medication policies.
- Additionally, the resident will be responsible for communicating with prescribers and other healthcare professionals to ensure safe dispensing and optimal drug therapy.

Professional Teaching Portfolio

The resident will maintain a professional portfolio of work completed throughout the residency year. The resident will update their teaching portfolio on a regular basis. Some examples of work may include:

- Disease state presentations/In-services
- P&T Formulary Review
- Journal Clubs

- Newsletter articles
- Drug consults
- MedVerses
- Lectures/exam questions
- Classroom evaluations from faculty and students
- Residency research project
- ASHP Midyear poster
- End of Year Residency Project Presentation

PGY1 Residency Completion Requirements

For successful completion of the residency, the resident must achieve all competencies and standards of an ASHP PGY1 Pharmacy Residency. Before the conclusion of the residency year, the resident must have all projects completed and approved by the residency program director and/or preceptors. All keys, swipe card and ID badges must be returned to the program director. Upon successful completion of the criteria outlined, the resident will receive a certificate of completion.

A residency certificate will be given to the resident upon **successful completion of the following:**

- All components of the residency, including all PharmAcademic evaluations completed within 7 days of the end of the learning experience
- Achieve for residency (ACHR) all goals and objectives in competency area R1: Patient Care and E6: Teaching and Learning, as approved by Residency Program Director (**see Appendix 7**)
- Receive a minimum of satisfactory progress in all other competency areas (R2, R3, R4) **{see Appendix 7}**
- A residency project that is eligible for publication, including manuscript
- Poster presentation at the ASHP midyear clinical meeting
- Podium presentation of the residency project at the MCPHS Year End Residency/Fellowship Event
- Licensure to practice pharmacy in Massachusetts by November 1st
- Successful completion of all required learning experiences
- BLS Certification
- P&T Formulary review and presentation
- Prepare and present 1 MedVerse
- Informatics project
- Facilitate 3 Topic discussions
- Present 2 Journal clubs
- Present in-service to IM clinicians
- Develop online continuing education program for MCPHS
- Prepare and deliver a live lecture to P3 Pharmacy students

- Facilitate Therapeutics Seminar during fall and spring semester
- Facilitate Advanced Practice Management laboratory during fall and spring semester
- Development of a teaching philosophy statement and professional teaching portfolio
- Teaching certificate from MCPHS

Resident Assessment and Evaluation

Evaluations will occur via the PharmAcademic, and must be cosigned by the Residency Program Director. Resident progress will be discussed at the RAC meetings. For an overview of using PharmAcademic to support resident learning please refer to the following presentation:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pharmacademic-residency-programs-midyear-2016.pdf>

Development of goals and objectives for each learning experience

Educational goals and objectives are assigned for each learning experience by the preceptor and residency program director. Goals and objectives will be customized as needed for the resident and their development plan.

Initial Assessment

Residents are required to complete the ASHP Entering Interests form and Entering Objective-based Self-Evaluation; RPD will then create Initial Resident Development Plan. Development plan will then be completed quarterly by the RPD.

Formative Feedback

Preceptors are responsible for providing formative feedback (either verbal or written) that is frequent, immediate, specific, and constructive to residents about how they are progressing and how they can improve. This will also allow the resident to assess his/her progress during the rotation, and will allow the preceptor/resident to make appropriate adjustments to the resident's learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

Summative Evaluation

Preceptors are required to provide a summative evaluation at the completion of each rotation. This evaluation summarizes the resident's performance throughout the learning experience. Preceptors are encouraged to provide specific comments and suggestions for the resident in areas of both strength and weakness, and how they can improve their performance in subsequent learning experiences. For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months. Residents must complete and discuss the learning experience evaluation and the preceptor evaluation at the end of the learning experience.

PharmAcademic® Evaluation Parameters

Each resident will be evaluated using Needs Improvement (NI), Satisfactory Progress (SP), and Achieved (ACH) scale, using below rating definition. Achieved for Residency (ACHR) will be determined by Residency Program Director and/or clinical preceptor.

- ◆ **ACHR=Achieved for Residency:** Resident consistently performs objective at Achieved level, as defined, for the residency. Reference: <https://www.ashp.org/-/media/assets/professional->

development/residencies/docs/rating-scale-definition-examples.ashx?la=en&hash=802F4515CC6A4D3020CAD2474A914CDAE112C11C

- **ACH= Achieved:** Resident demonstrates the skills more than 75-100% of the time
 - Fully accomplished the ability to perform the objective
 - Rarely requires assistance to complete the objective; minimum supervision required
 - No further development work needed
 - Display consistent mastery of the goal/objectives from the start to the end of learning experience

Action Plan: *The preceptor must provide specific comment(s) and examples*

- **SP=Satisfactory progress:** Resident demonstrates the skills ~ 50-75% of the time
 - Adequate knowledge/skills in this area
 - Sometimes requires assistance to complete the objective
 - Able to ask appropriate questions to supplement learning
 - Requires skill development over more than one learning experience
 - Displays improvement in the goal/objective from the start to the end of the learning experience

Action Plan: *The preceptor is required to provide constructive feedback related to individual goals/objectives. Preceptor should also specify how the resident can progress to achieved status outlining specific activities*

- **NI=Needs improvement:** Resident demonstrates the skills less than 25% of the time
 - Deficient in knowledge/skills in this area
 - Often requires assistance to complete the objective
 - Unable to ask appropriate questions to supplement learning
 - Failure to demonstrate progressive independence with clinical activities by end of the learning experience
 - Demonstrate little to no improvement in performance despite repeated communication and modeling by preceptor(s)
 - Failure to complete assigned tasks to the satisfaction of the preceptor(s)

Action Plan: *The preceptor is required to provide specific comments outlining the examples when NI is chosen for an individual goal/objective. Preceptor should also specify how the resident can progress to satisfactory progress outlining specific activities.*

Preceptor Responsibilities and Expectations

The preceptors will participate in required preceptor activities which are beneficial to both the resident and preceptor such as learning styles, professional socialization, and motivation; have a strong commitment to both professional development and personal development as well as to the profession of pharmacy. The preceptor should also have a desire to teach and coach residents to become better and more prepared managed care pharmacists.

