



Cambridge Health Alliance

Pharmacy Enterprise

Pharmacy Residency Handbook

CHA Pharmacy Residency Handbook

Table of Contents

<u>Section 1: About Cambridge Health Alliance (CHA)</u>	<u>4</u>
<u>Mission</u>	<u>4</u>
<u>Vision</u>	<u>4</u>
<u>Values</u>	<u>4</u>
<u>CIRCLE Values Credo</u>	<u>5</u>
<u>Facility Locations</u>	<u>5</u>
<u>Section 2: Pharmacy Enterprise Information</u>	<u>6</u>
<u>Pharmacy Mission Statement</u>	<u>6</u>
<u>Pharmacy Vision Statement</u>	<u>6</u>
<u>Pharmacy Residency Leadership Team</u>	<u>6</u>
<u>Pharmacy Enterprise Organizational Structure</u>	<u>10</u>
<u>Section 3: Residency Program Overview and Requirements</u>	<u>11</u>
<u>Program Purpose</u>	<u>11</u>
<u>Residency Programs Teaching Philosophy</u>	<u>11</u>
<u>Preceptors</u>	<u>12</u>
<u>PGY1 Pharmacy Residency Program</u>	<u>14</u>
<u>PGY1 Learning Experiences</u>	<u>14</u>
<u>PGY1 Longitudinal Requirements</u>	<u>15</u>
<u>PGY1 Periodic Requirements</u>	<u>16</u>
<u>Summary of Required PGY1 Longitudinal and Periodic Learning Experiences</u>	<u>17</u>
<u>PGY1 Sample Schedule</u>	<u>18</u>
<u>Selected Objectives for the PGY-1 Pharmacy Residency Program</u>	<u>20</u>
<u>Summary of PGY1 Program Completion of Requirements</u>	<u>23</u>
<u>Checklist of Required Block Experiences</u>	<u>23</u>
<u>Checklist of Required Longitudinal Learning Experiences</u>	<u>23</u>
<u>Checklist of PGY1 Periodic Projects</u>	<u>25</u>
<u>Time Away from Program Tracker</u>	<u>26</u>
<u>Checklist of PGY1 Program Completion Requirements</u>	<u>27</u>
<u>PGY2 Ambulatory Care Pharmacy Residency Program</u>	<u>28</u>
<u>PGY2 Learning Experiences</u>	<u>28</u>
<u>PGY2 Sample Schedule</u>	<u>29</u>
<u>PGY2 Longitudinal Requirements</u>	<u>30</u>
<u>PGY2 Periodic Requirements</u>	<u>31</u>
<u>Summary of PGY2 Ambulatory Care Pharmacy Residency Program Longitudinal and Periodic Learning Experiences</u>	<u>32</u>
<u>Selected Objectives for the PGY2 Pharmacy Residency Program</u>	<u>33</u>
<u>PGY2 Resident Program Completion of Requirements Tracker</u>	<u>33</u>
<u>Additional Required Opportunities (PGY1 and PGY2 Ambulatory Care Pharmacy</u>	

CHA Pharmacy Residency Handbook

<u>Residency Program)</u>	<u>35</u>
<u>Resident Evaluations</u>	<u>35</u>
<u>Resident Expectations for all Learning Experiences</u>	<u>37</u>
<u>PGY1 Required Meetings</u>	<u>37</u>
<u>PGY2 Required Meetings</u>	<u>38</u>
<u>Section 4: Residency Policies and Processes</u>	<u>39</u>
<u>Licensure</u>	<u>39</u>
<u>Stipend and Benefits</u>	<u>39</u>
<u>Earned Time</u>	<u>39</u>
<u>Dismissal</u>	<u>39</u>
<u>Residency Certificate Requirements</u>	<u>39</u>
<u>Resident Duty Hours, On-call and Moonlighting</u>	<u>39</u>
<u>Resident Early Commitment Process</u>	<u>40</u>
<u>Resident Travel and Meeting Attendance</u>	<u>40</u>
<u>Parking</u>	<u>40</u>
<u>ASHP Duty Hours and Outside Employment</u>	<u>40</u>
<u>Plagiarism</u>	<u>41</u>
<u>Artificial Intelligence</u>	<u>41</u>
<u>Section 5: Resident Resources</u>	<u>41</u>
<u>Marvin Behavioral Health</u>	<u>41</u>
<u>Trainee Experience Advisor</u>	<u>41</u>
<u>Project Week</u>	<u>41</u>
<u>Remote Access</u>	<u>42</u>
<u>Office Space</u>	<u>42</u>
<u>Laptop/Technology</u>	<u>42</u>
<u>Library Resources</u>	<u>42</u>
<u>Section 6: Meet the Pharmacy Residents</u>	<u>42</u>
<u>Pharmacy Residents (Current and Graduates)</u>	<u>42</u>

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



CHA Pharmacy Residency Handbook

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

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.

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.

CHA Pharmacy Residency Handbook

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.

Associate Chief Pharmacy Officer - Inpatient Services

Mary E. Regan, PharmD, BCPS, RPh

Mary is the Associate Chief Pharmacy Officer for Inpatient Services at CHA, where she provides strategic and operational leadership for inpatient pharmacy services and clinical programs across CHA's three hospital campuses. She also oversees the PGY1 pharmacy residency and ACPE-accredited continuing pharmacy education programs. Her professional interests include interdisciplinary collaboration to advance medication quality and safety, as well as the ever-evolving use of technology to improve clinical workflows and operational efficiency. Mary helped develop CHA's inpatient clinical pharmacy program in the mid-2000s, was instrumental in the establishment and launch of the PGY1 pharmacy residency program in 2017, and continues to serve as a residency preceptor.



Before joining CHA, Mary served for 4 years as a Clinical Pharmacist Specialist in Critical Care at Boston Medical Center. During her more than 24 years at CHA, she has held several leadership and clinical roles, including Director of Clinical and Academic Pharmacy Services, Manager of Inpatient Clinical Pharmacy Services, and Senior Clinical Pharmacist Specialist in Critical Care. She is also a member of the CHA medical staff.

Mary earned a Bachelor of Science in Biology and a Bachelor of Arts in Chemistry from Providence College in 1992. She subsequently earned a Bachelor of Science in Pharmacy and a Doctor of Pharmacy from the Massachusetts College of Pharmacy and Health Sciences in 1997. She completed an ASHP-accredited PGY1 residency at the University of Maryland Medical System in 1998 and has been board certified in pharmacotherapy since 2006.

CHA Pharmacy Residency Handbook

Associate Chief Pharmacy Officer - Pharmacotherapy Services

Monica Akus, PharmD, BCPS, DPLA, RPh

Monica Akus 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 both the post-graduate year one (PGY1) pharmacy residency program and post-graduate year two (PGY2) ambulatory care residency 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.

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, RPh

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.



CHA Pharmacy Residency Handbook

PGY2 Ambulatory Care Residency Program Director

Garrett Lech, PharmD, BCACP, DPLA, RPh

Garrett Lech is a Supervisor of Pharmacotherapy Services within the Pharmacy Enterprise at Cambridge Health Alliance (CHA) and Residency Program Director (RPD) of the PGY2 Ambulatory Care Pharmacy Residency Program. 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 and completed the Harvard Macy Institute Program for Educators in Health Professions.



