

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



Pharmacy Residency Manual 2020 – 2021



Post Graduate Year One

Post Graduate Year Two



Accredited



Candidate

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



Department of Pharmacy Services Residency Program

Table of Contents	Page
Residency Program Purpose Statements & Pharmacy Services	3 – 4
Program Description & ASHP Competency Areas, Goals, and Objectives	5 – 6
Resident Qualifications & Requirements, Licensure and Early Commitment	7 – 9
Resident Benefits	10
Residency Design, Structure and Expectations	11 – 13
Chief Resident	14
Recruitment and Selection of Residents	15 – 16
Duty Hours Policy	17
Resident Assessment and Evaluation Strategies	18 – 19
Residency Program Certificate & Checklist	20 – 24
Residency Program Portfolio	25
Standards of Performance/Disciplinary Action/Dismissal	26
Residency Governance	27 – 28
Residency Advisory Committee, Residency Program Director & Preceptor Selection	29 – 30
Current Preceptors	30
Past Resident Projects	31
Pharmacy Resident Leave Policy	32 – 33



Department of Pharmacy Services Residency Program

Mission Statement

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

Purpose Statement

PGY1:

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

PGY2:

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

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



Department of Pharmacy Services Residency Program

Pharmacy Services at St. Elizabeth's Medical Center

Pharmacy Mission

The mission of the Pharmacy Services is to provide exceptional pharmaceutical care which results in optimal patient outcomes. This is achieved through a multidisciplinary approach of clinical pharmacy practice and medication therapy management.

This approach includes a:

- Clinical focus in the development of the appropriate drug selection, monitoring and education.
- Quality focus in the management of drug evaluation and safety.
- Regulatory focus in the management of accreditation and compliance.
- Pharmacoeconomic focus in the management of drug supply chain management while aligning with the drug formulary.
- Operational Focus in the management of pharmacy systems and staffing solutions.

Guiding Principles

Change is part of every organization; however, what we do not change is our guiding principles which are derived from a patient centered approach in delivering medication therapy management.

- Professionalism: We maintain an environment which promotes integrity and ethical decision making.
- Collaborative: Treating patients is a collaborative effort and we continually engage other disciplines for the best practices.
- Customer Centric: We have a focus on internal and external customers, meeting and exceeding expectations.
- Innovation: We are innovative in our approach of treating patient utilizing best practices.
- Accountability: We hold ourselves accountable, to our patients and our colleges.
- Excellence: We continually strive to maintain excellence in medication management.



Department of Pharmacy Services Residency Program

Program Description

Site Description

Steward St. Elizabeth's Medical Center

Steward St. Elizabeth's Medical Center of Boston is a community based tertiary care medical center. The hospital is part of an integrated healthcare delivery network providing quality healthcare to the New England area. Along with delivering exceptional patient care we are a major teaching affiliate of Tufts University School of Medicine. With state-of-the-art computerized systems, St. Elizabeth's possesses vast capabilities in inpatient and outpatient care. In addition, our research laboratories are active centers of investigation in areas such as cardiology, neurology, anesthesia and psychiatry.

ASHP Required Competency Areas, Goals, and Objectives:

PGY1

Required:

R1: Patient Care

R2: Advancing Practice and Improving Patient Care

R3: Leadership and Management

R4: Teaching, Education, and Dissemination of Knowledge

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>

Electives:

E5 Management of Medical Emergencies

- E5.1 Participate in the management of medical emergencies
- E5.1.1 Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures

E6 Teaching and Learning

- E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education
- E6.1.1 Explain strategies and interventions for teaching, learning, and assessment in healthcare education
- E6.1.2 Explain academic roles and associated issues
- E6.2 Develops and practices a philosophy of teaching
- E6.2.1 Develop a teaching philosophy statement
- E6.2.2 Prepare a practice-based teaching activity
- E6.2.3 Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation
- E6.2.4 Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio



Department of Pharmacy Services Residency Program

PGY2 Infectious Disease

Required:

R1: Patient Care

R1.1 In collaboration with the health care team, provide comprehensive medication management to patients with infectious diseases following a consistent patient care process.

