Beth Israel Lahey Health
Lahey Hospital &
Medical Center

Lahey Hospital and Medical Center

Pharmacy Residency Programs Manual

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Practice Site

Lahey Hospital and Medical Center (LHMC), originally established in 1923 as the Lahey Clinic in Boston, Massachusetts, began as a physician-led outpatient practice with a mission to provide comprehensive, patient-centered care in one location. In 1980, the institution relocated to Burlington, MA, allowing for expanded clinical services and broader regional access to care. Since then, LHMC has grown to include outpatient and acute-care services across several northern Boston suburbs, including locations in Peabody and Lexington.

Today, LHMC is a 355-bed, community-based, nonprofit, tertiary care teaching hospital located in Burlington, MA. It serves as a major academic affiliate of UMass Chan Medical School, Massachusetts College of Pharmacy and Health Sciences (MCPHS), and Northeastern University School of Pharmacy. LHMC is a member of **Beth Israel Lahey Health (BILH)**, an integrated health system that includes 13 hospitals, multiple ambulatory care centers, and a wide network of specialty practices throughout Massachusetts.

Pharmacy residency training occurs primarily on the LHMC Burlington campus, which includes:

- 41 Mall Road (Main Hospital)
- 31 Mall Road
- 29 Mall Road
- 67 South Bedford Street
- Select rotations may also occur at the Peabody site depending on preceptor availability.

Additionally, up to a quarter of the residency experience may take place at other BILH-affiliated locations, such as the BILH Direct Pharmacy (a centralized dispensing pharmacy located in Westwood, MA), or other hospitals and care centers within the network to support diverse experiential learning.

Program Structure and Completion Requirements

PGY-1 Pharmacy Residency Program

Program Purpose

The LHMC PGY-1 residency program builds upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives (See Appendix A). Residents who successfully complete the PGY-1 program will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY-2) residencies.

Program Design and Structure

The LHMC PGY-1 residency program is a minimum 52-week program that provides diverse rotations in many areas of specialization. The Residency Program Director (RPD) and select members of the Residency Advisor Committee (RAC) will establish the rotation schedule including both rotational learning experiences and longitudinal program requirements. Following an assessment of the incoming residents' interests, and preceptor availability, the resident's rotation schedule and customized training plan will be developed. As the resident's goals evolve during the training year, they may request adjustments to their pre-determined schedule. The RPD will make reasonable attempts to accommodate both the resident and preceptors in making these changes. Any changes will be documented within the resident's training plan and communicated to pertinent program preceptors.

Pre-Rotation Expectations for Residents and Preceptors

<u>Resident Expectations</u>

Residents must be prepared by the start of the rotation to discuss goals and objectives for the experience, learning activities, rotation schedule/calendar and personal goals. Any commitments that may impact the rotation should be brought to the attention of the program preceptor as soon as they are aware of them (e.g. PTO, conference attendance). **Residents must reach out to their preceptor no later than one week in advance of the start of a rotation**. Refer to rotation specific Learning Experience Descriptions (LEDs) for additional information.

Successful completion of a learning experience requires the resident to actively engage and participate in all aspects of patient-centered care associated with the learning activity.

Preceptor Expectations

Prior to the start of each new rotation, it is expected that the preceptor on the outgoing rotation has completed the resident's PharmAcademic (PA) evaluation prior to the start of the subsequent rotation. It is the incoming preceptor's responsibility to review the PA evaluation and reach out to the outgoing preceptor for any additional insight, if needed. If there is a delay in completion of the PA by the outgoing preceptor, it is the outgoing preceptor's responsibility to provide the incoming preceptor with a warm handoff on the resident's progression during their rotational experience.

- At the start of the rotation, preceptors are expected to review the following with the residents: learning experience, expectations, evaluation criteria, and the ideal progression of the resident throughout the rotation. This can be done the week prior to the start of the rotation.

Learning Experience Overview

Following orientation, the resident will be required to complete 10 learning experiences (8 required and 2 electives). Each rotational experience is 4 – 5 weeks in duration.