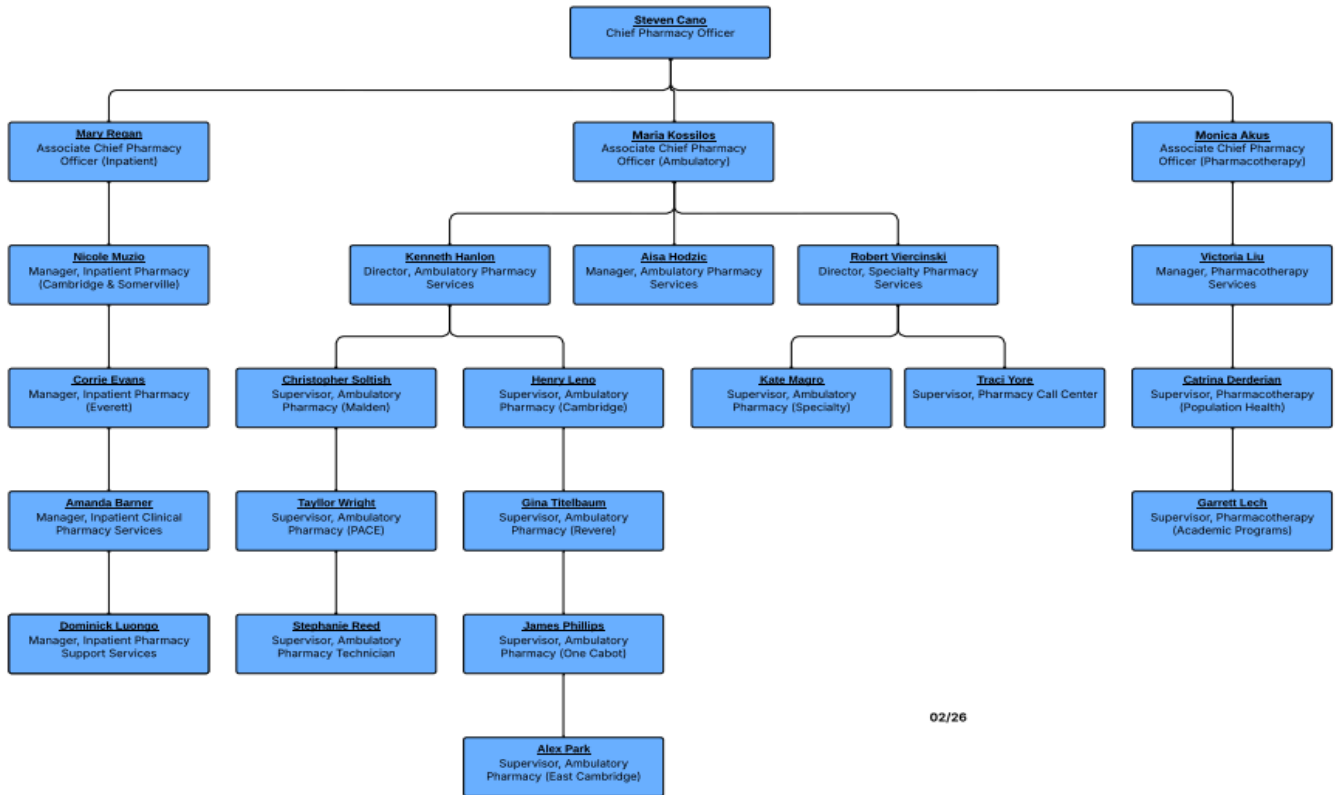
In addition to delivering high-quality patient care, Garrett is passionate about academia and educating future pharmacists at CHA. As supervisor of academic programs, Garrett is responsible for onboarding pharmacy trainees; collaborating with the PGY1 residency program director on program and preceptor 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.

CHA Pharmacy Residency Handbook

Pharmacy Enterprise Organizational Structure



The Pharmacy Enterprise Management Organization Chart



Section 3: Residency Program Overview and Requirements

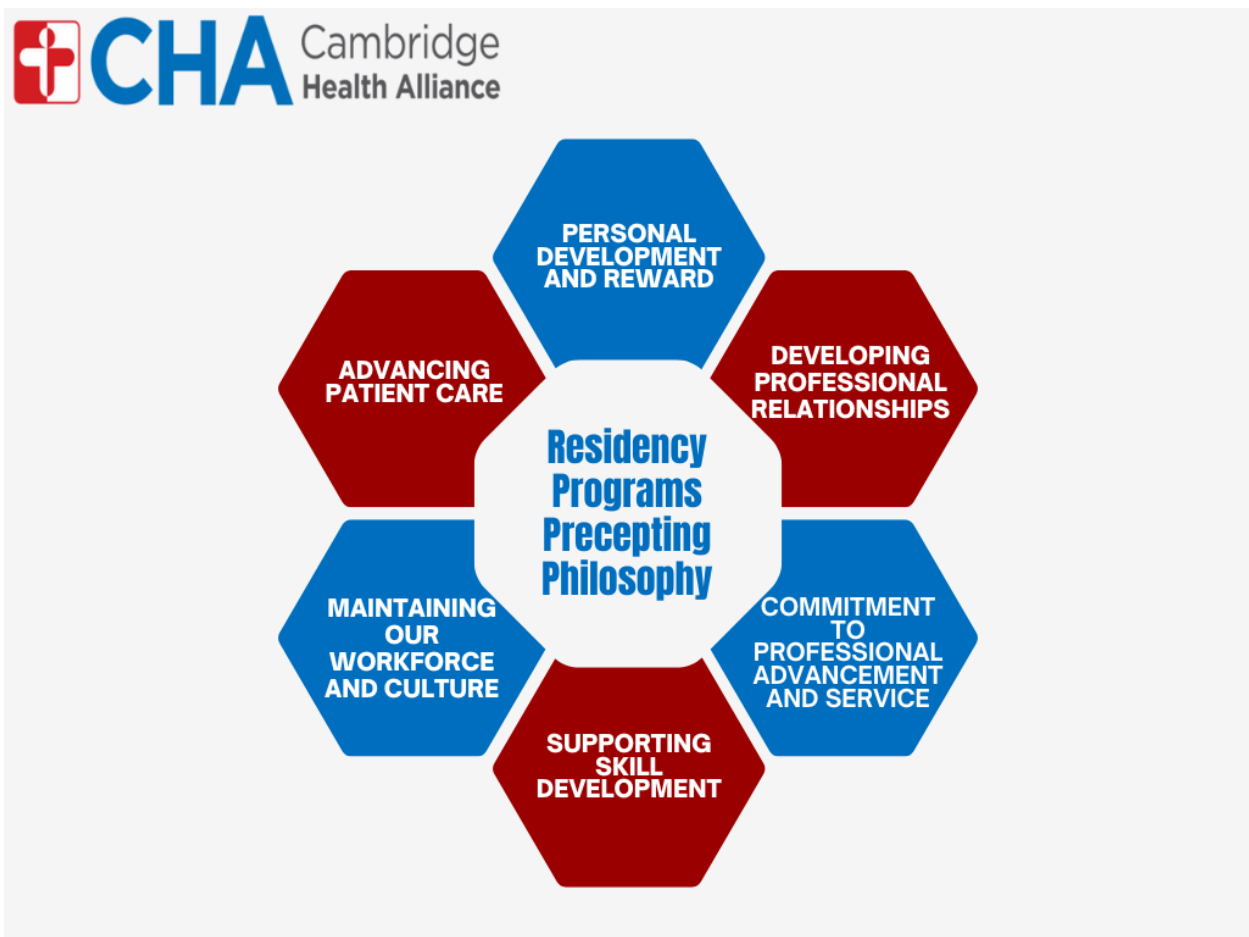
Program Purpose

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.

Residency Programs Teaching Philosophy



CHA Pharmacy Residency Handbook

DOMAIN 1: Advancing Patient Care

We prioritize excellent and **equitable** patient care by focusing on: holistically addressing the needs of our diverse patients and **community** with a collaborative approach, incorporating high-level **quality** improvement work with an emphasis on medication **safety**, and identifying additional areas for expanding the pharmacist's role in delivering care.