- R1.2 Ensure continuity of care during infectious diseases patient transitions between care settings.
- R1.3 Manage antimicrobial stewardship activities.

R2: Advancing Practice and Improving Patient Care

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

R3: Leadership and Management

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

R4: Teaching, Education, and Dissemination of Knowledge

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

R4.2 Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals) about care of patients with infectious diseases.

<https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Residency-Accreditation/PGY2-Competency-Areas>

Electives:

E4: Health, Wellness, and Emergency Preparedness

- E4.1.2 Contributes to organizational procedures for emergency preparedness.

E7: Delivery of Medications

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



Department of Pharmacy Services Residency Program

Resident Qualifications and Requirements (PGY1 and PGY2):

- Residents must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
- Residents shall participate in and obey the rules of the Residency Matching Program.
- Applicants invited to interview will receive the residency manual delineating expectations, summarizing benefits and the general terms and conditions for successful completion of the residency.
- Residents must be authorized to work in the United States on a full-time basis and meet the pre-employment requirements. Background Screening, Human Resources Policy Number: HR 04a
- Matched residents will receive an acceptance letter acknowledging the match. Acknowledgment in writing by the resident will constitute acceptance of the match and agreement to fulfill the duties of the residency position for the upcoming year.

- Residents must be licensed or eligible for licensure in Massachusetts.
 - The resident will provide the Residency Program Director (RPD) confirmation that: He/she has already taken or is scheduled to take the NAPLEX and the Multistate Pharmacy Jurisprudence Examination (MPJE) or that he/she has already has a valid MA pharmacy license. A copy of the license will be saved to the resident file in both Pharmacademic and sharedrive.
- Upon notification of successful completion of the NAPLEX and/or MPJE the resident will provide documentation of licensure to the Residency Program Director. Licensure can also be verified online.
- Participation in the Residency Program is contingent on securing and maintaining a license without restriction in the Commonwealth of Massachusetts (MA). It is the expectation that the resident will complete these licensure requirements within 90 days of the commencement of the program.

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

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

Early Commitment for PGY2 Infectious Disease:

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



Department of Pharmacy Services Residency Program

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



Department of Pharmacy Services Residency Program

Qualifications for PGY1 and PGY2:

- Doctor of Pharmacy degree
- Massachusetts pharmacy license or eligible to be licensed in MA within 90 days of the commencement of the residency.
- Be available to begin July 1st for a 12-months appointment

International Track

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

Additional Qualifications for PGY2 only:

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

Licensure Requirement for Residents (PGY1 and PGY2):

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



Department of Pharmacy Services Residency Program

Resident Benefits for PGY1 and PGY2:

- Time off: 10 business days – including personal days at the discretion of the program director.
- Sick Leave – 10 days
- FMLA Leave – per hospital policy- evaluation to be made on the need for extension or termination of the residency.
- Holidays – Staffing one hospital recognized major holidays (Thanksgiving, Christmas Day, New Year's Day, Memorial Day) and one minor holiday (Labor Day, Columbus Day, Veterans Day, Presidents Day, Patriots Day)
- Resident will participate in the ASHP Midyear Clinical Meeting and Eastern States Residency Conferences
- Absence of greater than 20 days may require an extension of the residency
- PGY2 may consider substitution of Eastern States for a specialized meeting, pending acceptance of poster for presentation at the discretion of the RPD and clinical manager

General Track PGY1:

- Stipend –\$40,000
- Expenses must be pre-approved by the RPD for reimbursement.

General Track PGY2:

- Stipend –\$53,000
- Expenses must be pre-approved by the RPD for reimbursement.

International Track

- Stipend – provided through MCPHSU
- Reimbursement for meetings is processed through MCPHSU.
- Resident will participate in the MCPHSU end of the year annual presentation.



Department of Pharmacy Services Residency Program

Residency Design and Structure: PGY1 Program

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

All required Goals and Objectives are taught and evaluated in the residency program in addition to electives E5 (Management of Medical Emergencies) and E6 (Teaching and Learning) are required objectives for the PGY1 program.

