



Pharmacy Enterprise

Pharmacy Residency Handbook

CHA Pharmacy Residency Handbook

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Section 1: About Cambridge Health Alliance (CHA)

Mission

To Improve the Health of our Patients and Communities

- We specialize in the care of complex and underserved populations
- Primary Care and Behavioral Health services are key areas of focus

Vision

Equity and Excellence for Everyone, Every Time

Values

CIRCLE of Values - we create a positive difference through these qualities:

Compassion:

- Sincere
- Empathetic: able to put oneself in another's shoes
- Sensitive in all communications
- Non-judgmental

Integrity:

- Honest
- Honors commitments
- Loyal
- Work and behavior are guided by CHA mission, vision, values, and policies

Respect

- Kind
- Values differences of many kinds
- Listens carefully
- Responsive in all interactions
- Ensures dignity of others

Community

- Excels at teamwork skills, and creates ways to build bridges between many communities, inside and outside CHA
- Focuses on the whole CHA community, beyond own job
- Contributes to the greater good of society through responsible use of resources, positive service to our patients and other customers and the prevention of harm

Learning

- Committed to ongoing learning about own job
- Committed to ongoing learning about the big picture
- Teaches and helps others
- Creates/participates in opportunities to learn from co-workers, patients and families

Excellence

- Commits to high standards
- Helps others achieve high standards
- Innovator
- Exceeds expectations
- Strong work ethic



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CIRCLE Values Credo

The CHA community commits to uphold our CIRCLE Values (Community, Integrity, Respect, Compassion, Learning, Excellence) in all interactions. Our credo promotes a healthy clinical learning environment to successfully accomplish our Mission and Vision.

Facility Locations

CHA's primary service area includes Cambridge, Chelsea, Everett, Malden, Medford, Revere, Somerville, and Winthrop.



Section 2: Pharmacy Enterprise Information

Pharmacy Mission Statement

To improve the health and well-being of our patients and communities, the Pharmacy Enterprise is committed to delivering safe and effective pharmacy services. We cultivate a workforce of leaders and medication experts to optimize patient outcomes across the continuum of care. Through our dedication to continuous improvement and patient-centered care, we aim to be a trusted partner in enhancing the health of all those we serve.

Pharmacy Vision Statement

The Pharmacy Enterprise will be a recognized leader in the provision of quality pharmaceutical care while striving to be the best place to work, train, and practice pharmacy. We rise to meet the needs of our patients and community, committing to excellence in every endeavor, every time.

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Pharmacy Residency Leadership Team

Chief Pharmacy Officer

Steven B. Cano, MS, RPh, FASHP

Steven is Chief Pharmacy Officer for CHA in the Boston Metro-North region. CHA is a nationally recognized health care system comprised of the CHA Cambridge Hospital, CHA Somerville Hospital, CHA Everett Hospital, the Cambridge Public Health Department, and more than 20 primary care / ambulatory care sites. The CHA Pharmacy Enterprise includes three inpatient pharmacies, four retail pharmacies including one specialty pharmacy, two contract pharmacy chains, a Program for All-Inclusive Care for the Elderly (PACE) pharmacy, pharmacotherapy services (clinical pharmacists embedded in 15 ambulatory clinics performing chronic drug therapy management), a robust antimicrobial stewardship program and inpatient clinical pharmacy services, an ACPE-accredited CE program, and a PGY1 pharmacy residency program. Clinical pharmacists are members of the CHA Medical Staff.



Prior to working at the CHA, Steven was Director of Pharmacy at Saint Vincent Hospital, a 349-bed tertiary care teaching institution affiliated with the University of Massachusetts School of Medicine in Worcester for 17 years. During that time, he was also Director of Pharmacy at the Fallon Clinic and the Fallon Community Health Plan in Worcester. Prior to moving to Massachusetts, Steven was Director of Pharmacy at Humana Hospital Mountain View in Denver for five years. Steven is an Adjunct Professor of Pharmacy Practice at the University of Rhode Island College of Pharmacy and an Affiliate Assistant Professor in Pharmacy Practice at Northeastern University.