DOMAIN 2: Personal Development and Reward

We create and foster a variety of opportunities through **leadership**, education, and **layered learning** experiences to support each team member's unique professional development, enabling them to become successful contributors to the CHA community.

DOMAIN 3: Developing Professional Relationships

We strive to provide a **supportive** and **collaborative** environment to **promote learning** while being mindful of individual differences in an effort to optimize patient care and develop relationships that extend throughout the residency program and beyond.

DOMAIN 4: Commitment to Professional Advancement and Service

We are dedicated to developing and refining the clinical, professional, and leadership skills of our preceptors and residents, while embracing our responsibility to **advance the next generation** of pharmacists to optimally serve our patient population and the broader community.

DOMAIN 5: Supporting Skill Development

We prioritize continuous **professional development** for all team members through a focus on **peer mentorship**, tailoring to individual needs, and creating growth opportunities, which supports the entire Pharmacy Enterprise to practice at the **top of our license** to expand our reach.

DOMAIN 6: Maintaining Our Workforce and Culture

We strive to attract and retain a **highly qualified** workforce in order to execute the mission, vision and values of CHA and the Pharmacy Enterprise.

[Preceptors](#)

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

Meet Our Preceptors:	
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)	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
Uswa Ahmad, PharmD, BCACP Northeastern University <u>PGY1</u> : VA Hudson Valley Healthcare System	Sylvia Mateega, R.Ph. Northeastern University
Monica Akus, PharmD, BCPS, DPLA University of Rhode Island	Derek McConnell, PharmD University of Rhode Island

CHA Pharmacy Residency Handbook

Amanda Barner, PharmD, BCPS University of Rhode Island <u>PGY1</u>: Boston Medical Center <u>PGY2</u>: Boston Medical Center (Infectious Disease) Rebecca Bourgerly, PharmD, BCPS, BCPP University of Rhode Island <u>PGY1</u>: Cambridge Health Alliance <u>PGY2</u>: Hunter Holmes McGuire VA (Psychiatry) Steven Cano, M.S., R.Ph., FASHP University of Kansas <u>PGY2</u>: University of Kansas Medical Center Catrina Derderian, PharmD, BCACP, DPLA Northeastern University <u>PGY1</u>: University of Southern California 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) Mary Eibye, PharmD Northeastern University <u>PGY1</u>: Brigham and Women's Faulkner Hospital <u>PGY2</u>: The University of Vermont Medical Center (Critical Care) Caralyn Granato, PharmD, BCPP, BCPS University of Rhode Island <u>PGY1</u>: Veterans Affairs Providence Healthcare System <u>PGY2</u>: Veterans Affairs Providence Healthcare System (Psychiatry) Tayla Inderlin, PharmD, BCACP Northeastern University <u>PGY1</u>: James J. Peters VA Medical Center Sahil Jain, PharmD, BCACP Northeastern University <u>PGY1</u>: VA Boston Healthcare System Alexandra Kolwicz, PharmD, BCACP Northeastern University <u>PGY1</u>: Cambridge Health Alliance Lindsey Krueger-Grgurich, PharmD, BCACP Drake University College of Pharmacy & Health Sciences <u>PGY2</u>: Boston Medical Center (Ambulatory Care) Garrett Lech, PharmD, BCACP, DPLA Northeastern University <u>PGY1</u>: VA Boston Healthcare System	Joanna Nichols, PharmD, BCACP Massachusetts College of Pharmacy & Health Sciences <u>PGY1</u>: Lahey Hospital and Medical Center <u>PGY2</u>: Lahey Hospital and Medical Center (Ambulatory) Matthew Olean, PharmD University of Rhode Island <u>PGY1</u>: VA Tennessee Valley Healthcare System <u>PGY2</u>: VA Tennessee Valley Healthcare System (Ambulatory) Lauren Ouellette, PharmD, BCACP University of Connecticut <u>PGY1</u>: Lahey Hospital and Medical Center <u>PGY2</u>: Lahey Hospital and Medical Center (Ambulatory) Alexandra Polito, PharmD, BCACP University of Connecticut <u>PGY1</u>: VA Boston Healthcare System Melisa Read, PharmD Northeastern University <u>PGY1</u>: Cambridge Health Alliance Mary Regan, PharmD, BCPS Massachusetts College of Pharmacy & Health Sciences <u>PGY1</u>: University of Maryland Medical System Gail Sanchez, PharmD, BCPS, DPLA Massachusetts College of Pharmacy & Health Sciences <u>PGY1</u>: University of Maryland Medical System Cody Thomas, PharmD University of the Incarnate Word: Feik School of Pharmacy <u>PGY1</u>: Corpus Christi Medical Center <u>PGY2</u>: McLean Hospital (Psychiatry) Xia Thai, PharmD, BCPS Massachusetts College of Pharmacy & Health Sciences Shirley Yu, PharmD, BCPS University of Illinois at Chicago <u>PGY1 & PGY2</u>: Texas Tech University Health Science Center (Pharmacotherapy) Yvette Zeng, PharmD, BCACP University of Rhode Island <u>PGY1</u>: Cambridge Health Alliance <u>PGY2</u>: Texas Tech University Health Sciences (Ambulatory) Emily Zouzas, PharmD, BCACP Massachusetts College of Pharmacy & Health Sciences <u>PGY1</u>: MCPHS University/Atrius Health
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CHA Pharmacy Residency Handbook

[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 4 weeks in length. Throughout the training year, there are 8 block rotations with each learning experience being 5-6 weeks in length. The schedule allows for 3 elective rotations (~ 18 weeks of total elective time).

[PGY1 Learning Experiences](#)

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

Overview of PGY1 Learning Experiences	
Block Rotations: 5-6 weeks in length unless otherwise noted	
Required	Elective
Orientation (1st rotation) (4 weeks)	Advanced Inpatient Medicine (<i>inpatient</i>)
Adult Inpatient Medicine (<i>inpatient</i>)	Infectious Diseases (<i>inpatient</i>)
Ambulatory Care I (<i>ambulatory care</i>)	Adult Psychiatry (<i>inpatient</i>)
Ambulatory Care II (<i>ambulatory care</i>)	Pediatric Psychiatry (<i>inpatient</i>)
Practice Management (<i>inpatient focus</i>)	Geriatric Psychiatry (<i>inpatient</i>)
Project Week (<i>excused from block rotation responsibilities for 1 week scheduled by Residency Program Director</i>)	Academic - Inpatient
	Academic - Ambulatory Care
	Population Health (<i>ambulatory care</i>)
	Advanced Ambulatory Care Management (<i>ambulatory care</i>)
	Advanced Ambulatory Care with Behavioral Health Focus (<i>ambulatory care</i>)
	Advanced Practice Management (<i>ambulatory focus</i>)
Longitudinal Requirements: There are 5 required longitudinal learning experiences. See below, PGY1 Longitudinal Requirements section, for more details.	
Clinical On-Call (July-June) Approximately every 4th week	Research Project (July-August) 1, Quality Improvement Project
Hospital Practice (July-June)	Teaching Certificate Program (Sept-May)

CHA Pharmacy Residency Handbook

1 weekday evening from 4-9:30pm - Approximately every 4th weekend 9-5:30pm 2 assigned holidays	- Completes modules asynchronously - Monthly group seminar (1 hour)
Pharmacy Leadership Forum (July-June) - Monthly seminar (1 hour) - Weekly trivia questions	
Periodic Requirements: There are 5 required periodic learning experiences. See below, PGY1 Periodic Requirements section, for more details:	
Accreditation Council for Pharmacy Education (ACPE) Continuing Pharmacy Education (CPE) Program 1, 30-minute CE Program	Medication Use Evaluation (1) Presented at Pharmacy and Therapeutics Committee
Case Conferences (2) 30 minutes each	Formulary Evaluation (1) Presented at Pharmacy and Therapeutics Committee
Inservices (3) Present to various healthcare groups (e.g., pharmacists, physicians, nurses)	

[PGY1 Longitudinal Requirements](#)

[Clinical 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 hospital practice rotation). The resident is on-call from 6 PM to 8 AM weekdays and continuously throughout the weekend and holidays.