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

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

Orientation Required	Required	Elective	Longitudinal Required Experiences	Teaching & Education
<ul style="list-style-type: none"> • RLS and PharmAcademic • Pharmacy policies and procedures • Introduction to staffing • Introduction to medication error and adverse drug reaction reporting system • Medication Use Evaluation • Drug Monograph/SBAR 	<ul style="list-style-type: none"> • Internal Medicine I • Internal Medicine II • General Cardiology • Medical ICU • Administration 	<ul style="list-style-type: none"> • Antimicrobial Stewardship • Cardiac ICU • Surgical ICU • Advanced Infectious Disease • Emergency Department • Neonatal Intensive Care Unit • Oncology Sterile Compounding (Norwood) 	<ul style="list-style-type: none"> • Scholarship • Drug Information/ Medication Safety • Pharmacy Practice (Staffing) • Administration • Residency Teaching Certificate Program with Northeastern University Bouvé College of Pharmacy 	<ul style="list-style-type: none"> • Midyear Clinical Meeting • Eastern States Conference • Nursing newsletter article • Department of Medicine Noon Conference • Pharmacy Continuing Education • Mechanistic Lecture • MCPHSU University presentation*

**Required for International Residents only*



Department of Pharmacy Services Residency Program

Residency Design and Structure: PGY2 Program

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

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

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

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

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

Orientation Required	Required	Electives 5 weeks	Longitudinal Required Experiences	Other
<ul style="list-style-type: none"> • RLS and PharmAcademic • Pharmacy policies and procedures • Introduction to staffing • Introduction to adverse drug reaction (ADR) reporting system • Medication Use Evaluation • Drug Monograph/SBAR 	<ul style="list-style-type: none"> • Infection Control [2WK] • Foundation in Microbiology [2WK] • Concentrated Antimicrobial Stewardship [5wk] • Infectious Disease Consult I [8wk] • Infectious Disease Consult II – HIV & Hepatitis [10wk] • Infectious Disease Consult III – Teaching [6WK] 	<ul style="list-style-type: none"> • Emergency Department rotation- • Neonatal Intensive Care Unit • Cardiac ICU • Surgical ICU • Medical ICU 	<ul style="list-style-type: none"> • Research • Antimicrobial Stewardship Management & Leadership • Pharmacy Practice (Staffing) • Outpatient Infectious Diseases Clinic • Residency Teaching Certificate Program with Northeastern University Bouvé College of Pharmacy⁺ 	<ul style="list-style-type: none"> • Midyear Clinical Meeting • Eastern States Conference • Department of Medicine Noon Conference • Pharmacy Continuing Education • Mechanistic Lecture • Antimicrobial Newsletter • MCPHS University presentation*



Department of Pharmacy Services Residency Program

**Required for International Residents only. †Only if not completed during PGY1.*

Resident Expectations

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



Department of Pharmacy Services Residency Program

Chief Resident

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

Responsibilities include, but are not limited to:

- Coordinating resident meetings
- Assisting the RPD in coordinating educational programming
- Resident representative to the Residency Advisory Committee
- Attending meetings requiring resident representation from a program point of view
- Informing fellow residents of any seminars, social events, program changes
- Coordination of resident presentations during monthly scholarship meetings
- Organizing residents for ASHP Midyear meeting and Eastern States Residency Conference

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

Criteria for Eligibility and Selection Process:

Residents interested in the position shall express their interest in writing to the RPD no later than July 15th. Residents may be self-nominated or nominated by fellow residents or preceptors. The Residency Advisory Committee shall review potential candidates and appoint the Chief Pharmacy Resident by July 25th. The decision will be based upon the following criteria:

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

Removal of Chief Pharmacy Resident:

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

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



Department of Pharmacy Services Residency Program

Resident Recruitment and Selection

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

Assessment of Resident Candidates

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

General Selection Criteria

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

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

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

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

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

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

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

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



Department of Pharmacy Services Residency Program

Every effort will be made to take into account the special needs or particular circumstances of candidates in making judgments on these matters.



Department of Pharmacy Services Residency Program

Duty Hours:

Residents must complete the Resident Duty Hours Tracking Grid monthly. The resident must comply with duty hour regulations as outlined below. Each resident will have a copy of the Duty Hours Tracking Grid saved in their sharedrive folder and are responsible for updating this each month.