Required Rotations

Rotations	Preceptor(s)
Orientation*	David Huynh, Emily Kronau
Internal Medicine	Parth Patel
Ambulatory Care	Elizabeth Haftel, Sarah Howard, Christine Vaudo, Chirlie Silver, Kate Peng, Leslie Mitchell
Infectious Disease	Liz O'Gara
Critical Care#	Bonnie Greenwood, Natalya Asipenko, Philip Grgurich, Corinne Bertolaccini
Cardiology or Anticoagulation Clinic	Sopheaktra Kong, Emily Kronau, Tara Lech, Mirna Guirguis, Natalie Eskici, Leah Mangini, Mandy Zheng, Caroline Wagner
Emergency Medicine	Eric Kalita, Emily Placensia, Dane Johnston
Pharmacy Administration^	Brittany Prendergast

*Orientation includes hospital orientation (HR orientation), Epic training, Hospital Practice training (Central Operations, IV Room, etc) and an introduction to the program curriculum. Additionally, the residents are required to obtain ACLS certification during the first quarter of the residency program.

#Medical or Surgical ICU are options for the required critical care rotation experience. For residents, with APPE ICU experience and an interest in critical care, the neuro ICU can be considered on a case-by-case basis.

^Pharmacy Administration includes investigational drug services and medication safety (medication safety is a longitudinal experience)

Elective Rotations (Choose 2)

Rotations	Preceptor(s)
Critical Care (Medical, Surgical or Neuro ICU) *	Bonnie Greenwood, Natalya Asipenko, Philip Grgurich, Corinne Bertolaccini
Solid Organ Transplant	Jennifer Viveiros
Palliative Care	Cindy Ottaviani
Population Health	Patrick McCarthy
Cardiology*	Sopheaktra Kong, Emily Kronau
Anticoagulation Clinic*	Tara Lech, Mirna Guirguis, Natalie Eskici, Leah Mangini, Mandy Zheng, Caroline Wagner
Investigational Drug Services	Cynthia Carter

*Must be different than the rotation experience chosen for the required rotation

Longitudinal Rotational Experiences

See below for a brief description of the longitudinal rotation requirements.

Rotations	Preceptor(s)
Hospital Practice (Staffing) and Resident Clinical Coverage	David Huynh, Liz O'Gara, Emily Kronau
Resident Research Project	Project Specific
Medication Use Evaluation (MUE)	
Teaching and Hospital Presentations (10 Required)* (2) Continuing Education (CE) Presentations (3) Case Conference Presentations (3) Journal Club Presentations (2) Pharmacy Wisdom Wednesday Presentations	
Drug Information (3) Provider/Nursing In-Services/Drug Information^ (1) BILH/LHMC P&T Formulary Project (3) Clinical Pearls from Conference attendance	
External Presentations Resident Poster Session (Midyear) MSHP Annual Meeting Regional Platform Presentation Lahey Post-Graduate Recognition Slide Presentation of Research Project and MUE	
Committee Involvement	N/A
Community Service	N/A

*If a resident is deemed to have insufficient progression in presentation development, an additional presentation may be required at the discretion of the RPD.

^Residents are required to complete at least one in-service, one drug information write up. The third requirement may be an in-service OR drug information write up.

Additional Experiences

Experience	Brief Description
Northeastern Teaching and Learning Seminar	Residents will be assigned to attend one NU workshop session in either summer or fall. Note: The Therapeutics Seminar Facilitation is only required as part of the Teaching and Learning Certificate **"Enhanced" Program. Resident participation is contingent upon satisfactory residency program progress** as determined by the Residency Program Director. • Structure for Therapeutics Seminar facilitation is once weekly for 3 hours; 130-430pm Tuesdays in Spring Semester only
Educational Conference Attendance	**LHMC**: Residents are expected to attend educational conferences within the hospital, such as Medical Grand Rounds or Department specific Grand Rounds unless schedule issues preclude attendance. **Local/Regional/National**: Webb Lecture and Roundtable Discussion at Northeastern, ASHP Midyear Meeting, Regional Conference (e.g. New England Residency Conference or Eastern States), MSHP Annual Meeting. ***Residents are expected to bring back ONE pearl from each conference attendance and present them to the department during Wednesday Huddle.***

Brief Description of Longitudinal Learning Experiences

Staffing and Resident Clinical Coverage

- Residents will staff in the Central Pharmacy for pharmacy practice experience throughout the residency year. The general schedule includes every third weekend, (7:00 am – 3:30 pm or 11:00 am – 7:30pm). In addition, residents will be assigned to work one partial evening shift (4:00-8:00pm) every week. See the Hospital Staffing and Resident Clinical Coverage Learning Experience Description for details.

Resident Research Project

- Residents will conduct a longitudinal research project during the residency year. These projects may be exploratory research, or quality improvement, with a goal of addressing a practice where there is limited or conflicting published literature and to benefit patient care. A final manuscript suitable for publication is required. See the Resident Research and MUE Learning Experience Description for details.