[Hospital Practice](#)

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).

[Pharmacy Leadership Forum](#)

Each resident attends and actively participates in monthly Pharmacy Leadership Forum Seminar. Each resident completes one (1) 60-minute journal club presentation on a leadership, management, or business-related topic. In addition, PGY1 residents will receive weekly trivia 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

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- Learn about national pharmacy leaders who paved the way for us
- Teach the residents about the CHA Pharmacy leadership team

Research Project

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

Teaching Certificate Program

Residents participate in the University of Connecticut's Teaching and Learning Certificate Program. This learning experience is a self directed course and all teaching modules have to be completed within the specified timeframe. The preceptor will meet with the residents every month to facilitate a discussion of the material learned. The resident will develop a teaching portfolio and teaching philosophy and also earn a Certificate of Achievement when completing all phases of the program.

PGY1 Periodic Requirements

Accreditation Council for Pharmacy Education (ACPE) Continuing Pharmacy Education (CPE) Program

Each resident will present one (1) 30-minute ACPE Continuing Pharmacy Education (CPE) on a therapeutic topic during the residency. In addition to sharpening oral presentation skills, this learning experience helps the resident to develop formal lecture-based and case-based teaching skills; familiarize residents with the process for obtaining ACPE CPE credit for a lecture and learn skills vital to writing clear, unambiguous, and fair assessment questions.

Case Conferences

Each resident will provide two (2, 30-minutes each) clinically based case conferences during the training year. Case conference will provide an opportunity for pharmacy residents to educate and facilitate discussion among their peers and preceptors regarding optimal management of an acute care or ambulatory care patient case. It will also provide opportunities for residents to develop their problem based learning, facilitation and oral presentation skills.

Inservices

The resident will provide three (3) in-services to various healthcare professionals (e.g., physicians, nurses, pharmacists) during the academic year. Inservices will provide an opportunity for pharmacy residents to educate a variety of healthcare professionals and improve their oral presentation skills.

Medication Use Evaluation

CHA Pharmacy Residency Handbook

Each resident will complete and present one (1) medication use evaluation to the Pharmacy and Therapeutics (P&T) Committee. Residents will identify the MUE objectives, indicators and criteria along with conducting the analysis and assessment of MUE results along with providing and implementing appropriate recommendations based upon findings.

Formulary Evaluation

Each resident will complete and present one (1) formulary evaluation to the Pharmacy and Therapeutics (P&T) Committee. Residents will identify and interpret relevant guidelines and primary literature to determine the medication place in therapy in the CHA patient population. The resident will work with key stakeholders to finalize formulary status recommendation and Implement recommendations (e.g. recommendations on clinical decision support and formulations to stock, develop clear communication in SBAR format)

Summary of Required PGY1 Longitudinal and Periodic Learning Experiences

Required Longitudinal Experiences	
Experience	Description
Clinical On-Call Program (August-June)	- Approximately 1 week/month - At-home call program
Hospital Practice (Staffing) (August-June)	- Every 4th weekend (Saturday and Sunday, 8 hours each shift) 1 evening shift per week (~5 hours) 2 holidays (8 hours each shift)
Pharmacy Leadership Forum (July-June)	- Monthly 1 hour seminar with Chief Pharmacy Officer and Pharmacy Leadership Team 1 journal club presentation
Research Project (July-June)	- 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 - Poster presentation at CHA Academic Session - Presentation to CHA Department - Final project written in a publishable format
Teaching Certificate Program (Sept- June)	- Asynchronously completes UConn's Teaching and Learning Certificate Program - Develops a teaching philosophy - Monthly 30-minute seminar with Residency Program Director
Required Periodic Experiences	
Experience	Description
ACPE CE Program (Accreditation Council for Pharmacy Education Continuing Education)	- Delivers 1, 30-minute ACPE CE lecture to pharmacy staff - Resident selects from a list of approved topics
Case Conference	Completes 2 case conferences (30 minutes each)

CHA Pharmacy Residency Handbook

	Resident identifies problem-based learning case from a learning experience (e.g., block rotation, on-call)
Inservice	Completes 3 inservices (no more than 30 minutes in length unless approved by Residency Program Director) to various healthcare professionals (e.g., physicians, nurses, pharmacists)
Formulary Evaluation	- Completes 1 formulary evaluation - Resident presents to the Pharmacy & Therapeutics (P&T) Committee
Medication Use Evaluation (MUE)	- Completes 1 MUE - Resident presents to the Pharmacy & Therapeutics (P&T) Committee

PGY1 Sample Schedule

PGY1 Sample Resident Learning Experiences and Rotation Schedule		
Week	Resident Block Rotation	Longitudinal Requirements
1	Orientation (Required)	Meet with the previous residents and meet the preceptors! Work on getting licensed.
2		Review MUE ideas
3		Review all residency policies, complete tasks in PharmAcademic
		MUE and Formulary Evaluation topics reviewed and assigned
4		CITI Training & Completion
	Inpatient Rotation (Required)	Research project topics reviewed and assigned
5		Start background research for Formulary Evaluation
6		Generate ideas for inservice and draft inservice #1
		Met with preceptor for any questions regarding Formulary Evaluation
7		Met with preceptors to confirm Objectives and Criteria for MUE
		Initial meeting for research project
8		Send preceptor a draft of MUE Data Collection Sheet
9		ACPE CE Initial Meeting (had recurring meetings ~monthly with content expert)
	Ambulatory Rotation (Required)	Meet with important stakeholders for research project
10		Deliver inservice #1
11		Start data collection for MUE
12		Research Presentation (study design, methods, data to be collected, statistical methods, IRB status and any barriers identified)
13		Work on Background and Methodology for MUE
14		ASHP MCM Poster Abstract due (check deadline)
15		Discuss ideas and draft Case Conference #1

CHA Pharmacy Residency Handbook

16		Generate ideas for inservice #2
		Data analysis for MUE
17		Meet with preceptor regarding Formulary Evaluation
18		Submit MUE Final draft to preceptor
		Research Poster Finalization Meeting for Midyear
19		MUE Final draft Discussion with preceptor
		Deliver Case Conference #1
20	Elective Rotation #1	MUE Practice Run, Pre-P&T for MUE
		Research Data Collection Sheet & Start data collection
21		Meeting to discuss MUE edits based on Pre-P&T
		Send finalized research poster to marketing for printing (check deadline)
22		Draft Inservice #2
23	Project Week	Work on upcoming projects including pharmacy leadership forum presentation
24	Ambulatory Rotation (Required)	Present MUE at P&T (anticipate follow-up based on P&T meeting)
25		Midyear Clinical Meeting (Poster Presentation and Recruitment)
26		Send preceptor draft of Formulary Evaluation
27		Deliver Inservice #2
28		Met with preceptor for Formulary Evaluation edits
29		Follow up on MUE and finalize document
30	Practice Management (Required)	Pre-P&T for Formulary Evaluation
		Generate ideas for Case Conference # 2
31		Finalize data collection for research project
32		Present Formulary Evaluation at P&T (Anticipate follow-up based on P&T)
33		Review ACPE CE Draft Slides, Title, and Objectives with content expert
34		Research Project - Data Collection Review & Analysis
35		Review ACPE CE Draft Slides, Title, and Objectives with preceptor
		CHA Academic Poster Session - Submissions due (check deadline)
36	Critical Care (Required)	Generate ideas and draft inservice #3
37		ACPE CE Dry Run #1
38		Deliver Case Conference #2
39		Meet with preceptors regarding ESRC abstract (check deadline)
		Finish data analysis
40		ACPE CE Dry Run #2, Submit ACPE CE Post-Test to preceptor