- **Scheduled duty periods:** Assigned duties regardless of setting are required to meet the educational goals and objective of the residency program and it should meet the standards established by the Accreditation Standard for Pharmacy Residencies. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>
- These duty periods are assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
- **Maximum Hours of Work per Week and Duty-Free Time:** Duty hours must be limited to 80 hours per week averaged over a four-week period inclusive of all in-house call activities and all moonlighting.
- **Mandatory time free of duty:** residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Residents should have 10 hours free of duty between scheduled duties and must have at a minimum of 8 hours between scheduled duty periods.
- **Maximum Duty-Period Length:** Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.
- **Moonlighting:**
 - Definition: Voluntary, compensated, pharmacy- related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
 - Moonlighting is not permitted for PGY1 or PGY2 residents.



Department of Pharmacy Services Residency Program

Resident Assessment Strategy:

Entering Assessment:

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

Ongoing Assessment

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

Preceptor Evaluation

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

Preceptors are encouraged to provide the resident with individualized feedback verbally on an ongoing basis. Written documented feedback is required if it will affect continuation of residency during each rotation. Preceptors should consider feedback from previous rotations when evaluating the resident. All evaluations should be completed within 7 days of the end of rotation.

Resident Self-Evaluation

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

Resident Evaluations: Learning Experience & Preceptors

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

Evaluation Strategy

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

Program Definitions:

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



Department of Pharmacy Services Residency Program

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

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

Effective and criteria Based Feedback

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

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

Final Assessment

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



Department of Pharmacy Services Residency Program

Residency Program Certificate

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

Requirements for completion of this residency program include

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



**Department of Pharmacy Services
Residency Program**

PGY1 Residency Requirements Checklist

PGY1 RESIDENT NAME:

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



**Department of Pharmacy Services
Residency Program**

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

**Denotes off site elective rotation at Steward Norwood Hospital.*



Department of Pharmacy Services Residency Program

Residents must complete the following requirements by the end of the residency year to graduate from the program and receive a residency certificate.

PGY2 Residency Requirements Checklist

PGY2 – ID Resident Name:

Core Required Rotations	Date Completed	Elective Rotations	Date Completed
Orientation		Emergency Department Medicine	
Infection Control		Cardiac ICU	
Foundation in Microbiology		Surgical ICU	
Infectious Disease Consult I		Medical ICU	
Infectious Disease Consult II – HIV & Hepatitis		Neonatal Intensive Care Unit	
Infectious Disease Consult III - Teaching			
Outpatient Infectious Disease Clinic HIV/Hepatitis – ½ day /week			
Concentrated Antimicrobial Stewardship			
Longitudinal rotations:			
System & Local Antimicrobial Stewardship Leadership & Management			
Scholarship (Research & Quality Improvement)			
Northeastern University Resident Teaching Certificate Program (RTCP) (Optional)			
Central Pharmacy Operations			
Staffing, every fourth weekend, one major and one minor holiday			
Scholarship Requirements:			
Completion of IHI Open School Curriculum			
Present a Poster at the ASHP clinical Meeting or an equivalent meeting			
Participate at SEMC residency recruitment showcase			
Abstract submission to MSHP (<i>elective not required for graduation</i>)			
Eastern States Resident Conference (or alternative ID meeting)			
Residency project completion (<i>by the end of residency year</i>)			
Final project manuscript (<i>by the end of residency year</i>)			
SEMC Research Day Poster Submission			
Presentations & Teaching:			
Pharmacist Continuing Education Conference			
Department of Medicine Noon Conference			
Mechanistic Lecture			



Department of Pharmacy Services Residency Program

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



Department of Pharmacy Services Residency Program

Residency Program Portfolio:

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

The Residency Program Portfolio should include the following items:

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

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

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

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



Department of Pharmacy Services Residency Program

Standards of Performance/Disciplinary Action/Dismissal:

- Residents are required to follow policies and procedures of Steward St. Elizabeth Medical Center Department of Pharmacy Services and license requirements. In the event a resident does not comply, a disciplinary action will be applied after complete discussion at the RAC meeting and recommendations acceptance of all parties involved.
- Pharmacy residency Program follows St. Elizabeth medical Center Standards of Performance/Disciplinary Action Policy. Human Resources Policy Number: SEMC HR 109.
- In conjunction with the resident, an appropriate solution to rectify the behavior/deficiency will be determined and a corrective action plan established. A corrective action plan and specific goals for monitoring progress will be determined and outlined. These suggestions will be documented in the resident's personnel file by the RPD. Corrective actions will be in progress before the next scheduled quarterly evaluation.
- The resident will be given a second warning if the resident has not improved within the determined time period set forth by the RPD.
- If the preceptor/RPD determines that the resident may not complete the residency program in the designated time frame, a plan to adequately complete the requirements shall be presented and reviewed with the resident. No action shall be taken against the resident until the Director of Pharmacy Services reviews the report and recommendations concerning any final action. If the Director of Pharmacy Services feels that the action recommended by the Preceptor / RPD is appropriate, the action will be implemented. Action may include remedial work or termination.
- When and if dismissal is recommended by the Residency Program Director, the Director of Pharmacy Services will have a meeting with the resident and RPD to discuss the final decision.



Department of Pharmacy Services Residency Program

PGY1 Residency Governance:

Lindsay M. Arnold, PharmD, BCPS
Clinical Pharmacy Manager
PGY1 Pharmacy Residency Program Director
Assistant Professor of Medicine, Tufts University School of Medicine
Steward St. Elizabeth's Medical Center of Boston
736 Cambridge St, Brighton, MA 02135
Lindsay.arnold@steward.org

Mirembe Reed, PharmD, BCPS, BCCCP Clinical Pharmacy Specialist, Cardiology E-mail: mirembe.reed@steward.org	Claire Mcmanus, PharmD Clinical Pharmacy Specialist, Critical Care E-mail: Claire.mcmanus@steward.org
Diala Nicolas, PharmD, BCPS Decentralized Clinical Pharmacist Email: diala.nicolas@steward.org	Salwa Elarabi, R.Ph. BCPS. Clinical Pharmacy Specialist -Infectious Disease, PGY2 ID RPD E-mail: salwa.elarabi@steward.org
Adah Lau, PharmD Decentralized Clinical Pharmacist Email: adah.lau@steward.org	Liz Kyer, PharmD, BCPS Decentralized Clinical Pharmacist Email: Elizabeth.kyer@steward.org
Maggie Fang, PharmD, BCPS Decentralized Clinical Pharmacist Email: zi.fang@steward.org	Ashley Thrasher, PharmD Decentralized Clinical Pharmacist Email: Ashley.thrasher2@steward.org

MCPHSU Affiliates

Kathy Zeiken, PharmD Professor of Pharmacy Practice MCPHS University kathy.zaiken@mcphs.edu	Caroline Zeind, PharmD, RPh Vice President for Academic Affairs, Associate Provost for Academic Affairs – Boston MCPHS University Caroline.Zeind@mcphs.edu
--	--



Department of Pharmacy Services Residency Program

PGY2 – ID Residency Governance:

Salwa Elarabi, R.Ph. BCPS-AQ Infectious Diseases
Clinical Pharmacy Specialist -Infectious Disease
Director of Post Graduate Year Two Infectious Disease Pharmacy Residency Program
Steward St. Elizabeth's Medical Center of Boston, Inc.
736 Cambridge St, Brighton, MA 02135
salwa.elarabi@steward.org