Medication Use Evaluation

- Residents will conduct a longitudinal medication use evaluation during the residency year. These projects will be assigned based on the needs of the department. See the Resident Research and MUE Learning Experience Description for details.

Teaching and Hospital Presentations

- Residents are expected to give **one formal presentation per month of the residency year**, excluding Orientation. These presentations include two ACPE approved Continuing Education presentations, three Case Conferences, three Journal Clubs, and two Wisdom Wednesday Presentations.

  Continuing Education (CE) Presentations
  - Each resident will give one CE presentation in the fall and one presentation in the spring. See brief timeline below for CE submission requirements. CE deadlines are strict. See the CE Learning Experience Description for more details.

  CE Timeline for Completion

Due Date	Deliverable
2 months before presentation day	Topic must be chosen/assigned no later than 2 months prior to CE date
30 days prior to presentation	UNE Event form due including presentation title, objectives and assessment questions, answers and rationale
15 days prior to presentation	Final presentation slides due to UNE

  Case Conference Presentations
  - Cases should be presented during the same rotation in which the case was identified whenever possible. See the Case Conference Learning Experience Description for more details.

  Journal Club Presentations
  - Journal clubs should be presented during the rotation it was assigned. See the Journal Club Learning Experience Description for more details.

  Wisdom Wednesday Presentations
  - Wisdom Wednesday presentations are Pharmacy Department based in-service presentations intended to disseminate clinical/operation knowledge to the pharmacy staff.

External Presentations

- Presentations that were presented outside of rotations and the hospital settings, including regional/national conferences. This will be a poster or slideshow presentation at ASHP Midyear Meeting, Regional Residency Conference (e.g. New England Residency Conference or Eastern States), and the MSHP Annual Meeting.

Committee Involvement

- Participation in monthly P&T Committee (2nd Monday of the month; 1:200-1:30pm); all residents will attend the first meeting for introductions and then each resident will alternate attendance and recording of minutes monthly through the remainder of the year.

Community Service

- Residents will participate in at least one community service activity such as participation in a drug take back program, a high school or other health fair, presentation to seniors at the Burlington Council on Aging, etc.

Project Time

Residents will be allocated 15 days of project time per year. Project days are intended to help keep projects on track and fulfill longitudinal program requirements. Residents are also given designated time in the Winter and Spring to use as project time. Outside of designated project time (9 days), the resident may take a maximum of one project day per month excluding months where project time is already extended AND during any rotation less than 5 weeks in duration. **The project day must be mutually agreed upon between the preceptor and resident**.

- Project days are required to be on-site unless approved by the RPD and preceptor at least one week in advance.

Remote Work

It is not an expectation that residents work from home; remote access is issued to pharmacy residents to allow to allow access to hospital programs if needed.

- In general, remote work for scheduled rotation and staffing is not allowed. Remote work must be approved by the preceptor and Residency Program Director.

Travel

All travel dates and arrangements must be made in advance. Travel support for clinical meetings including ASHP Midyear, MSHP and a regional residency conference will be reimbursed based on a pre-determined amount (approved by RPD). The resident is responsible for submitting reimbursement via WorkDay. See LHMC Business Expense Policy.

Dress Code

Residents are expected to dress in an appropriate and professional manner whenever they are in the hospital or participating in any presentation/function in which they represent the LHMC Pharmacy Department. Scrubs may be allowed on a case-by-case basis and must be approved by the rotation preceptor. Refer to the Lahey Hospital and Medical Center – Work Attire and Personal Appearance Policy.

Resident Wellness

The LHMC residency programs are committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacy residents. Residents will be dismissed from rotation for one half-day per rotation block (3 - 4 hours). Additional wellness services are available through the ASHP Wellness Toolkit.

PGY-2 Ambulatory Care Pharmacy Residency Program

For information on the LHMC PGY-2 Ambulatory Care residency program, reach out to Sarah Howard or Liz Haftel.

Residency Program Directors and Preceptors

Pharmacy Residency Program Director: The Pharmacy Residency Program Director (RPD) is responsible for the general leadership and administration of the Residency Program.