Steven's education background includes a B.A. degree in Biology from Wichita State University in 1977. A B.S. degree in Pharmacy from the University of Kansas in 1980 followed. Steven completed a combined M.S. degree in Hospital Pharmacy / ASHP accredited Hospital Pharmacy Residency program from the University of Kansas Medical Center in 1982.

Steven's current professional interests include efforts to expand the role of the pharmacist in a rapidly changing healthcare environment. He has authored more than 20 articles and book chapters on a variety of topics. Steven has presented numerous lectures to national audiences including physicians, pharmacists, nurses, and administrators. He is Board Chair at Partners in Performance Excellence (a regional Baldrige Alliance affiliate for performance excellence) and a Lead Faculty member for the ASHPF Pharmacy Leadership Academy. Steven was honored as Health-System Pharmacist of the Year in Massachusetts in 1995. He is also a Fellow of ASHP.

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Associate Chief Pharmacy Officer - Inpatient Services

Mary E. Regan, PharmD, BCPS

Mary is the Director of Clinical and Academic Pharmacy Services. In addition to providing direction for clinical pharmacy programs across the Pharmacy Enterprise, she also serves as ACPE administrator, has oversight responsibilities for the PGY1 pharmacy residency program and manages relationships with area schools of pharmacy related to student training rotations.

Prior to working at CHA, Mary was a Clinical Pharmacist Specialist in Critical Care at Boston Medical Center, a 514-bed academic medical center affiliated with the Boston University School of Medicine for 4 years. At CHA now for 18 years, Mary has served in prior roles of Senior Clinical Pharmacist Specialist in Critical Care and Manager of Inpatient Clinical Pharmacy Services. She is a member of the CHA medical staff.



Mary's education background includes a B.S. degree in Biology and a B.A. degree in Chemistry from Providence College in 1992. She obtained a B.S. degree in Pharmacy followed by a Doctor of Pharmacy degree in 1997 from the Massachusetts College of Pharmacy and Health Sciences. Mary completed an ASHP-accredited PGY1 residency at the University of Maryland Medical System in 1998. She has been board certified in pharmacotherapy since 2006.

Associate Chief Pharmacy Officer - Pharmacotherapy Services

Monica Akus, PharmD, BCPS, DPLA

Monica Akus, PharmD, DPLA, BCPS is an Associate Chief Pharmacy Officer who established and has maintained an integrated ambulatory pharmacotherapy service at Cambridge Health Alliance (CHA) by collaborating with providers and other members of the health care team.

Monica is passionate about delivering high quality medication management to support improved chronic disease outcomes for CHA patients served. Teaching future pharmacists and providing ongoing patient education are keys to the program's success.



Monica has developed one of the most successful ambulatory clinical pharmacy programs in the Northeast. Currently she is expanding the team's care delivery model through remote patient monitoring and group education. Monica is a preceptor for the CHA post-graduate year one (PGY1) pharmacy residency and is developing a post-graduate year two (PGY2) ambulatory care training program.

Monica is a board-certified pharmacotherapy specialist who has been awarded the diplomate, pharmacy leadership academy (DPLA) designation, and completed the CHA Gold Innovation fellowship.

Monica holds Bachelor of Science and Doctor of Pharmacy degrees from the University of Rhode Island.

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When she is not caring for patients or developing new programs, Monica enjoys exercising, reading, traveling, and spending time with her family and friends.

PGY1 Residency Program Director

Gail M. Sanchez, PharmD, BCPS, DPLA

In addition to being the CHA PGY1 Pharmacy Residency Program Director (RPD), Gail is a Senior Clinical Pharmacist Specialist in Internal Medicine. Currently, she provides direct patient care to the internal medicine and family medicine services. Gail is a member of the CHA medical staff and has been board certified in pharmacotherapy since 2005.

Gail received her Doctor of Pharmacy degree from the Massachusetts College of Pharmacy and Health Sciences in 2000 and completed a PGY1 pharmacy residency at the University of Maryland Medical System in 2001. She worked at Boston Medical Center for 14 years where she served as manager for the internal medicine pharmacists and director of the PGY1 residency program before joining the team at CHA in April 2015.