Mirembe Reed, Pharm.D, BCPS, BCCCP Clinical Pharmacy Specialist, Cardiology E-mail: mirembe.reed@steward.org	Claire Mcmanus, Pharm.D, RPh Clinical Pharmacy Specialist, Critical Care E-mail: Claire.mcmanus@steward.org
Adah K. Lau, PharmD Decentralized Clinical Pharmacist E-mail: Adah.Lau@steward.org	Diala Nicolas, PharmD, BCPS Decentralized Clinical Pharmacist Email: diala.nicolas@steward.org
James MacKinnon RN Infection Control Steward St. Elizabeth's Medical Center E-mail: James.MacKinnon@steward.org	Lisa Zenkin Core/Microbiology Supervisor Steward St. Elizabeth's Medical Center E-mail: Lisa.Zenkin@steward.org
Lindsay M. Arnold, PharmD, BCPS Clinical Pharmacy Manager PGY1 Pharmacy Residency Program Director Assistant Professor of Medicine Tufts University School of Medicine Lindsay.arnold@steward.org	Jorge Fleisher MD Chief, Infectious Disease Chair, Infection Control Antibiotic Stewardship, SEMC St Elizabeth's Medical Center Assistant Professor, Tufts University School of Medicine E-mail: Jorge.Fleisher@steward.org

MCPHSU Affiliates

Kathy Zeiken, PharmD Professor of Pharmacy Practice MCPHS University kathy.zaiken@mcphs.edu	Caroline Zeind, PharmD, RPh Vice President for Academic Affairs, Associate Provost for Academic Affairs – Boston MCPHS University Caroline.Zeind@mcphs.edu
--	--



Department of Pharmacy Services Residency Program

Residency Advisory Committee (RAC)

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

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

The committee will reevaluate the program annually.

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

Requirements of the Residency Program Director (RPD)

The RPD will:

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

Preceptor Selection Criteria

Procedure for Appointment of preceptors [See preceptor Development Plan separately]:

- Motivated preceptors need to express their interests to the Residency Program Director (RPD) and complete the required academic and professional record form.
- Preceptor must meet the criteria for sections 4.6, 4.7, 4.8. Based upon their record, the RPD will determine if they meet the ASHP standards for qualifications of a residency preceptor or if they will be considered a preceptor-in-training while attaining the required qualifications
- Preceptors who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above, they will be designated as preceptors-in-training with an assigned coach and a documented preceptor development plan to meet the qualifications within two years
- Preceptors must attend a minimum of six residency advisory committee meetings per year.
- The preceptor candidate will provide and maintain the following for consideration:
 - Review of the current residency program manual
 - Review of the PharmAcademic preceptor training slides
 - RAC meeting attendance record
 - Preceptor development continuing education training program/s
 - Co-preceptorship activities



Department of Pharmacy Services Residency Program

Procedure for Reappointment of preceptors:

1. Preceptors will biannually complete a Preceptor Self-Assessment Form.
2. RPD will biannually complete a Preceptor Assessment Form for each preceptor. RPD will review timeliness of evaluations. Preceptors repeatedly completing evaluations > 7 days after rotations will have a development plan for improvement put in place.
3. Preceptors will update their Academic Professional Record and forward it to the RPD biannually.
4. Preceptors who do not meet the standards above will not be reappointed.
5. Opportunities for improvement of preceptors will be ongoing through meetings, presentations, continuing education including onsite, university sponsored, local or national meetings.

PGY 1 Preceptors:

Preceptor Name	Learning Experience	Area of Day-to-Day Practice
Lindsay Arnold	Administration Emergency Medicine	Clinical Pharmacy Manager PGY1 RPD
Salwa Elarabi	Antimicrobial Stewardship Infectious Disease	Clinical Pharmacy Specialist – Infectious Disease PGY2 RPD, Infectious Disease
Adah Lau	Internal Medicine I & II	Decentralized Clinical Pharmacist
Claire McManus	Critical Care	Clinical Pharmacy Specialist – Critical Care
Mirembe Reed	General Cardiology Cardiac ICU Surgical ICU	Clinical Pharmacy Specialist – Cardiology
Elizabeth Kyer	Internal Medicine I & II Pharmacy Practice	Decentralized Clinical Pharmacist
Diala Nicolas	General Cardiology	Decentralized Clinical Pharmacist
Ashley Thrasher	Pharmacy Practice – Staffing	Decentralized Clinical Pharmacist