Key responsibilities of the RPD include, but are not limited to:

- Organization & leadership of RAC to provide guidance for the program's conduct
- Oversight and documentation of the progression of residents regarding program requirement
- Implementation of criteria for appointment and reappointment of preceptors
- Evaluation, skills assessment, and development of preceptors in the program
- Creation and implementation a preceptor development plan
- Continuous residency program improvement in conjunction with RAC
- Implementation and adherence to appropriate accreditation standards, regulations, & policies
- Collaboration with department leadership to ensure departmental support for resident training
- Review program policies with matched candidates within 14 days of the residency program start date. The resident will sign an attestation acknowledging policies have been reviewed during the orientation period. If any program policies are updated during the academic year, the resident will be required to sign an additional attestation form to acknowledge the updated policies

Residency Advisory Committee: The Residency Advisory Committee (RAC), comprised of the RPD, RPC, preceptors, and members of the residency administration and leadership group, governs the Residency Program at LHMC and serves to support the program goals and program improvements. The RAC is chaired by the RPD and meets at least quarterly to provide a forum to discuss and monitor each resident's progress toward successful completion of the LHMC residency program.

RAC Responsibilities and Activities, include but not limited to:

- Review and discuss resident(s) progress in rotations and longitudinal activities
- Review and discuss resident(s) self-reflection
- Review and discuss resident quarterly development plans
- Review and ensure program compliance with the ASHP Accreditation Standards
- Participate in candidate recruitment and selection
- Provide continuous discussion and feedback for the purpose of ongoing program improvement

Pharmacy Residency Program Preceptors: In alignment with the accreditation and practice standard of ASHP, the LHMC Residency programs are committed to providing residency training delivered by qualified pharmacist preceptors.

Key responsibilities of preceptors include, but are not limited to:

- Preceptors must serve as role models for the learning experiences that they precept. They must be able to demonstrate ability to precept using clinical teaching roles (i.e. instructing, modeling, coaching, and facilitating)
- Preceptors must show ongoing professionalism, including personal commitment to advancing the department and profession as a whole.
- Preceptors must work with RPD to assign goals and objectives for their rotations and assign learning activities for each objective in compliance with the ASHP standards
- Preceptors must meet with the resident on a regular basis to assess progress
- Preceptors must provide ongoing verbal feedback during rotations and use formative evaluation as needed for specific activities/events.
- Preceptors must complete summative evaluations at the end of each learning rotation and no later than within 7 days of completion of a concentrated rotation and discuss summative evaluation with the resident.
- Preceptors must routinely serve as mentors and/or research advisors
- Participate in preceptor development activities (see preceptor development charter)
- Participation in RAC meetings and reviewing minutes if unable to attend.

Meet the Team

Residency Program Directors and Preceptors	
Pharmacy Residency Program Directors	
PGY-1 Pharmacy Residency Director Molly Curran PharmD, BCCCP *Director, Clinical Pharmacy Services* *PharmD – The University of Texas College of Pharmacy, 2014* *PGY-1 & PGY-2 University Health System, San Antonio, 2014-2016*	**PGY-2 Ambulatory Care Pharmacy Residency Director** Sarah Howard PharmD, BCACP *Ambulatory Care Pharmacy Specialist* *PharmD – Massachusetts College of Pharmacy and Health Sciences University, 2015* *PGY1 Residency – Bay State Medical Center, 2016,* *PGY2 Residency – Ambulatory Care, VA Maine Healthcare System, 2017*