PGY2 Ambulatory Care Residency Program Director

Garrett Lech, PharmD, BCACP, DPLA

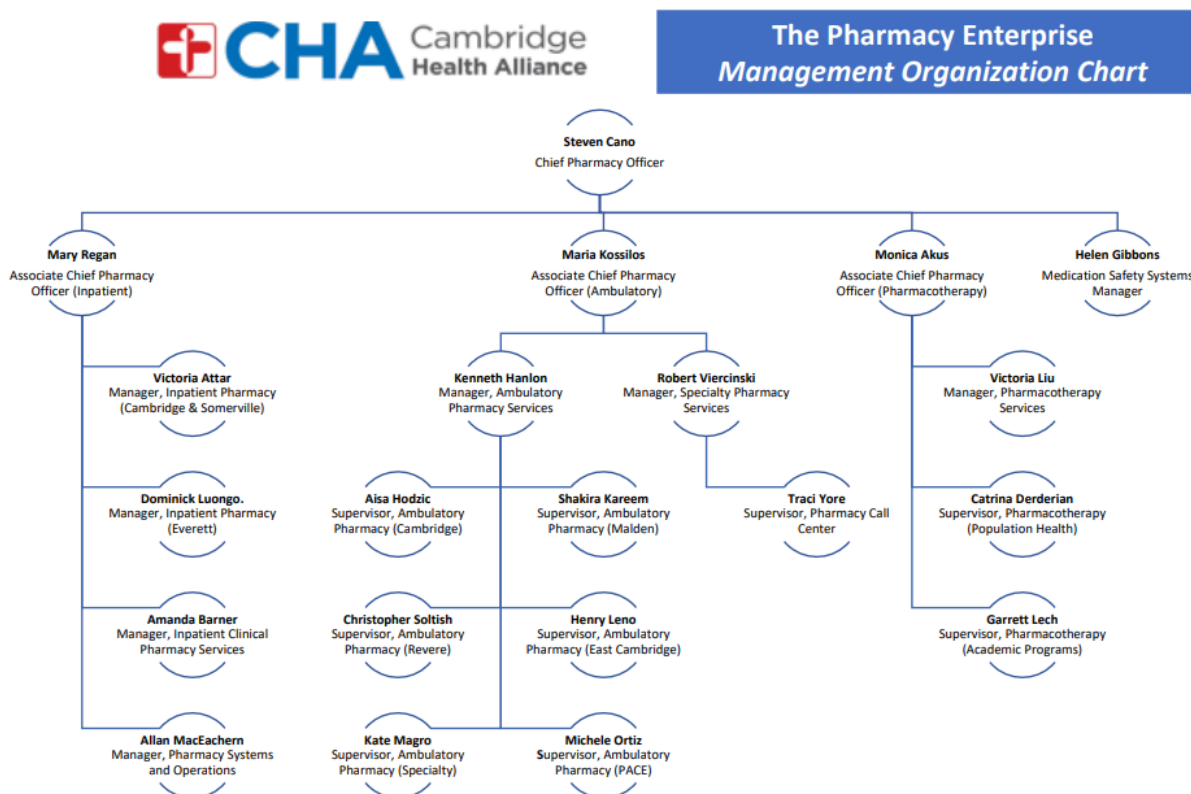
Garrett Lech, PharmD, BCACP, DPLA is a Supervisor of Pharmacotherapy Services within the Pharmacy Enterprise at Cambridge Health Alliance (CHA). After receiving his Doctor of Pharmacy degree from Northeastern University and completing his residency training at VA Boston Healthcare System (PGY1), Garrett has continued to expand professionally by becoming a board-certified ambulatory care pharmacist who has been awarded the diplomate, pharmacy leadership academy (DPLA) designation.

In addition to delivering high-quality patient care, Garrett is passionate about academia and educating future pharmacists at CHA. As supervisor of academic programs, Garrett is responsible for onboarding pharmacy trainees; collaborating with the PGY1 residency program director on program and preceptor development; and understanding and supporting pharmacotherapy staff academia-specific goals. Garrett also serves as a preceptor and unofficial mentor to both pharmacy students and pharmacy residents.