CHA Pharmacy Residency Handbook

41		ACPE CE Dry Run #3
		CHA Academic Poster Session (check date)
42	Elective Rotation #2	Give ACPE CE
43		Draft manuscript (determine if will try for publication - not required)
44		Regional Conference Dry Run #1
45		Deliver Inservice #3
46		Regional Conference Dry Run #2
46		Spring Regional Conference
47	Elective Rotation #3	Continue to draft manuscript
		ESRC debrief meeting with preceptors
48		Finalize manuscript for preceptors
		Submit Research Manuscript Draft for review
49		Meet with preceptors about research manuscript draft
50		Submit finalized research manuscript to residency program director
51		Final research presentation to CHA pharmacy staff & stakeholders
52	Wrap-Up	CONGRATULATIONS!!!
	Requirements	Comments and Tips
	Inservices (#3)	Generate ideas from block rotations, on-call, hospital practice (make sure all 3 inservices are not to the same group; at least one inservice should have written handout - not slides)
	Case Conferences (#2)	Generate ideas from block rotations, on-call, hospital practice; try to include both clinical and operational aspects
	Research	Refer to Residency Project Checklist
	ACPE CE	Refer to specific deadlines from preceptor; work closely with content expert
	Formulary Evaluation	Typically, not as time consuming as MUE
	Medication Use Evaluation (MUE)	Make sure objective and criteria are approved by preceptor prior to starting data collection

Selected Objectives for the PGY-1 Pharmacy Residency Program

ASHP has 31 objectives that are evaluated for all PGY1 residents. The rating scale of Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH) or Achieved for Residency (ACHR) is utilized by preceptors when evaluating resident performance. See "Evaluation Section" for further definition of the rating scale.

The PGY1 Resident must demonstrate competence in the 20 selected objectives below with a rating of ACH

CHA Pharmacy Residency Handbook

or ACHR in the 4th quarter summative evaluation. This is the minimum threshold of objectives in the ACH or ACHR status in order to be eligible for a certificate. Every quarter, the status of each selected objective will be reviewed and discussed by the Residency Program Director and resident. The objectives are as follows:

		2024 Competency Areas, Goals and Objectives	Q1 (July-Sept)	Q2 (Oct-Dec)	Q3 (Jan-March)	Q4 (April-June)
Competency Area R1: Patient Care (9 objectives of 14 R1 objectives = 64%)	R1.1.1	Collect relevant subjective and objective information about the patient.				
	R1.1.2	Assess clinical information collected and analyze its impact on the patient's overall health goals.				
	R1.1.3	Develop evidence-based, cost effective, and comprehensive patient-centered care plans.				
	R1.1.4	Implement care plans.				
	R1.1.5	Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.				
	R1.1.6	Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.				
	R1.2.1	Collaborate and communicate with healthcare team members.				
	R1.2.2	Communicate effectively with patients and caregivers				
	R1.2.3	Document patient care activities in the medical record or where appropriate				
Competency Area R2: Practice Advancement (4 objectives of 6 R2 objectives = 66%)	R2.1.1	Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.				
	R2.1.3	Implement project plan.				
	R2.1.5	Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific questions related to patient care.				
	R2.1.6	Develop and present a final report.				
Competency Area R3: Leadership (4 objectives of 6 R3 objectives = 66%)	R3.1.1	Explain factors that influence current pharmacy needs and future planning				
	R3.2.1	Apply a process of ongoing self-assessment and personal performance improvement.				
	R3.2.2	Demonstrate personal and interpersonal skills				

CHA Pharmacy Residency Handbook

		to manage entrusted responsibilities.				
	R3.2.3	Demonstrate responsibility and professional behaviors.				
Competency Area R4: Teaching and Education (3 objective of 5 R4 objectives = 60%)	R4.1.1	Construct educational activities for the target audience				
	R4.1.2	Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.				
	R4.1.3	Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.				

[Summary of PGY1 Program Completion of Requirements](#)

Resident Needs To Fulfill the Following Requirements in Order to be Eligible for a Residency Certificate:

[Checklist of Required Block Experiences](#)

Required Rotations	Status	Preceptor(s)
Orientation		
Adult Medicine		
Ambulatory Care 1		
Ambulatory Care 2		
Practice Management		
Critical Care		

CHA Pharmacy Residency Handbook

Checklist of Required Longitudinal Learning Experiences

Required Longitudinal Learning Experiences	Status	Preceptor(s)
Hospital Practice (Staffing) (is the resident ready to be signed off on vancomycin or warfarin per pharmacy protocols?) (~ 11-12 weekends/academic year; 2 holidays per academic year; ~ 47 weekday evening shifts per academic year)		
Clinical On-Call <i>(includes attendance/participation in weekly on-call debrief meetings) (~ 50, 30-minute meetings)</i>		
Pharmacy Leadership Forum (PLF) <i>(Participates in monthly PLF; facilitates 1 journal club for the group, answers weekly trivia questions (~52))</i>		
Research Project <i>(Resident needs to have the project approved by IRB, present poster at Midyear Clinical Meeting and CHA Academic Poster Session, deliver platform presentation at Eastern States Residency Conference, present to CHA staff, submit final manuscript write-up which is approved by preceptor(s) and Residency Program Director)</i>		
Teaching Certificate Program (completes all modules; participates in monthly discussion with preceptor and develops teaching philosophy)		

CHA Pharmacy Residency Handbook

Checklist of PGY1 Periodic Projects

Periodic Projects (Required)	Title/Details	Preceptor	Date Completed	Other Information*
1a. Case conference #1 <i>(Resident needs to complete 2 case conferences; 30-minutes each)</i>				
1b. Case conference #2 <i>(Resident needs to complete 2 case conferences; 30-minutes each)</i>				
2a. Inservice #1 <i>(Resident needs to complete 3 inservices; no more than 30 minutes each unless approved by RPD)</i>				
2b. Inservice #2 <i>(Resident needs to complete 3 inservices; no more than 30 minutes each unless approved by RPD)</i>				
2c. Inservice #3 <i>(Resident needs to complete 3 inservices; no more than 30 minutes each unless approved by RPD))</i>				

CHA Pharmacy Residency Handbook

3. ACPE CE <i>(Resident needs to deliver a 30-minute ACPE CE presentation)</i>				
4. Medication Use Evaluation (MUE) <i>(Resident needs to complete 1 MUE)</i>				
5. Formulary Evaluation <i>(Resident needs to complete 1 Formulary Evaluation)</i>				
7. Misc: Ex of P&T and/or other project work performed on practice management rotation (not required)				

Time Away from Program Tracker

Resident cannot exceed 37 days away from the training program which includes all holidays. Days away will be tracked and reviewed quarterly:

Time Away	Quarter 1 (Jul-Sept)	Quarter 2 (Oct-Dec)	Quarter 3 (Jan-Mar)	Quarter 4 (Apr-Jun) - End of Residency
Time away from program (includes all holidays) <i>not to exceed 37 days</i>				
Total days away to date				