Based on Standard 4 in the PGY1 Residency Accreditation Standards:

Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience

Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- 4.7.a. contribute to the success of residents and the program;
- 4.7.b. provide learning experiences in accordance with Standard 3;
- 4.7.c. participate actively in the residency program's continuous quality improvement processes;
- 4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- 4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
- 4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following six areas:

- 4.8.a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
- 4.8. b. the ability to assess residents' performance;
- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
 - BPS certification
 - Fellow at a state or national level organization
 - Certificate of Completion from a state or nationally available program that relates to the area of practice in which they precept (e.g., Epic Willow certification, Six Sigma/LEAN Six Sigma certification, ISMP sponsored Medication Safety certificate, ASHP sponsored certificates). Health-system/local residency site-based programs are excluded.
 - Validated certification that results from an exam by the organization providing certification
 - Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP)
<http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf>

- Other examples include: Certified Professional in-Patient Safety (CPPS), Certified Diabetes Educator(CDE)
- Exceptions to the list that do not meet this domain are ACLS, PALS and BLS
- Post-Graduate Fellowship in the advanced practice area or an advanced degree beyond entry level pharmacy degree (e.g., MBA, MHA)
- Formal recognition by peers as a model practitioner
- Pharmacist of the year - recognized at state, city or institutional level where only one individual is recognized
- Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature)
- Credentialing and privileging granted by the organization/practice/health system with ongoing process of evaluation and peer review
- Subject matter expertise as demonstrated by ten or more years of practice experience in the area of practice in which they precept.

4.8.d. an established, active practice in the area for which they serve as preceptor;

4.8.e. maintenance of continuity of practice during the time of residents' learning experiences; and,

4.8.f. ongoing professionalism, including a personal commitment to advancing the profession

- serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)
- presentation/poster/publication in professional forums
- poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
- active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
- active community service related to professional practice (e.g., Free Clinic, medical mission trips)
- evaluator at regional residency conferences or other professional meetings
- routine in-service presentations to pharmacy staff and other health care professionals
- primary preceptor for pharmacy students
- pharmacy technician educator
- completion of a Teaching and Learning Program
- providing preceptor development topics at the site

- professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
- contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
- publication of original research or review articles in peer-reviewed journals or chapters in textbooks
- publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
- teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, in-service)
- Active involvement on committees within enterprise (e.g., work impacts more than one site across a health system)

Preceptor Expectations:

1. All preceptors will be members and actively participate in the Residency Advisory Committee (RAC).

The RAC will meet no less than 3 times a year. Additional meetings may be required based on need (i.e., review of applications, end of residency year feedback, and structuring the next residency year).

Committee Purpose:

- Assess resident's progress and achievement of the goals and objectives
 - Determine resident's current workload and prioritize activities that will fulfill goals and objectives and further develop the resident's skills
 - Discuss project opportunities
 - Provide a forum for preceptor feedback
 - Discuss any issues they may have arisen during rotations and a strategy for solving those issues
 - Provide preceptor education and development to enhance preceptor methods of teaching, evaluating, facilitating, etc.
 - Determine and discuss structural and program changes based on feedback from residents, preceptors, directors, accreditation guidelines and standards
 - Review applicants and establish or update applicant criteria; select residents
2. Each preceptor must have a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following.
 - Documented record of improvements in and contributions to the respective area of advanced pharmacy practice or other area of expertise (i.e., active participation on a committee that results in practice improvement, development of fact sheets and/or clinical briefs, etc.).

- Appointments to appropriate drug policy and other committees of the department/organization.
 - Formal recognition by peers as a model (i.e., board certification)
 - A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
 - Serves regularly as a reviewer of contributed papers or manuscripts submitted for publication.
 - Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.
 - Demonstrated effectiveness in teaching.
 - Demonstrates continuity of practice and an established relationship(s) and rapport at their assigned practice site(s).
3. Preceptors demonstrate desire and aptitude for teaching that includes all of the following:
 - Mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating).
 - The ability to provide criteria-based feedback and evaluation of resident performance.
 - Pursuit of continued refinement of their teaching skills.
 4. Preceptors are responsible for providing periodic feedback and assessment of the resident throughout his/her time with the preceptor as mentioned above
 5. Preceptors attend a Residency Program Design and Conduct (RPDC) training session to review accreditation standards for the design and conduct of a pharmacy residency program, including requirements related to program purpose, competency areas, goals, and objectives, program structure, learning experiences, orientation, use of preceptor roles, evaluation, resident development plans, and continuous residency program improvement.
 6. Non-pharmacist preceptors will only be utilized after the residency displays the ability to practice independently. The Resident Program Director will work closely with all non-pharmacist preceptors to select rotation educational goals and objectives for the learning experience.