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Pharmacy Enterprise Organizational Structure



Section 3: Residency Program Overview and Requirements

Program Purpose

PGY1 Purpose: The CHA PGY1 pharmacy residency program builds on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists who are:

- responsible for medication-related care of patients with a wide range of conditions
- eligible for board certification
- eligible for postgraduate (PGY2) pharmacy residency training

PGY2 Purpose: The PGY2 residency program build upon Doctor of Pharmacy (PharmD) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if available.

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Preceptors

[Use this link to learn more about our highly qualified and diverse preceptor group.](#)

Meet Our Preceptors:	
<p>Gail Sanchez, PharmD, BCPS, DPLA Massachusetts College of Pharmacy & Health Sciences <u>PGY1:</u> University of Maryland Medical System</p> <p>Mary Accomando, PharmD, BCPP University of Colorado School of Pharmacy <u>PGY1:</u> University of Vermont Medical Center, <u>PGY2:</u> Minnesota Direct Care and Treatment (Psychiatry)</p> <p>Uswa Ahmad, PharmD, BCACP Northeastern University <u>PGY1:</u> VA Hudson Valley Healthcare System</p> <p>Monica Akus, PharmD, BCPS, DPLA University of Rhode Island</p> <p>Amanda Barner, PharmD, BCPS University of Rhode Island <u>PGY1:</u> Boston Medical Center <u>PGY2:</u> Boston Medical Center (Infectious Disease)</p> <p>Rebecca Bourgerly, PharmD, BCPS, BCPP University of Rhode Island <u>PGY1:</u> Cambridge Health Alliance <u>PGY2:</u> Hunter Holmes McGuire VA (Psychiatry)</p> <p>Steven Cano, M.S., R.Ph., FASHP University of Kansas <u>PGY2:</u> University of Kansas Medical Center</p> <p>Catrina Derderian, PharmD, BCACP, DPLA Northeastern University <u>PGY1:</u> University of Southern California</p> <p>Lea Edwards, PharmD University of Minnesota <u>PGY1:</u> Presbyterian/St. Luke's Medical Center and The Rocky Mountain Hospital for Children in Colorado <u>PGY2:</u> Providence Health and Services in Oregon (Infectious Disease)</p> <p>Helen Gibbons, BSPHarm, PharmD, MPH, BCPS <u>BSPHarm:</u> University of Wisconsin - Madison <u>PharmD:</u> Massachusetts College of Pharmacy & Health Sciences <u>MPH:</u> University of Massachusetts, Amherst</p> <p>Jessica Goren, PharmD, BCPP University of Rhode Island <u>PGY2:</u> Albany College of Pharmacy (Psychiatry) <u>Fellowship:</u> Albany College of Pharmacy (Psychopharmacotherapy)</p> <p>Tayla Inderlin, PharmD, BCACP Northeastern University <u>PGY1:</u> James J. Peters VA Medical Center</p>	<p>Alexandra Kolwicz, PharmD, BCACP Northeastern University <u>PGY1:</u> Cambridge Health Alliance</p> <p>Garrett Lech, PharmD, BCACP, DPLA Northeastern University <u>PGY1:</u> VA Boston Healthcare System</p> <p>Victoria Liu, PharmD, MHCDS, BCACP, DPLA University of Connecticut <u>PGY1:</u> VA Ann Arbor Healthcare System <u>PGY2:</u> Detroit Medical Center/Harper University Hospital (Ambulatory Care) <u>MHCDS:</u> Dartmouth College</p> <p>Rosemarie Luscinski, R.Ph. Northeastern University</p> <p>Sylvia Mateega, R.Ph. Northeastern University</p> <p>Derek McConnell, PharmD University of Rhode Island</p> <p>Joanna Nichols, PharmD, BCACP Massachusetts College of Pharmacy & Health Sciences <u>PGY1:</u> Lahey Hospital and Medical Center <u>PGY1:</u> Lahey Hospital and Medical Center (Ambulatory)</p> <p>Alexandra Polito, PharmD, BCACP University of Connecticut <u>PGY1:</u> VA Boston Healthcare System</p> <p>Mary Regan, PharmD, BCPS Massachusetts College of Pharmacy & Health Sciences <u>PGY1:</u> University of Maryland Medical System</p> <p>Lauren Sullivan, PharmD, BCACP University of Connecticut <u>PGY1:</u> Lahey Hospital and Medical Center <u>PGY1:</u> Lahey Hospital and Medical Center (Ambulatory)</p> <p>Xia Thai, PharmD, BCPS Massachusetts College of Pharmacy & Health Sciences</p> <p>Shirley Yu, PharmD, BCPS University of Illinois at Chicago <u>PGY1 & PGY2:</u> Texas Tech University Health Science Center (Pharmacotherapy)</p> <p>Emily Zouzas, PharmD, BCACP Massachusetts College of Pharmacy & Health Sciences <u>PGY1:</u> MCPHS University/Atrius Health</p>