PGY 2 – ID Preceptors

Preceptor Name	Learning Experience	Area of Day-to-Day Practice
Salwa Elarabi	Infectious Disease	Clinical Pharmacy Specialist- Infectious Disease RPD PGY2 - ID
Lindsay Arnold	Emergency Medicine	Clinical Pharmacy Manager PGY1 RPD
Jorge Fleisher MD	Outpatient Clinic Infectious Disease	Chief, Infectious Disease Chair, Infection Control Antibiotic Stewardship, SEMC
James MacKinnon RN	Infection Control	Infection Control
Lisa Zenkin	Microbiology	Microbiology
Claire McManus	Critical Care	Clinical Pharmacy Specialist ICU Critical Care
Mirembe Reed	Cardiology	Clinical Pharmacy Specialist ICU Cardiology Surgical ICU
Adah Lau	Pharmacy Practice - Staffing	Decentralized Pharmacist



Department of Pharmacy Services Residency Program

Past PGY 1 Resident Projects

(Prior three years only)

Name	Graduation Date	Research Project
Ashlyn Kang	June 2020	Implementation of Pharmacists on a Code Stroke Team
Maha Alaharbi	June 2020	Implementation of a Direct Oral Anticoagulant (DOAC) Based Venous Thromboembolism (VTE) Treatment Algorithm in an Academic Medical Center
Atheer Aldairem	August 2019	Analgesedation in critically ill patients requiring mechanical ventilation: Compliance with the 2018 PADIS guidelines
Ashley Thrasher	June 2019	Impact of pharmacist intervention at transitions of care within an academic medical center to optimize antibiotic selection & duration of therapy in bacterial pneumonia
Ahmad Taqi	June 2019	Analysis of heparin monitoring protocol utilizing the activated partial thromboplastin time vs anti-factor Xa in an academic medical center
Omar Jamjoom	June 2018	Evaluating the quality and safety of a standardized argatroban order set for patients with heparin-induced thrombocytopenia in a community teaching hospital
Flint Specter	June 2018	Compliance with antimicrobial dosing guidelines in patients receiving continuous renal replacement therapy at a community teaching hospital
Faris Alhalwan	June 2018	Optimizing antimicrobial stewardship by improving audit & feedback in the ICU

Past PGY2 – ID Residents Projects

(Prior three years only)

Name	Graduation Date	Research Project
Ahmad Taqi	June 2020	Impact of pharmacist initiated electronic antimicrobial stewardship note on the appropriateness of antimicrobial therapy at renewal time
Jessica Lomanno	June 2020	Influence of a pharmacist led treatment protocol for the management of staphylococcus bacteremia
Ahmad Mahrous	February 2019	Clinical impact of pharmacist-directed antimicrobial stewardship guidance following rapid diagnostic test results



Department of Pharmacy Services Residency Program

Pharmacy Resident Leave Policy

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

1. Time off:

Residents shall receive ten (10) business days off with pay annually; this will include 5 personal days (for interviewing, etc). Personal time must be agreed upon by the resident, training site and RPD, it is non-cumulative from one year to the next. Time off will be documented in the PharmAcademic schedule.

2. Sick Leave (SL):

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

3. Additional Leave:

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

4. Maternity Leave:

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

5. Paternity Leave:

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

6. Care and Bereavement/Family Leave (CB)

CB is provided to allow leave for providing care to a sick immediate family member or to mourn the death of an immediate family member/individual with a relationship equivalent of an immediate family member.



Department of Pharmacy Services Residency Program

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

7. Make Up for Extended Leave:

In the case where any such requirements relative to a particular SEMC Pharmacy Residency program are not specific, the allowable combined total time off and sick leave during the contract year shall be twenty days (20). For combined leave totals that exceed this amount residents may be permitted to make up the excess amount or to have their program extended by an equivalent amount of time to meet the requirements of their residency program; an extension of program time will require the approval of RAC. For leave exceeding 1 month, a review by the RPD shall be required. If it is determined that the resident has not made sufficient progress in the program due to the amount of training time missed in excess of the twenty (20) allowable days as set out in this paragraph, the resident may be required to make up training time. If necessary, training will need to be extended for the resident to complete at least 2/3 of their residency training as a licensed pharmacist which may include weekend and holiday time. The residency program will not be extended beyond June 30th and the resident will not be allotted additional pay for this extended time.