Please refer to Appendix 8 for a complete list of preceptors and contact information.

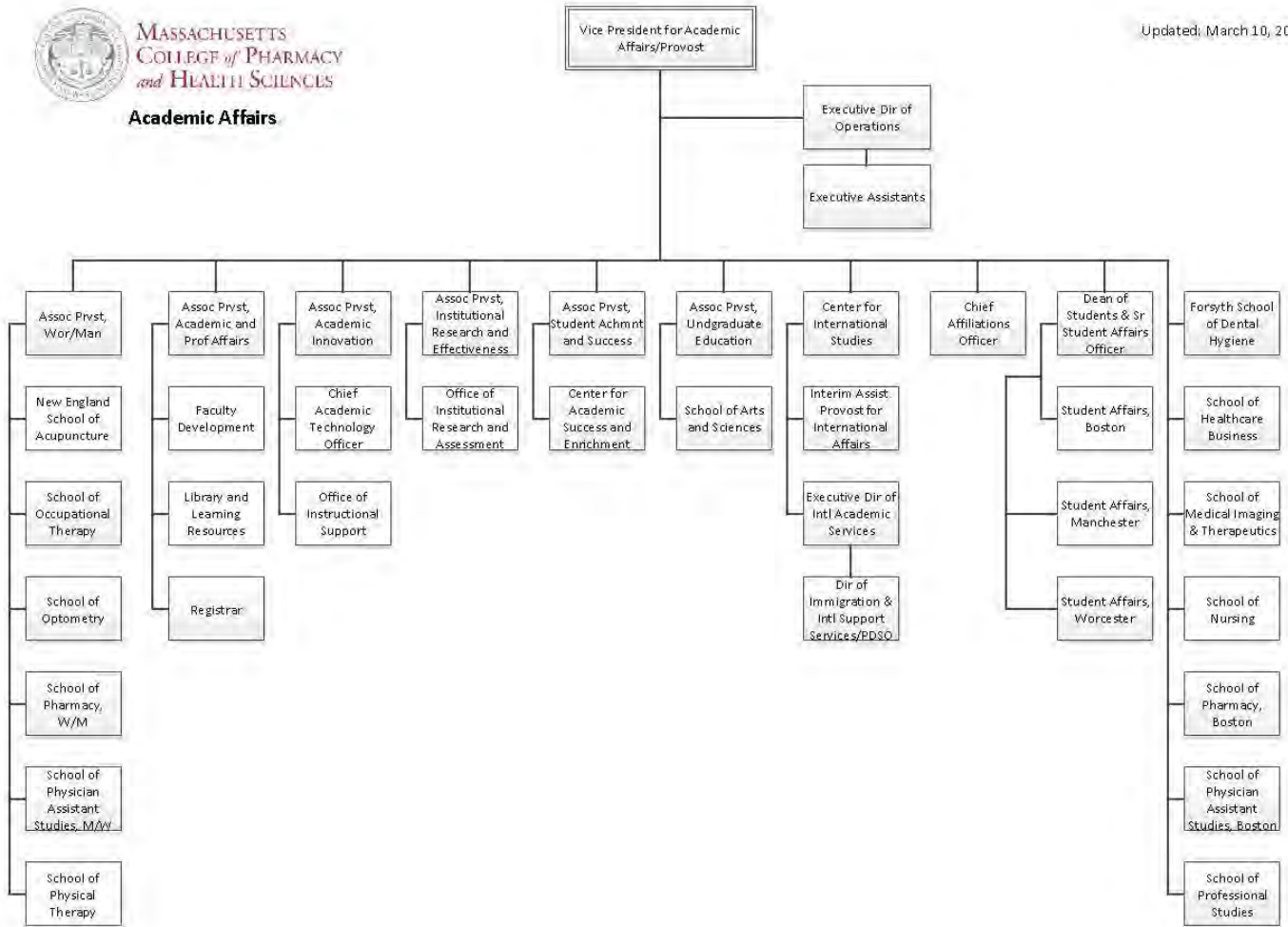
Appendix

Appendix 1



MASSACHUSETTS
COLLEGE of PHARMACY
and HEALTH SCIENCES
Academic Affairs

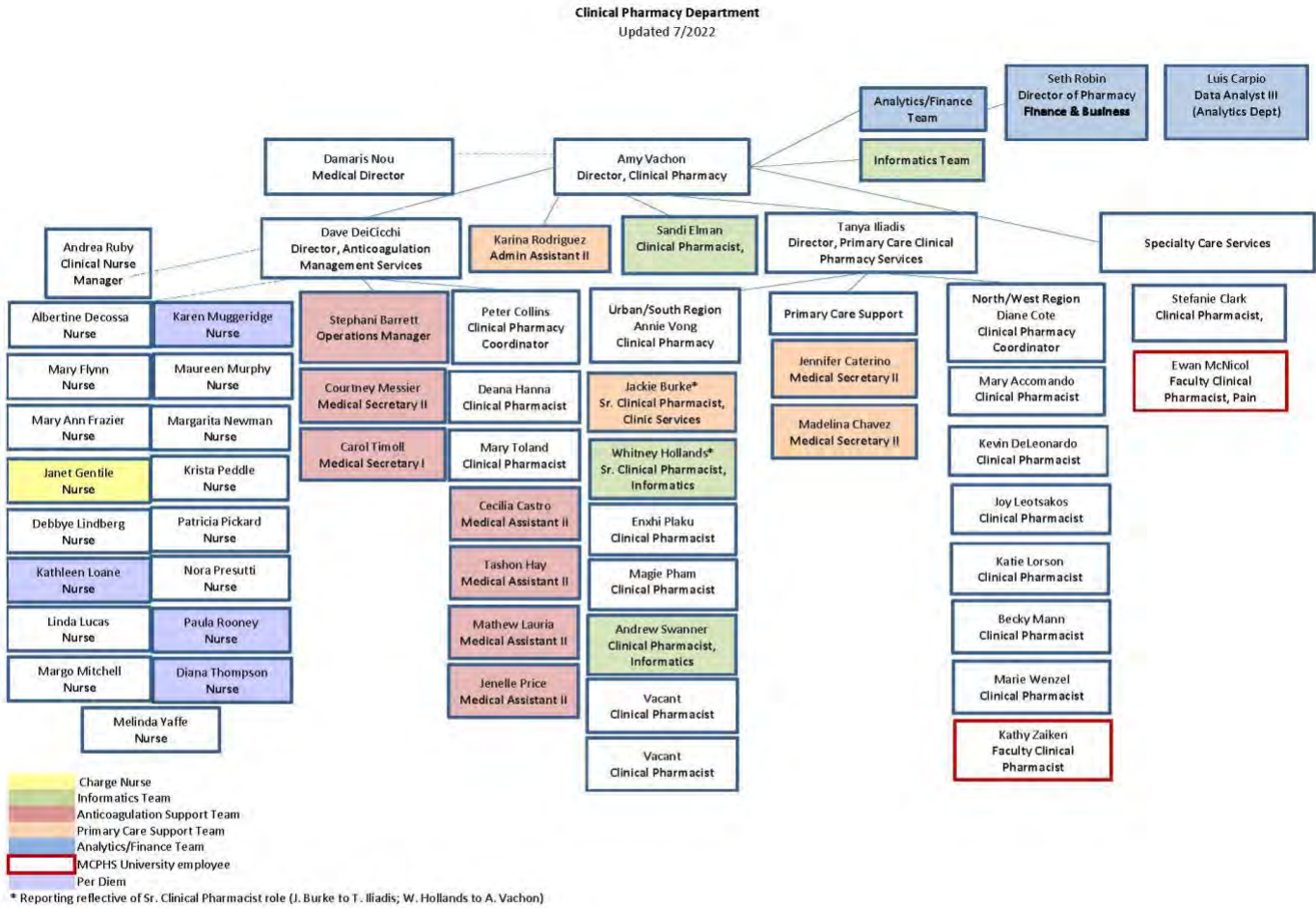
Updated: March 10, 2022



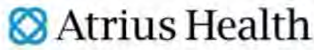
Appendix 2

Clinical Pharmacy Department

Updated 7/2022



Appendix 3



PHARMACY OPERATIONS



*Positions shared with Pharmacy Operations and Clinical Pharmacy Program

Appendix 4



MASSACHUSETTS COLLEGE of PHARMACY
and HEALTH SCIENCES

March XX, 202X

Candidate Name
Candidate Address

Dear XX,

The ASHP Resident Matching Program results for positions beginning in 202X were made available in March. We are very pleased to confirm that you have matched with the Massachusetts College of Pharmacy and Health Sciences (MCPHS)/Atrius Health PGY1 Residency Program. This residency is effective July 1, 202X through June 30, 202X.

This residency is a full-time obligation, and your primary commitment will need to be to the program. To receive a certificate of graduation from the program, you must successfully complete all of the requirements set forth by the residency. See program manual for details. This includes:

- All residents must be licensed or be eligible for licensure in the state of Massachusetts.
- All attempts should be made to have sat for both portions of the Massachusetts Pharmacy Licensure exam before the beginning of the residency year.
- In the event the resident is unable to take the Massachusetts Pharmacy Licensure exam before the beginning of the residency year, the resident must sit for each exam at the earliest available date after the required documents have been received from the State Board of Pharmacy.
- Since the residency year is predicated on obtaining licensure, failure to obtain pharmacist licensure to practice pharmacy in Massachusetts by October 1st (within 90 days) of the residency start date may result in immediate termination of the residency program for the resident (termination of employment).
- In the event that a resident is unable to obtain licensure by this date, they may be evaluated on a case-by-case basis for consideration of extenuating circumstances. Residents with extenuating circumstances may request a 30-day waiver. Waiver requests are to be emailed to the RPD by the 85th day of the residency and include the circumstances which prevented licensure and the plan to ensure licensure within 120 days of the residency start date. The RPD will notify the resident if the waiver is granted within 5 business days of receipt of request. If a waiver is granted, a documented plan will be in place for obtaining licensure by November 1st. Failure to obtain pharmacist licensure to practice pharmacy in Massachusetts by November 1st (within 120 days) of the residency start date will result immediate termination of the residency program for the resident (termination of employment).

Following all resident responsibilities as it relates to professional conduct in the workplace, professional dress, attendance, and patient confidentiality.