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Sahil Jain, PharmD, BCACP Northeastern University PGY1: VA Boston Healthcare System	
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Rotations

PGY1 Pharmacy Residency Program

CHA offers multisite training opportunities for PGY1 pharmacy residents. It should be noted that CHA does not offer financial support (e.g., mileage reimbursement, parking fees, tolls) for traveling between sites.

The residency year begins with an orientation period that is approximately 4 weeks in length. Throughout the training year, there are 8 rotations with each learning experience being 5-6 weeks in length. The schedule allows for 3 elective rotations.

The table below provides an overview of block rotations, longitudinal and periodic learning experiences.

Overview of PGY1 Learning Experiences	
Inpatient	Ambulatory
Orientation (1st rotation)	Ambulatory Care 1
Family Medicine	Ambulatory Care 2
Internal Medicine	Population Health
Advanced Medicine	Advanced Ambulatory Care Management
Infectious Disease	Advanced Ambulatory Care with Behavioral Health Focus
Critical Care	
Geriatric Psychiatry	
Pediatric Psychiatry	
Hospital Practice	
Clinical On-Call	
Leadership and Safety	Academia and Projects
Practice Management	Academia - Inpatient Focus
Advanced Practice Management	Academic - Ambulatory Focus
Pharmacy Leadership Forum	Teaching Certificate Program
Medication Safety Seminar	ACPE CE Lecture (1)

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	Research Project
	Case Conferences (2)
	Inservices (3)
	Drug Monograph (1)
	Medication Use Evaluation (1)

PGY2 Ambulatory Care Pharmacy Residency Program

CHA offers the PGY2 ambulatory care resident training across a multitude of clinics within the organization. It should be noted that CHA does not offer financial support (e.g., mileage reimbursement, parking fees, tolls) for traveling between sites.

The residency year begins with an orientation period that is approximately 4 weeks in length. Throughout the training year, the majority of rotations are longitudinal and approximately 10-11 weeks in length. Any block rotations will be approximately 4 weeks in length. The schedule allows for 4-5 elective rotations.

The table below provides an overview of required rotations, elective rotations, and periodic learning experiences.

Overview of PGY1 Learning Experiences	
Required	Elective
Orientation (1st rotation)	Cardiology
Adult Primary Care	Endocrinology/Diabetes Technology
Anticoagulation - Telephone Service	Academia
Practice Management	Informatics*
Infectious Disease	Public Health*
Population Health	Team-based Care with SDOH Focus*
Pulmonology	Potential for Repeat Experiences
Behavioral Health	*rotations in development
Geriatrics in Primary Care	
Staffing (Resident-led Clinic)	
Clinical On-call	
Academia and Longitudinal Projects	

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Protocol Development	Case Conference (1)
ACPE CE Lecture (2)	Inservices (3)
Pharmacy Leadership Forum	Research Project
Teaching Certificate Program (optional)	

Required Longitudinal and Periodic Experiences

PGY1 Pharmacy Residency Program

Research Project

- Resident is the primary stakeholder in a CHA-approved quality research project
- Present research at 3 meetings:
 - Resident Poster Session at the Midyear Clinical Meeting (Poster presentation)
 - Regional Residency Conference (Platform presentation)
 - Pharmacy Enterprise (Platform presentation)
- Final presentation to Pharmacy Enterprise and collaborators
- Final project written in a publishable format

ACPE CE Presentation

Each resident will participate in a 30-minute ACPE Continuing Pharmacy Education (CPE) on a therapeutic topic during the residency.