CHA Pharmacy Residency Handbook

Checklist of PGY1 Program Completion Requirements

- ☐ ACPE CE
 - ☐ ACPE Lecture
 - ☐ ACPE Post Test
- ☐ Case Conference # 1
- ☐ Case Conference # 2
- ☐ Inservice # 1
- ☐ Inservice # 2
- ☐ Inservice # 3
- ☐ Pharmacy Leadership Journal Club
- ☐ Teaching Certificate Program
 - ☐ Certificate
 - ☐ Teaching Philosophy
- ☐ Research Project
 - ☐ Time Tracker
 - ☐ IRB Letter
 - ☐ Midyear Clinical Meeting Poster Presentation
 - ☐ Regional Meeting Platform Presentation
 - ☐ CHA Poster Presentation
 - ☐ Presentation to CHA Staff
 - ☐ Manuscript
- ☐ Formulary Evaluation
 - ☐ Presentation to Pharmacy and Therapeutics Committee
- ☐ Medication Use Evaluation (MUE)
 - ☐ Time Tracker
 - ☐ Presentation to Pharmacy and Therapeutics Committee
- ☐ CHEEA Application completed by deadline
- ☐ Staffing: Weekday evening (~47), holidays (2) and weekend shifts (11-12 throughout the AY)
- ☐ Participation in RX Connect Sessions
- ☐ Participation in Guide Sessions

CHA Pharmacy Residency Handbook

[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 learning experiences are longitudinal and approximately 10-11 weeks in length. Any block learning experiences will be 4-5 weeks in length. Please see table below for additional details. The schedule allows for the resident to choose 3-4 elective learning experiences. Please see the sample resident schedule below.

[PGY2 Learning Experiences](#)

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

Overview of PGY2 Learning Experiences	
Required	Elective
Orientation (1st rotation) (4 weeks)	Cardiology (10-11 weeks; 0.5 days/wk)
Primary Care I (10-11 weeks; 1 day/wk)	Diabetes Technology (5 weeks; 2.5 days/wk)
Primary Care II (5 weeks; 2.5 days/wk)	Academia (10-11 weeks; 1 day/wk)
Primary Care III (10-11 weeks; 1 day/wk)	Pharmacy Informatics (10-11 weeks; 1 day/wk)
Anticoagulation (10-11 weeks; 1 day/wk)	Advanced Anticoagulation (10-11 weeks; 0.5 days/wk)
Practice Management (4 week intensive block + 0.5 days/wk approx. 34 weeks)	Pharmacy Technician Clinic (10-11 weeks; 0.5 day/wk)
Infectious Diseases (10-11 weeks; 0.5 days/wk)	Potential for Repeat Experiences (10-11 weeks; 0.5-1 day/wk)
Population Health (10-11 weeks; 1 day/wk)	
Pulmonology (10-11 weeks; 1 day/wk)	
Behavioral Health (10-11 weeks; 1 day/wk)	
Resident-led Clinic (staffing) (48 weeks; 1 day/wk)	
Clinical On-call Program (1 week approx. every 2 months)	

CHA Pharmacy Residency Handbook

Academia and Longitudinal Projects	
Protocol Development	Periodic Education and Teachings (4)
Accreditation Council for Pharmacy Education (ACPE) Continuing Pharmacy Education (CPE) Program (2)	Resident Research Project
Pharmacy Leadership Forum (52 weeks; 1 hour/month)	
Teaching Certificate Program (optional) (9 months)	

PGY2 Sample Schedule

<u>Resident</u>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Orientation (3 weeks)		Orientation				
TRADITIONAL BLOCK 1 (11 wks)	AM	Primary Care I	Behavioral Health	Anticoagulation	Resident-led Clinic (Staffing)	ADMIN
	PM	Primary Care I	Behavioral Health	Anticoagulation	Resident-led Clinic (Staffing)	ADMIN
Mgmt intensive (4 wks)		Practice Management (Staffing Thursdays)				
Primary Care II (5 wks)	AM	Mgmt Admin	ADMIN	Primary care II	Resident-led Clinic (Staffing)	Primary care II
	PM	ADMIN	Primary care II	Primary care II	Resident-led Clinic (Staffing)	Primary care II
MIDYEAR WEEK		No scheduled rotations, including Resident-led Clinic (Staffing)				
TRADITIONAL BLOCK 2 (11 weeks)	AM	Primary Care III	Pulmonology	Mgmt Admin	Resident-led Clinic (Staffing)	Pharmacy Technician Clinic (E)
	PM	Primary Care III	Pulmonology	ADMIN	Resident-led Clinic (Staffing)	ADMIN
PROJECT WEEK (1 week)		Project week (Resident-led Clinic (Staffing) Thu)				
DM tech intensive (E)	AM	ADMIN	Diabetes Technology (E)	Mgmt Admin	Resident-led Clinic (Staffing)	Diabetes Technology (E)

CHA Pharmacy Residency Handbook

(5 wks)	<i>PM</i>	<i>Diabetes Technology (E)</i>	<i>Diabetes Technology (E)</i>	<i>ADMIN</i>	<i>Resident-led Clinic (Staffing)</i>	<i>Diabetes Technology (E)</i>
TRADITIONAL BLOCK 3 (11 weeks)	<i>AM</i>	<i>ADMIN</i>	<i>ADMIN</i>	<i>Pharmacy Informatics (E)</i>	<i>Resident-led Clinic (Staffing)</i>	<i>Population Health</i>
	<i>PM</i>	<i>Mgmt Admin</i>	<i>Infectious Diseases</i>	<i>Pharmacy Informatics (E)</i>	<i>Resident-led Clinic (Staffing)</i>	<i>Population Health</i>

(E) elective rotation

[PGY2 Longitudinal Requirements](#)

[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 or Poster presentation)
 - Pharmacy Enterprise (Platform presentation or Poster Presentation)
- Final presentation to Pharmacy Enterprise and collaborators
- Final project written in a publishable format

[Resident-led Clinic \(Staffing\)](#)

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.

[Clinical 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 and on observed holidays.

[Pharmacy Leadership Forum](#)

Resident will participate in a monthly seminar and complete one (1) 60-minute journal club presentation or one (1) topic presentation on a leadership, management, or business-related topic. 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

If a resident completed weekly questions during their PGY1 residency program, the resident will work with the preceptor to review and provide feedback/reflection of the responses from PGY1 residents.

CHA Pharmacy Residency Handbook

Chief Resident Assignment

Resident will serve as a role model to other residents and a liaison between fellow residents and the residency program directors (RPDs). A PGY2 resident will serve as Chief Resident. There is no formal evaluation process for the role of Chief Resident and is not considered to be a learning experience. The PGY2 resident will meet quarterly with PGY2 RPD for feedback and tracking of the various responsibilities. The PGY1 residents will be asked to complete a brief, anonymous survey at the end of the training program so that the PGY2 RPD can provide formative feedback to the PGY2 resident; however, this will not be included in any learning experience summative evaluation. The primary responsibilities include, Resident Guide Program Coordinator, Social Media Chair, and Rx Resident Connect Sessions Lead.

Teaching Certificate Program (Optional)

Resident has the option to participate in the University of Connecticut's Teaching and Learning Certificate Program. This learning experience is a self directed course and all teaching modules have to be completed within the specified timeframe. The preceptor will meet with the residents every month to facilitate a discussion of the material learned. The resident will develop a teaching portfolio and teaching philosophy and also earn a Certificate of Achievement when completing all phases of the program.