For successful completion of the residency, the resident must achieve all competencies and standards of an ASHP PGY1 Pharmacy Residency. A residency certificate will be given to the resident upon successful completion of the following:

- All components of the residency, including all PharmAcademic evaluations completed within 7 days of the end of the learning experience
- Achieve for residency (ACHR) all goals and objectives in competency area R1: Patient Care and E6: Teaching and Learning, as approved by Residency Program Director
- Receive a minimum of satisfactory progress in all other competency areas (R2, R3, R4)
- A residency project that is eligible for publication, including manuscript
- Poster presentation at the ASHP midyear clinical meeting
- Podium presentation of the residency project at the MCPHS Year End Residency/Fellowship Event
- Licensure to practice pharmacy in Massachusetts by November 1st
- Successful completion of all required learning experiences BLS Certification
- P&T Formulary review and presentation
- Prepare and present at least 1 MedVerse
- Informatics project
- Facilitate 3 Topic discussions
- Present 2 Journal clubs
- Present in-service to IM clinicians
- Develop online continuing education program for MCPHS
- Prepare and deliver a live lecture to P3 Pharmacy students
- Facilitate Therapeutics Seminar during fall and spring semester
- Facilitate Advanced Practice Management laboratory during fall and spring semester
- Development of a teaching philosophy statement and professional teaching portfolio
- Teaching certificate from MCPHS

Evaluations of your progress towards the completion of residency requirements are done, at a minimum, during the quarterly review process. The RPD will meet, or discuss remotely, with you and the involved preceptor to assess your ability to meet the requirements by the outlined deadlines. If you fail to make satisfactory advancement or in the event disciplinary action is taken, the steps outlined in the program manual will be followed.

You will be an employee of MCPHS throughout your residency and all MCPHS policies and procedures apply. As such, this offer is contingent upon the outcome of a successful CORI, and reference checks. Once the aforementioned pre-employment processes are completed, you will receive additional materials from Human Resources with benefit enrollment paperwork, new hire orientation dates, and additional on-boarding materials.

Your stipend will be \$49,088, and you will be granted 10 vacation days at the start of the residency. Vacation days must be requested 2 weeks before said vacation, and will be approved by the RPD.

If, during the course of the residency, you need to take a personal or extended leave of absence, such leave may be granted on a case-by-case basis in conformance with applicable University policies. You may be required to make up the time you missed during leave in order to successfully complete the program.

As a pharmacy resident of MCPHS/Atrius Health, you are expected to maintain the highest degree of professional conduct at all times, dress in an appropriate professional manner, wear your badge at all times, maintain strict patient confidentiality, and attend all functions assigned by your preceptors and RPD.

Please review this letter and the residency program manual. Sign and return a copy of this letter as confirmation of your acceptance of this position and the associated requirements within 7 days to kathy.zaiken@mcphs.edu

Congratulations on your match. I look forward to working closely with you throughout the residency year. The MCPHS/Atrius Health team and I wish you all the best and hope you will have a wonderful, challenging, and rewarding PGY1 Residency experience!

Sincerely,



Kathy Zaiken, Pharm.D.
Professor of Pharmacy Practice
PGY1 Residency Program Director
MCPHS
179 Longwood Ave
Boston, MA 02115



Ewan McNicol, Pharm.D., MS
Associate Professor of Pharmacy Practice
Residency Program Co-Director
MCPHS
179 Longwood Ave
Boston, MA 02115

Resident Name

Date

Appendix 5



MASSACHUSETTS COLLEGE of PHARMACY
and HEALTH SCIENCES

Date

Resident's Name/Address

Dear Dr. Resident,

This is to confirm your appointment as Instructor of Pharmacy Practice and Pharmacy Practice Resident at MCPHS. The residency program is in affiliation with Atrius Health. Your appointment will begin July 1, 20XX and continue through June 30, 20XX at an annual salary of XXX. This offer of employment is contingent upon satisfactory completion of a background check, including without limitation, satisfactory completion of any required drug screening.

Your acceptance of this appointment constitutes your agreement to adhere to the following terms and conditions, to devote your full-time attention to the responsibilities of your professional position on behalf of the University, and to perform your responsibilities in accordance with the rules and regulations of the University and the guidelines listed in the MCPHS/Atrius Health Pharmacy Practice Residency Program Manual.

Your specific responsibilities as a faculty member include the following:

1. Teaching and advising. Your specific teaching responsibilities will be assigned to you by the MCPHS Pharmacy Practice Department Chair and your residency program director. This includes participating in the Advanced Practice Management Laboratory/Introductory Pharmacy Experience Program Laboratory and facilitating Pharmacotherapeutics Seminar. In addition, under the direction of the residency director and faculty member at the site, you will assist with students conducting advanced practice rotations at Harvard Vanguard Medical Associates.

You will be expected to provide documentation of your testing and practice activities for systematic review and evaluation. Such documentation must include assessments of patient outcomes relative to your clinical interventions. You must also be licensed to practice pharmacy in the Commonwealth of Massachusetts during the term of this residency.

2. Service. You are expected to contribute to the ongoing administrative work attendant to the development of the Pharmacy Practice Residency affiliated with Atrius Health. A residency project will be assigned and must be completed prior to June 30, 20XX.
3. Research and Scholarship. You are expected to maintain involvement in research or scholarly activity commensurate with your interest and expertise whenever possible.

Please indicate your acceptance of this appointment by signing below, and returning one copy of this letter to Dean DiCenzo no later than June 1st.

We want to take this opportunity to thank you for your commitment to the University and Atrius Health and look forward to a productive and satisfying year.