Medication Use Evaluation

Each resident will complete and present one (1) medication use evaluation to the Pharmacy and Therapeutics (P&T) Committee.

Formulary Evaluation

Each resident will complete and present one (1) formulary evaluation to the P&T Committee

Case Conferences

Each resident will provide two (2) clinically based case conferences during the training year.

In-Services

The resident will provide three (3) in-services to various healthcare professionals (e.g., physicians, nurses, pharmacists).

Pharmacy Leadership Forum

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Each resident will complete one (1) 60-minute journal club presentation on a leadership, management, or business-related topic. The journal club will typically be coordinated with a larger presentation from a preceptor or departmental leader on the same general theme. In addition, PGY1 residents will receive weekly questions from the Chief Pharmacy Officer designed to:

- Expose the residents to current national leadership events, trends, and topics
- Review key historical events in pharmacy
- Learn about national pharmacy leaders who paved the way for us
- Teach the residents about the CHA Rx leadership team

Medication Safety Seminar

The Medication Safety Officer leads monthly (July through March) 2-hour seminars to provide the resident with a heightened day-to-day awareness and understanding of medication safety concepts and develop an appreciation of their unique role as pharmacists in improving medication safety in any practice setting. Residents are responsible for utilizing the institutional occurrence system to voluntarily report potential or actual medication occurrences or adverse medication events and each resident will develop a multiple participant role-play script to teach key medication safety concepts.

Teaching Certificate Requirements

Residents participate in the University of Connecticut's Teaching and Learning Certificate program.

Staffing Requirements

Residents are required to staff every fourth weekend at Everett Hospital (9 AM to 5:30 PM) and one evening shift per week at Cambridge Hospital (4 to 9:30 PM). Each resident will staff 2 holidays at Everett Hospital (9 AM to 5:30 PM).

On-Call Program

Each resident will be on-call to serve as a clinical resource for the inpatient pharmacy department for one week approximately every fourth week (on-call responsibilities will align with the staffing rotation). The resident is on-call from 6 PM to 8 AM weekdays and continuously throughout the weekend.

Summary Table of Required Longitudinal Learning Experiences:

Required Longitudinal Experiences	
Experience	Description
Clinical On-Call Program (August-June)	<ul style="list-style-type: none">• Approximately 1 week/month• At-home call program
Hospital Practice (Staffing) (August-June)	<ul style="list-style-type: none">• Every 4th weekend• 1 evening shift per week (~5 hours)• 1 major and 1 minor holiday
Medication Safety (July-March)	<ul style="list-style-type: none">• Monthly (2-hour) discussion seminar with Medication Safety Officer• Medication safety assignments, readings, activities

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Pharmacy Leadership (July-June)	<ul style="list-style-type: none"> Monthly (2-hour) seminar with Chief Pharmacy Officer and Pharmacy Leadership Team 1 journal club presentation
Research Project (July-June)	<ul style="list-style-type: none"> Resident is the primary stakeholder in a CHA approved quality research project Poster presentation at the Midyear Clinical Meeting Platform presentation at a Regional Residency Conference Final project written in a publishable format

Summary Table of the Required Periodic Experiences:

Required Periodic Experiences	
Experience	Description
ACPE CE Lecture (Accreditation Council for Pharmacy Education Continuing Education)	<ul style="list-style-type: none"> Delivers 1 ACPE CE lecture to pharmacy staff
Case Conference	<ul style="list-style-type: none"> Completes 2 case conferences
Center for Health Equity Education and Advocacy (CHEEA) Interprofessional Health Equity Course <i>(resident is required to apply to the program; however acceptance is not guaranteed)</i>	<ul style="list-style-type: none"> Monthly (2 hours) program open to all CHA trainees Addresses social & structural determinants of health
Drug Monograph	<ul style="list-style-type: none"> Completes 1 drug monograph
In-Service	<ul style="list-style-type: none"> Completes 3 in-services (e.g., physicians, nurses, pharmacists)
Medication Use Evaluation (MUE)	<ul style="list-style-type: none"> Completes 1 MUE
Teaching Certificate Program	<ul style="list-style-type: none"> Creates a teaching portfolio and philosophy