PGY2 Periodic Requirements

ACPE CE Presentation

The resident will participate in two (2) Accreditation Council for Pharmacy Education (ACPE) Continuing Pharmacy Education (CPE) on therapeutic topics during the residency, presented as one 30 minute CPE and one 60 minute CPE. In addition to sharpening oral presentation skills, this learning experience helps the resident to develop formal lecture-based and case-based teaching skills; familiarize residents with the process for obtaining ACPE CPE credit for a lecture and learn skills vital to writing clear, unambiguous, and fair assessment questions.

Protocol Development

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

Periodic Education and Teachings (PETs)

Each resident will provide four (4) PETs during the training year, which are comprised of case-based learning experiences and in-services. At least one (1) of the PETs must be a case-based learning experience based on a clinical scenario experienced during a learning experience. At least one (1) of the PETs must be an in-service. Case-based learning experiences will provide an opportunity for pharmacy residents to educate and facilitate discussion among their peers and preceptors regarding optimal management of an ambulatory care patient case(s). They also provide opportunities for residents to develop their problem based learning, facilitation, and oral presentation skills. In-services will provide an opportunity for pharmacy residents to educate a variety of healthcare professionals and improve their oral presentation skills.

CHA Pharmacy Residency Handbook

Summary of PGY2 Ambulatory Care Pharmacy Residency Program Longitudinal and Periodic Learning Experiences

Required Longitudinal Experiences	
Experience	Description
Clinical On-Call Program (August-June)	- Approximately 1 week every 2 months - At-home call program
Resident-led Clinic (Staffing) (September-June)	2 sessions per week (~7 hours)
Pharmacy Leadership Forum (July-June)	- Monthly seminar with Chief Pharmacy Officer and Pharmacy Leadership Team 1 journal club presentation
Research Project (July-June)	- Resident is the primary stakeholder in a CHA approved quality research project - Poster presentation at the Midyear Clinical Meeting - Platform or Poster presentation at a additional meeting - Poster presentation at CHA Academic Session - Final project written in a publishable format
Chief Resident Assignment (July-June) <i>This experience is not formally evaluated</i>	- Serves as a role model for PGY1 residents and a liaison between RPDs - Resident Guide Program Coordinator - Social Media Chair - Rx Resident Connect Session Lead
Teaching Certificate Program (Optional) (Sept- June)	- Completes UConn's Teaching and Learning Certificate Program - Creates a teaching portfolio and philosophy
Required Periodic Experiences	
Experience	Description
Accreditation Council for Pharmacy Education (ACPE) Continuing Pharmacy Education (CPE) Program	- Delivers 2 ACPE CPE lecture to pharmacy staff - Resident selects from a list of approved topics
Periodic Education and Teachings (PET)	- Completes 4 PETs with at least 1 being an in-service and at least 1 being a case-based learning experience - Resident identifies problem-based learning case from a learning experience for case-based learning experience(s)
Protocol Development	- Creates or revises 1 protocol - Resident presents to the Pharmacy & Therapeutics (P&T) Committee

CHA Pharmacy Residency Handbook

Selected Objectives for the PGY2 Pharmacy Residency Program

ASHP has 28 objectives that are evaluated for all PGY2 Ambulatory Care Pharmacy Residents. The rating scale of Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH) or Achieved for Residency (ACHR) is utilized by preceptors when evaluating resident performance. See "Evaluation Section" for further definition of the rating scale.

The PGY2 Pharmacy Resident must demonstrate competence in all objectives within Competency Area R1.1 with a rating of ACH or ACHR in the 4th quarter summative evaluation. An additional ten (10) objectives must be rated as ACH or ACHR in the 4th quarter summative evaluation and must include at least one (1) objective from each additional Competency Area (Competency Areas 2, 3, and 4). This accounts for a total of 18 objectives that must be ACH or ACHR. This is the minimum threshold of objectives in the ACH or ACHR status in order to be eligible for a certificate. Every quarter, the status of each selected objective will be reviewed and discussed by the Residency Program Director and resident.

PGY2 Resident Program Completion of Requirements Tracker

PGY2 Completion Requirements Tracker	Quarter 1 (Jul-Sept)	Quarter 2 (Oct-Dec)	Quarter 3 (Jan-Mar)	Quarter 4 (Apr-Jun) - End of Residency
Time away from program (includes all holidays) <i>not to exceed 37 days</i>				
Total days away to date				
Completion of all requirements of the PGY2 Ambulatory Care CAGOs Appendix (LINK TRACKER)				
All R.1.1 are achieved (ACH) or achieved for residency (ACHR)				
A minimum of 10 additional objectives are achieved (ACH) or achieved for residency (ACHR) with at least 1 objective from Competency Areas 2, 3, and 4				
No objectives with a final rating of NI	N/A	N/A	N/A	

CHA Pharmacy Residency Handbook

Completion of all required learning experiences				
Completion of 1, 30-min ACPE CE				
Completion of 1, 60-min ACPE CE				
Completion of 4 Periodic Education and Teachings				
Completion of 5 on-call weeks, minimally				
Completion of application to CHEEA (optional if participated during PGY1 year)				
Presentation/Poster of year-long project (major project) at a Midyear Clinical Meeting				
Presentation/Poster of year-long project (major project) at a regional or national conference approved by RPD				
Completion/revision of a Pharmacotherapy Protocol with presentation at &T committee				
Completion of Pharmacy Leadership Forum Journal Club/Topic Discussion				
Completion of Teaching Certificate Program (optional)				
Completion of 4 Rx Resident Connect sessions				

CHA Pharmacy Residency Handbook

Participation in Resident Guide Program				
Final project manuscript in a format suitable for publication and that has been approved by RPD				

Additional Required Opportunities (PGY1 and PGY2 Ambulatory Care Pharmacy Residency Program)

Required Opportunities	
Experience	Description
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 therefore not formally evaluated. This experience is optional for PGY2 Resident if participated in program during PGY1 Residency.</i>	- Monthly program open to all CHA trainees during the second half of the training year (e.g., 4 hour monthly sessions from February to May) - Addresses social & structural determinants of health - Allows for interdisciplinary collaboration
Resident Guide Program <i>Not formally evaluated</i>	- Monthly workshops with group of non-preceptor pharmacists across the Pharmacy Enterprise who have completed PGY1 and/or PGY2 residencies - Pharmacists services as a resource and mentors to residents - See link for more detailed information
Rx Resident Connect Session <i>Not formally evaluated</i>	2-hour, quarterly sessions with PGY1 and PGY2 residents - Consists of: - PGY1-led Clinical Conversation - PGY2-led session to check in on well-being and follow up discussions from recent Resident Guide sessions - Presentation preparation time

Resident Evaluations

PharmAcademic is the electronic evaluation tool that is utilized for documentation of PGY1 Pharmacy Residency and PGY2 Ambulatory Care Pharmacy Residency evaluations at CHA. All evaluations are housed in PharmAcademic. PharmAcademic will prompt the preceptor and resident to fill out the required evaluations for the learning experience. It is expected that both parties will complete evaluations within the appropriate time frame. The summative evaluation is conducted at the conclusion of the learning experience and no more than 7 days after the completion of the rotation.

CHA Pharmacy Residency Handbook

The preceptor(s) will provide continuous formative feedback throughout the rotation which is frequent, specific and constructive. Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve. For residents not progressing as expected, written feedback is documented in a timely manner and adjustments to the activities in the learning experience are permitted (e.g., adjusting the number of patients assigned in a day; adjusting deadlines for projects).

It is required for the preceptor to document a summative evaluation of the resident at the completion of the rotation. If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents' evaluations by either completing individual summative evaluations in PharmAcademic or completing jointly in the summative evaluation by the primary preceptor and denoting in the comments that the evaluation was completed jointly by primary and supporting preceptors on a specified date. For learning experiences greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience with a maximum of 12 weeks between evaluations. PharmAcademic will prompt all the necessary evaluations to be completed.