Sincerely,

Robert DiCenzo, Pharm.D., BCPS, FCCP, FAPhA
Dean
School of Pharmacy-Boston
MCPHS

Caroline Zeind, Pharm.D.
VP Academic Affairs/Provost
Academic Affairs
MCPHS

Accepted:

Date:

Resident's Name, Pharm.D



Date

Resident's Name/Address

Dear Resident,

Welcome to MCPHS! We look forward to making your transition to our community as pleasant and easy as possible.

IMPORTANT INFORMATION ABOUT YOUR NEW EMPLOYMENT

Please read carefully

To enable us to process your information and add you to our payroll system without delay, we have provided necessary forms and information for you to download and complete on our website. Please type the following link into your internet browser to access our New Employee Information web page:

<https://my.mcphs.edu/NewEmployees>

- Follow the instructions to download and complete the **New Employee Forms**.
 - **In order to complete the I-9 Employment Eligibility Verification form on or before your first day of employment, please bring appropriate *original* identification along with the other completed employment forms to the designated office noted below. The designated representative on your assigned campus will view this documentation and complete the employer portion of the I-9 form.**
 - **Please Note: Under federal law, section 1 the I-9 Employment Eligibility Verification form must be completed on or before the first day of employment. Failure to do so may result in suspension of employment.**
- Next, please review each policy statement. Upon completion of the policy review, download and sign the **Receipt of Policies Acknowledgement Form**.

Boston Campus contact:

Sarah Jeon, MBA, Human Resources Coordinator, White Building, Room W408, at 617-735-1513 or sarah.jeon@mcphs.edu

Please note that you are scheduled and required to attend **New Employee Orientation**. You are scheduled to attend orientation in August on your respective campus. You will receive an email notification providing further details and location.

You will be contacted by Nicole Wright, Director of HR Operations, regarding attending a **Benefits Orientation** shortly after you begin employment.

On your first day of employment, you will be required to sign in at the Security Desk. Your Supervisor will instruct you regarding the issuance of a University I.D. card.

Should you have any questions regarding this information, please contact Sarah Jeon at sarah.jeon@mcphs.edu or 617-735-1513. We look forward to greeting you soon.

Required Goals and Objectives for the MCPHS/Atrius Health PGY1 Residency Program

Achieve for residency (ACHR) all goals and objectives in competency area R1: Patient Care and E6: Teaching and Learning, as approved by Residency Program Director. Receive a minimum of satisfactory progress in all other competency areas (R2, R3, R4).

Competency Area R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.

Criteria:

- Interactions are cooperative, collaborative, communicative, respectful.
- Demonstrates skills in negotiation, conflict management, and consensus building.
- Demonstrates advocacy for the patient.

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

Criteria:

- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

Objective R1.1.3: (Analyzing) Collect information on which to base safe and effective medication therapy.

Criteria:

- Collection/organization methods are efficient and effective.
- Collects relevant information about medication therapy, including:
 - History of present illness.
 - Relevant health data that may include past medical history, health and wellness information, biometric test results, and physical assessment findings.
 - Social history.
 - Medication history including prescription, non-prescription, illicit, recreational, and non-traditional therapies; other dietary supplements; immunizations; and allergies.
 - Laboratory values.
 - Pharmacogenomics and pharmacogenetic information, if available.
 - Adverse drug reactions.
 - Medication adherence and persistence.

- Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.
- Sources of information are the most reliable available, including electronic, face-to-face, and others.
- Recording system is functional for subsequent problem solving and decision making. Clarifies information as needed.
- Displays understanding of limitations of information in health records.

Objective R1.1.4: (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.

Criteria:

- Includes accurate assessment of patient's:
 - health and functional status
 - risk factors
 - health data
 - cultural factors
 - health literacy
 - access to medications
 - immunization status
 - need for preventive care and other services when appropriate
 - other aspects of care as applicable.
- Identifies medication therapy problems, including:
 - Lack of indication for medication.
 - Medical conditions for which there is no medication prescribed.
 - Medication prescribed or continued inappropriately for a particular medical condition.
 - Suboptimal medication regimen (e.g., dose, dosage form, duration, schedule, route of administration, method of administration).
 - Therapeutic duplication.
 - Adverse drug or device-related events or potential for such events.
 - Clinically significant drug-drug, drug-disease, drug-nutrient, drug-DNA test interaction, drug-laboratory test interaction, or potential for such interactions.
 - Use of harmful social, recreational, nonprescription, nontraditional, or other medication therapies.
 - Patient not receiving full benefit of prescribed medication therapy.
 - Problems arising from the financial impact of medication therapy on the patient.
 - Patient lacks understanding of medication therapy.
 - Patient not adhering to medication regimen and root cause (e.g., knowledge, recall, motivation, financial, system).
 - Laboratory monitoring needed.
 - Discrepancy between prescribed medications and established care plan for the patient.

Objective R1.1.5: (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).

Criteria:

- Specifies evidence-based, measurable, achievable therapeutic goals that include consideration of:
 - Relevant patient-specific information including culture and preferences.
 - The goals of other interprofessional team members.
 - The patient's disease state(s).

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

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

Criteria:

- Effectively recommends or communicates patients' regimens and associated monitoring plans to relevant members of the healthcare team.
 - Recommendation is persuasive.
 - Presentation of recommendation accords patient's right to refuse treatment.