PGY2 Ambulatory Care Pharmacy Residency Program

Research Project

- Resident is the primary stakeholder in a CHA-approved quality research project
- Present research at 3 meetings:
 - Resident Poster Session at the Midyear Clinical Meeting (Poster presentation)
 - Clinical Conference (e.g. ASHP Futures Meeting, Regional Residency Conference) (Platform presentation)
 - Pharmacy Enterprise (Platform presentation)
- Final presentation to Pharmacy Enterprise and collaborators

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- Final project written in a publishable format

ACPE CE Presentation

The resident will participate in two (2) ACPE Continuing Pharmacy Education (CPE) on therapeutic topics during the residency, presented as one 30 minute CPE and one 60 minute CPE.

Protocol Development

The resident will create or revise one (1) Pharmacotherapy protocol and present to the Pharmacy and Therapeutics (P&T) Committee.

Case Conferences

Each resident will provide one (1) clinically based case conference during the training year.

In-Services

The resident will provide three (3) in-services to various healthcare professionals (e.g., physicians, nurses, pharmacists).

Pharmacy Leadership Forum

Each resident will participate in a monthly (2 hr) seminar and complete one (1) 60-minute journal club presentation on a leadership, management, or business-related topic. The journal club will typically be coordinated with a larger presentation from a preceptor or departmental leader on the same general theme. In addition, residents will receive weekly questions from the Chief Pharmacy Officer designed to:

- Expose the residents to current national leadership events, trends, and topics
- Review key historical events in pharmacy
- Learn about national pharmacy leaders who paved the way for us
- Teach the residents about the CHA Rx leadership team

Teaching Certificate Requirements (optional)

Residents participate in the University of Connecticut's Teaching and Learning Certificate program.

Staffing Requirements

The resident is required to staff two (2) sessions (3 ½ hours each) per week in the resident-managed clinic. The days and times of these staffing sessions are subject to clinic availability and patient needs.

On-Call Program

The resident will be on-call to serve as a clinical resource for Pharmacotherapy Services for one week approximately every 2 months. The resident is on-call from 4:30 PM to 8:30 AM weekdays and continuously throughout the weekend.

Center for Health Equity Education and Advocacy (CHEEA) Interprofessional Health Equity Course

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The resident is required to apply to the CHEEA Interprofessional Health Equity Course; however, acceptance is not guaranteed. This approximately 6-month program is open to all CHA trainees and meets monthly (~2 hours) to discuss social and structural determinants of health.

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Resident Evaluations

Each resident is evaluated at the end of each learning experience and quarterly to monitor progress towards successful completion.

Section 4: Residency Policies and Processes

Licensure

Obtaining your Massachusetts pharmacist license prior to the start of the residency program is of utmost importance. If this is not feasible, the Massachusetts Board of Registration in Pharmacy requires you to obtain your Massachusetts pharmacy intern license prior to your start date. Residents must spend at least two-thirds of their training program as a licensed pharmacist in Massachusetts. Failure to obtain pharmacist licensure in Massachusetts within 120 days of starting the program may result in extension of or dismissal from the residency program. Please refer to the Pharmacy Resident Dismissal Policy for more details.

Stipend and Benefits

Stipend

PGY1

- \$60,000

PGY2 Ambulatory Care

- \$63,000

Benefits

- Medical, Dental, and Life Insurance
- Retirement Plan
- Tuition Reimbursement
- T-Pass
- Tend Health (mental health support for trainees)

Please follow the hyperlink below for more detailed information.

[Pharmacy Residents Benefits Summary](#)

Earned Time

Please follow the hyperlink below for more detailed information.

[Pharmacy Resident Benefit Time Policy](#)

Dismissal

Please follow the hyperlink below for more detailed information.

[Pharmacy Resident Dismissal Policy](#)

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Residency Certificate Requirements

Please follow the hyperlink below for more detailed information.

[Residency Certificate Requirements Policy](#)

Resident Duty Hours, On-call and Moonlighting

Please follow the hyperlink below for more detailed information.