It is required for the resident to provide a written evaluation of the preceptor(s) and the learning experience at the completion of the rotation. PharmAcademic will auto-schedule the required evaluations.

The Residency Program Director will review and co-sign all evaluations or send back the evaluation to the preceptor and/or resident for further edit, as necessary.

Evaluation Scale with Corresponding Definitions

Needs Improvement (NI):

Resident displays ≥ 1 of the following characteristics:

- Requires direct and repeated supervision, guidance, intervention, or prompting
- Cannot gather basic information to answer general questions
- Makes questionable or unsafe decisions
- Fails to seek out feedback, incorporate feedback, or is unable to create a sound plan for improvement
- Fails to complete tasks in a timely manner
- Acts in an unprofessional manner

Satisfactory Progress (SP):

- Resident performs at the level expected for his/her training
- Resident responds to feedback and requires limited prompting and guidance to complete tasks appropriately
- Resident can accurately reflect on performance and create a sound plan for improvement
- There is evidence of improvement during the rotation, even if it is not complete mastery of the task

Achieved (ACH):

- Resident independently and competently completes assigned tasks
- Resident consistently demonstrates ownership of actions and consequences
- Resident accurately reflects on performance and can create sound plan for future growth
- Resident demonstrates the ability to perform the objective
- Resident appropriately seeks guidance when needed

Achieved for Residency (ACHR):

- Resident receives a minimum of two (2) ACH on the same objectives by 2 separate preceptors on at least 2 different learning experiences
- If any given objective is not evaluated by more than 1 preceptor, the resident must receive a minimum of two (2) ACH on that given objective to be considered ACHR

CHA Pharmacy Residency Handbook

- ACHR is determined by the RPD based on review of written summative evaluations in conjunction with verbal discussion with the preceptor(s) throughout the residency year

Resident Expectations for all Learning Experiences

On the first day of the rotation, it is the responsibility of the resident to notify the preceptor of all meetings scheduled during the learning experience. Ideally, meetings are not to be scheduled as to interfere with the learning experience schedule. If there is a conflict, permission from the preceptor(s) is required.

It is the responsibility of the resident to notify the preceptor of all absences during the learning experience as soon as such absences are known. Additionally, after the start of the learning experience, any requested day off during the learning experience must be submitted to both the Residency Program Director and the preceptor(s) for approval.

PGY1 Required Meetings

PGY1 Residents are required to attend the following meetings regardless of assigned block rotation. The resident will be excused from the block rotation to attend the following meetings:

Meetings Resident Required to Attend Throughout the Academic Year:

- Pharmacy leadership forum (monthly, 1 hour)
- Resident guide meeting (monthly, 1 hour)
- Inpatient on-call debrief (weekly, 30 minutes)
- Teaching Certificate (monthly, 50 minutes)
- Residency Program Staff Meeting (monthly, 30 minutes)
- 1:1 Meeting with Residency Program Director (monthly, 30 minutes)
- Rx Resident Connect Session (quarterly, 2 hours)
- Quarterly assessment with Residency Program Director (quarterly, 60 minutes)

Meetings Resident Required to Attend as it Aligns with Pharmacy and Therapeutic (P&T) Requirements:

- Pre P&T (1 ½ hours): if resident is actively working on presenting medication use evaluation or formulary/drug monograph
- P&T (1 ½ hours): if resident is actively working on presenting medication use evaluation or formulary/drug monograph
- Post P&T (1 hours): if resident is actively working on presenting medication use evaluation or formulary/drug monograph

Meetings Resident Required to Attend During Recruitment Season (Jan-March):

- Assisting with PGY1 interviews (all day; ~ 2 days)
- Interviewing PGY1 candidates (30 mins, ~ 5 days)
- PGY1 Resident Candidate Debrief meeting (30 mins, ~ 5 days)
- Rank Order Meeting (2 hours)

Professional Meetings Residents are Required to Attend:

- Midyear Clinical Meeting: accounted for in residency block rotation schedule
- Regional Residency Conference - Spring

CHA Pharmacy Residency Handbook

PGY2 Required Meetings

PGY2 Residents are required to attend the following meetings regardless of assigned block rotation. The resident will be excused from the block rotation to attend the following meetings:

Meetings Resident Required to Attend Throughout the Academic Year:

- Pharmacy leadership forum (monthly, 1-2 hours)
- Resident guide meeting (monthly, 1 hour)
- Pharmacotherapy Huddle (weekly, 1 hour)
- Pharmacotherapy Leadership Weekly Huddle (PRN, 1 hr)
- Teaching Certificate (monthly, 50 minutes) - ONLY IF PGY2 completing, this is optional for PGY2
- Rx Resident Connect Session (quarterly, 2 hours)
- 1:1 Meeting with Residency Program Director (monthly (typically Mondays), 30 minutes)
- Quarterly assessment with Residency Program Director (quarterly, 60 minutes)

Meetings Resident Required to Attend as it Aligns with Pharmacy and Therapeutic (P&T) Requirements:

- Pre P&T (1 ½ hours): if resident is actively working on presenting protocol development/revision
- P&T (1 ½ hours): if resident is actively working on presenting protocol development/revision
- Post P&T (1 hours): if resident is actively working on presenting protocol development/revision

Meetings Resident Required to Attend During Recruitment Season (Jan-March):

- Assisting with PGY2 interviews (half-all day; ~ 2 days)
 - Interviewing PGY2 candidates (30 mins, ~ 2 days)
- PGY2 Resident Candidate Debrief meeting (30 mins, ~ 2 days)
- Rank Order Meeting (1 hour)

Professional Meetings Residents are Required to Attend:

- Midyear Clinical Meeting: early Dec, ~4 days
- Additional Regional/National Residency Conference - Spring, ~3-4 days

Additional required meetings may be added on throughout the residency year. The resident will be notified of attendance requirements of meetings and is expected to communicate with preceptor(s) as needed.

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
- Marvin Behavioral Health (mental health support for trainees)

Please follow the hyperlink below for more detailed information.

[Pharmacy Residents Benefits Summary](#)

Earned Time

Please review the [Pharmacy Resident Benefit Time Policy](#) for more detailed information.

Dismissal

Please review the [Pharmacy Resident Dismissal Policy](#) for more detailed information.

Residency Certificate Requirements

Please review the [Residency Certificate Requirements Policy](#) for more detailed information.

Resident Duty Hours, On-call and Moonlighting

Please review the [Residency Duty Hours, On-call and Moonlighting Policy](#) for more detailed information.

CHA Pharmacy Residency Handbook

[Resident Early Commitment Process](#)

Please review the [PGY2 Pharmacy Residency Early Commitment Process](#) for more detailed information.

[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 \$31/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 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 RPD reviews the PharmAcademic attestation monthly and as needed.

CHA Pharmacy Residency Handbook

[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 and Residency Program Directors.

Section 5: Resident Resources

[Marvin Behavioral Health](#)

Marvin Behavioral Health is a counseling, coaching, consultation, and educational enterprise developed for, and dedicated to caring for healthcare professionals, including trainees, and their loved ones. Offers 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](#)

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).

[PGY2](#)

Each PGY2 resident may 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).

CHA Pharmacy Residency Handbook

[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 Cambridge Administration Suite. 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 that can be used when connected to CHA WiFi 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 either a pager or pager access on their personal smartphone device.

[Library Resources](#)

In addition to several various online medical libraries including access to journals and databases, CHA's library offers services. Through CHA intranet, the resident can request free access articles as needed.

Section 6: Meet the Pharmacy Residents

[Pharmacy Residents \(Current and Graduates\)](#)

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