- If patient refuses treatment, pharmacist exhibits responsible professional behavior.
- Creates an atmosphere of collaboration.
- Skillfully defuses negative reactions.
- Communication conveys expertise.
- Communication is assertive not aggressive.
- Where the patient has been directly involved in the design of the plans, communication reflects previous collaboration appropriately.
- Ensures recommended plan is implemented effectively for the patient, including ensuring that the:
 - Therapy corresponds with the recommended regimen.
 - Regimen is initiated at the appropriate time.
 - Medication orders are clear and concise.
 - Activity complies with the health system's policies and procedures.
 - Tests correspond with the recommended monitoring plan.
 - Tests are ordered and performed at the appropriate time.
- Takes appropriate action based on analysis of monitoring results (redesign regimen and/or monitoring plan if needed).
- Appropriately initiates, modifies, discontinues, or administers medication therapy as authorized.
- Responds appropriately to notifications and alerts in electronic medical records and other information systems which support medication ordering processes (based on patient weight, age, gender, co-morbid conditions, drug interactions, renal function, hepatic function, etc.).
- Provides thorough and accurate education to patients, and caregivers, when appropriate, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.
- Schedules follow-up care as needed to achieve goals of therapy.

Objective R1.1.7: (Applying) Document direct patient care activities appropriately in the medical record or where appropriate.

Criteria:

- Selects appropriate direct patient-care activities for documentation.
- Documentation is clear.
- Written in time to be useful
- Follows the health system's policies and procedures, including that entries are signed, dated, timed, legible, and concise.

Objective R1.1.8: (Applying) Demonstrate responsibility to patients.

Criteria:

- Gives priority to patient care activities.
- Plans prospectively.
- Routinely completes all steps of the medication management process.
- Assumes responsibility for medication therapy outcomes.
- Actively works to identify the potential for significant medication-related problems.
- Actively pursues all significant existing and potential medication-related problems until satisfactory resolution is obtained.
- Helps patients learn to navigate the health care system, as appropriate.
- Informs patients how to obtain their medications in a safe, efficient, and most cost-effective manner.

- Determines barriers to patient compliance and makes appropriate adjustments

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

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Criteria:

- Effectively participates in obtaining or validating a thorough and accurate medication history.
- Conducts medication reconciliation when necessary.
- Participates in thorough medication reconciliation.
- Follows up on all identified drug-related problems.
- Participates effectively in medication education.
- Provides accurate and timely follow-up information when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.
- Follows up with patient in a timely and caring manner.
- Provides additional effective monitoring and education, as appropriate.
- Takes appropriate and effective steps to help avoid unnecessary hospital admissions and/or readmissions.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

Objective R1.3.1: (Applying) Prepare and dispense medications following best practices and the organization's policies and procedures.

Criteria:

- Correctly interpret appropriateness of a medication order before preparing or permitting the distribution of the first dose, including:
 - Identifying, clarifying, verifying, and correcting any medication order errors.
 - Considering complete patient-specific information.
 - Identifying existing or potential drug therapy problems.
 - Determining an appropriate solution to an identified problem.
 - Securing consensus from the prescriber for modifications to therapy.
 - Ensuring that the solution is implemented.
- Prepares medication using appropriate techniques and following the organization's policies and procedures and applicable professional standards, including:
 - When required, accurately calibrates equipment.
 - Ensuring solutions are appropriately concentrated, without incompatibilities, stable, and appropriately stored.
 - Adheres to appropriate safety and quality assurance practices.
 - Prepares labels that conform to the health system's policies and procedures.
 - Medication contains all necessary and/or appropriate ancillary labels.
 - Inspects the final medication before dispensing.
- When dispensing medication products:
 - Follows the organization's policies and procedures.
 - Ensures the patient receives the medication(s) as ordered.
 - Ensures the integrity of medication dispensed.
 - Provides any necessary written and/or verbal counseling.

- Ensures the patient receives medication on time.

- Maintains accuracy and confidentiality of patients' protected health information (PHI).
- Obtains agreement on modifications to medication orders when acting in the absence of, or outside, an approved protocol or collaborative agreement.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Criteria:

- Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
- Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

Objective R1.3.3: (Applying) Manage aspects of the medication-use process related to oversight of dispensing.

Criteria:

- When appropriate, follows the organization's established protocols.
- Makes effective use of relevant technology to aid in decision-making and increase safety.
- Demonstrates commitment to medication safety in medication-use process.
- Effectively prioritizes workload and organizes workflow.
- Checks accuracy of medications dispensed, including correct patient identification, medication, dosage form, label, dose, number of doses, expiration dates, and properly repackaged and relabeled medications, including compounded medications (sterile and nonsterile).
- Checks the accuracy of the work of pharmacy technicians, clerical personnel, pharmacy students, and others according to applicable laws and institutional policies.
- Promotes safe and effective drug use on a day-to-day basis.

Competency Area R2: Advancing Practice and Improving Patient Care

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

Objective R2.1.1 (Creating) Prepare a drug class review, monograph, treatment guideline, or protocol.

Criteria:

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

Objective 2.1.2 (Applying) Participate in a medication-use evaluation.

- Uses evidence-based medicine to develop criteria for use.
- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Implements approved changes, as applicable.

Objective 2.1.3: (Analyzing) Identify opportunities for improvement of the medication-use system.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.
- Uses best practices to identify opportunities for improvements.
- When needed, makes medication-use policy recommendations based on a review of practice (e.g., National Quality Measures, ISMP alerts, Joint Commission Sentinel Alerts).
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Criteria:

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

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication use system.