[Residency Duty Hours, On-call and Moonlighting Policy](#)

Resident Early Commitment Process

Please follow the hyperlink below for more detailed information.

[PGY2 Pharmacy Residency Early Commitment Process](#)

Resident Travel and Meeting Attendance

Residents are required to attend and present at:

- PGY1 residents
 - ASHP Midyear Clinical Meeting
 - Regional Residency Conference.
- PGY2 residents
 - ASHP Midyear Clinical Meeting
 - Additional clinical conference chosen based on topic and scope of research project (e.g. ASHP Futures Meeting, Regional Residency Conference).

Travel expenses are either pre-paid by or reimbursed by CHA. Meeting registration fees are also reimbursed by CHA.

Parking

Parking is available at all sites. A completed application must be submitted to the parking office. The rate is \$25/week. Shuttle buses are also available when traveling between selected sites.

ASHP Duty Hours and Outside Employment

The CHA Pharmacy Residency Programs adhere to the Duty-Hour Requirements for Pharmacy Residencies set forth by ASHP. Please follow the hyperlink below for more detailed information.

[ASHP Duty Hours Requirements](#)

The CHA Pharmacy Residency Programs utilize standard operating procedures to report duty hours and ensure compliance with ASHP requirements. Each resident records duty hours on a bi-weekly basis. It is the responsibility of the resident to inform the RPD if documenting > 80 duty hours/week. If the resident documents > 80 duty hours/week, the RPD will develop a customized plan with the resident to reduce duty

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hours worked. If signs of fatigue are noted, the RPD will implement a plan that ensures the safety of the resident and patients being served.

The CHA Pharmacy Residency Programs discourage but do not prohibit moonlighting.

The RDP reviews the PharmAcademic attestation monthly and as needed.

Plagiarism:

Plagiarism is not acceptable as intellectual integrity and honesty are vital to our training program. All work submitted must be your own and referenced appropriately. Using artificial intelligence tools to create or write submissions is one form of plagiarism.

Artificial Intelligence:

No artificial intelligence products should be used at CHA for patient care or operations unless that they have been vetted and approved by the appropriate committees.

Section 5: Resident Resources

Resident Guide Program

Residents will meet monthly with a group of pharmacists who have completed PGY-1 and/or PGY-2 residencies but have not yet become formal program preceptors. These pharmacists serve as a resource and will conduct monthly workshops for residents. Please follow the hyperlink below for more detailed information.

[CHA Resident Guide Program Overview](#)

Tend Health

Tend Health is a counseling, coaching, consultation, and educational enterprise developed for, and dedicated to caring for health professional trainees. Offers free and confidential mental health assessment, counseling, and treatment to CHA trainees via live video conferencing. Appointments may be scheduled online.

Trainee Experience Advisor

Pharmacy residents have a training experience advisor throughout the academic year. The training advisor provides confidential wellbeing check-ins to help support and coach trainees with navigating challenges in the learning environment. The resident program director will introduce the residency class to the training experience advisor during orientation.

Project Week

PGY1

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Each PGY1 resident will receive a dedicated project week in the second half of the year to work on any project or combination of projects (e.g., research, P&T, CE).

Remote Access

Remote access to CHA desktop services will be provided at the time of employment.

Office Space

Each resident will have 24/7 access to an office and desk space at both Cambridge and Everett Hospital locations. Office space includes desktop computer and landline phone with internal extension and voicemail.

Laptop/Technology

Each PGY1 resident will have access to a work laptop that can be used when connected to CHA WiFi.

For the PGY2 Ambulatory Care resident, a laptop is optional upon resident request. Also, the telehealth platform may require alternative technology (e.g. tablet) which will be provided by CHA.

Both PGY1 and PGY2 residents will be provided with a pager.

Library Resources

In addition to several various online medical libraries including access to journals and databases, CHA's library offers services. Through Staffnet, the resident can request an article or a literature search by completing a form detailing the subject matter.

Section 6: Meet the Pharmacy Residents

Pharmacy Residents

[Use this link to learn where our residents have graduated pharmacy school, areas of interest, research project and first job post residency.](#)