Objective R2.2.1: (Analyzing) Identify changes needed to improve patient care and/or the medication-use systems.

Criteria:

- Appropriately identifies problems and opportunities for improvement and analyzes relevant background data.
- Determine an appropriate topic for a practice-related project of significance to patient care
- Uses best practices or evidence-based principles to identify opportunities for improvements
- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R2.2.2: (Creating) Develop a plan to improve the patient care and/or medication-use system.

Criteria:

- Steps in plan are defined clearly.
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately

- Plan for improvement includes appropriate reviews and approvals required by department or organization, and includes meeting the concerns of all stakeholders.
- Applies evidence-based principles, if needed.
- Develops a sound research or quality improvement question realistic for time frame, if appropriate.
- Develops a feasible design for a project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, funding) for a practice-related project.
- Uses appropriate electronic data and information from internal information databases, external online databases, and appropriate internet resources, and other sources of decision support, as applicable
- Plan design is practical to implement and is expected to remedy or minimize the identified opportunity for improvement.

Objective R2.2.3: (Applying) Implement changes to improve patient care and/or the medication-use system.

Criteria:

- Follows established timeline and milestones.
- Implements the project as specified in its design.
- Collects data as required by project design.
- Effectively presents plan to appropriate audience (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation).
- Plan is based upon appropriate data.
- Gains necessary commitment and approval for implementation
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Change is implemented fully.

Objective R2.2.4: (Evaluating) Assess changes made to improve patient care or the medication-use system.

Criteria:

- Outcome of change is evaluated accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care.
- Uses Continuous Quality Improvement (CQI) principles to assess success of implementation of change, if applicable.
- Correctly identifies modifications or if additional changes are needed.
- Accurately assesses the impact, including sustainability if applicable, of the project.
- Accurately and appropriately develops plan to address opportunities for additional changes.

Objective R2.2.5: (Creating) Effectively develop and present, orally and in writing, a final project report.

Criteria:

- Outcome of change are reported accurately to appropriate stakeholders(s) and policy making bodies according to department or organizational processes.
- Report includes implications for changes to/improvement in pharmacy practice.
- Report uses an accepted manuscript style suitable for publication in the professional literature.

- Oral presentations to appropriate audiences within the department, organization, or to external audiences use effective communication and presentation skills and tools (e.g., handouts, slides) to convey points successfully.

Competency Area R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

Objective R3.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Criteria:

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

Objective R3.1.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Criteria:

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

Goal R3.2: Demonstrate management skills.

Objective R3.2.1: (Understanding) Explain factors that influence departmental planning.

Criteria:

- Identifies and explains factors that influence departmental planning, including:
 - Basic principles of management.
 - Financial management.
 - Accreditation, legal, regulatory, and safety requirements.
 - Facilities design.
 - Human resources.
 - Culture of the organization.
 - The organization's political and decision-making structure.
- Explains the potential impact of factors on departmental planning.
- Explains the strategic planning process.

Objective R3.2.2 (Understanding) Explain the elements of the pharmacy enterprise and their relationship to the healthcare system.

Criteria:

- Identifies appropriate resources to keep updated on trends and changes within pharmacy and healthcare.
- Explains changes to laws and regulations (e.g., value-based purchasing, consumer-driven healthcare, reimbursement models) related to medication use.
- Explains external quality metrics and how they are developed, abstracted, reported, and used (e.g., Risk Evaluation and Mitigation Strategy).
- Describes the governance of the healthcare system and leadership roles.

Objective R3.2.3: (Applying) Contribute to departmental management.**Criteria:**

- Helps identify and define significant departmental needs.
- Helps develop plans that address departmental needs.
- Participates effectively on committees or informal workgroups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices/tools, consistent with team, departmental, and organizational goals.

Objective R3.2.4: (Applying) Manage one's own practice effectively.**Criteria:**

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

Competency Area R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

Objective R4.1.1: (Applying) Design effective educational activities.**Criteria:**

- Accurately defines learning needs (e.g., level, such as healthcare professional vs patient, and their learning gaps) of audience (individuals or groups).

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

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education.

Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without distracting speaker habits (e.g., excessive "ah's" and "um's").
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.
- Effectively uses audio-visuals and handouts to support learning activities.

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Criteria:

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

Objective R4.1.4: (Applying) Appropriately assess effectiveness of education.

Criteria:

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

Goal R4.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).

Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.

Criteria:

- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
 - Selects direct instruction when learners need background content.
 - Selects modeling when learners have sufficient background knowledge to understand skill being modeled.
 - Selects coaching when learners are prepared to perform a skill under supervision.
 - Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

Criteria:

- Instructs students, technicians, or others, as appropriate.
- Models skills, including “thinking out loud,” so learners can “observe” critical thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence when ready and using indirect monitoring of performance.

Competency Area: PGY1 Elective Teaching and Learning

Goal E6: Teaching and Learning

E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.

E6.1.1 Explain strategies and interventions for teaching, learning, and assessment in healthcare education.

E6.1.2 Explain academic roles and associated issues.

E6.2 Develops and practices a philosophy of teaching.

E6.2.1 Develop a teaching philosophy statement.

E6.2.2 Prepare a practice-based teaching activity.

E6.2.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

E6.2.4 Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.

Appendix 8

2022- 2023 Residency Program Preceptors and MCPHS Faculty Contact List

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