Pharmacy Residency Preceptors	
Ascenzo, Amanda PharmD† *Clinical Pharmacy Informatics Coordinator*	Lech, Tara PharmD, BCPS‡ *Director, Anticoagulation Services, BILH*
Asipenko, Natalya PharmD, BCPS, BCCP* *Medical ICU Pharmacy Specialist*	Mangini, Leah PharmD, BCPS‡ *Anticoagulation Pharmacy Specialist*
Beaulac, Matthew PharmD‡ *Director of Pharmacy Quality, Safety and Compliance*	McCarthy, Patrick PharmD, BCACP‡ *Pharmacy Specialist, BILH Performance Network*
Bertolaccini, Corinne, PharmD, BCCCP* *Neurocritical Care Pharmacy Specialist*	Mitchell, Leslie PharmD, BCACP‡ *Pulmonary and Ambulatory Care Pharmacy Specialist*
Bornstein, Kelly PharmD, BCACP‡ *Manager, Thrombosis Program*	Nguyen, Michael PharmD, MBA† *LHMC Outpatient Pharmacy Manager*
Carter, Cynthi, BS, MBA ‡ *Research and Infusion Pharmacy Manager*	O'Gara, Elizabeth PharmD* *Infectious Diseases Pharmacy Specialist*
Eskici, Natalie PharmD ‡ *Anticoagulation Pharmacy Specialist*	Ottaviani, Cynthia BS, PharmD, BCPS‡ *Palliative Care Pharmacy Specialist*
Greenwood, Bonnie PharmD, BCPS, MPH* *Surgical ICU Pharmacy Specialist*	Parth, Patel PharmD, BCPS* *Internal Medicine Pharmacy Specialist*
Grgurich, Philip PharmD, BCPS, BCCCP* *Medical ICU Clinical Pharmacy Specialist, Professor of Pharmacy Practice, MCPHS University*	Peng, Kate BS, PharmD, BCPS, BCGP‡ *Ambulatory Care Pharmacy Specialist*
Guirguis, Mirna PharmD ‡ *Anticoagulation Clinical Coordinator*	Prendergast, Brittany PharmD, BCPS* *Operations Manager- Inpatient and Infusion Center*
Haftel, Elizabeth PharmD, CDE, BCACP, MPH‡ *Ambulatory Clinical Pharmacy Manager, BILH PGY1 Residency Program Director*	Rubin, Rochelle PharmD, BCPS, CDE† *Director of Ambulatory Pharmacy Services, BILH*
Hemm, Alyssa PharmD† *BILH Specialty Pharmacist*	Silver, Chirlie PharmD, BCACP‡ *Ambulatory Care Pharmacy Specialist*
Huynh, David PharmD, BCPS* *Sr Clinical Pharmacist*	Spiewak, Jeremy PharmD† *Ambulatory Clinical Pharmacy Specialist- Inflammatory Bowel Disease Center*
Irizzary, Jen PharmD†	Tran-Vo, Vivian* *Infusion Center Pharmacy Specialist*

BILH Specialty Pharmacy Quality and Accreditation Manager	
Kalita, Eric PharmD, BCCCP* *Emergency Medicine Pharmacy Specialist*	Vaudo-Leduc, Christine BS, PharmD, BCPS‡ *PGY2 Ambulatory Care Residency Program Coordinator, Ambulatory Care Pharmacy Specialist*
Kronau, Emily PharmD, MBA* *Cardiology Pharmacy Specialist*	Viveiros, Jennifer PharmD, BCPS* *Solid Organ Transplant Pharmacy Specialist*
* PGY-1 Preceptor † PGY-2 Preceptor ‡ PGY-1 & PGY-2 Preceptor	
For more information about the preceptors, please visit: Meet the Pharmacy Residency Preceptors | Lahey Hospital & Medical Center	

Preceptor Qualifications and Requirements

Preceptor Eligibility

The process for selection and appointment of preceptors is inclusive to all pharmacists within Lahey Hospital and Medical Center (LHMC) or BILH Pharmacy Inc. that are interested in precepting and serve in a position that aligns with the structure and learning experiences of the program. Preceptor eligibility is based on Standard 4.5, Preceptor Eligibility criteria set forth by ASHP.

PGY1 Preceptors	PGY2 Preceptors
A. Licensed pharmacists B. Have completed an ASHP-accredited PGY-1 residency program followed by a minimum of one year of pharmacy practice experience in the area precepted; OR C. Have completed an ASHP-accredited PGY-1 residency program followed by an ASHP accredited PGY-2 residency and a minimum of six months of pharmacy practice experience in the area precepted; OR D. Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited residency program	A. Licensed pharmacists B. Have completed an ASHP-accredited PGY-2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted; OR C. Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program

Term of Appointment
Once enacted, preceptor appointment is effective for a four year term. Per the standard (4.4.c.2), residency preceptor appointment is reviewed at least every four years.

Academic and Professional Record (APR)
Appointment and reappointment are initiated through initial completion and annual updating of an electronic APR in PharmAcademic. If participating as a preceptor for the PGY-1 and PGY-2 programs, each APR will require submission under each program individually. All APRs will be assessed for the following preceptor eligibility (standard 4.5) and qualifications (standard 4.6).

Preceptor Qualifications (Standard 4.6)
For both PGY-1 and PGY-2 programs, preceptors must show demonstration of:

- At least one example of content knowledge/expertise in the area precepted (as detailed in Standard 4.6.a).
    - Example(s): Active BPS certification, post-graduate fellowship or advanced degrees, completion of the pharmacy leadership academy, pharmacy related certification
        - If LHMC privileging for advanced practice is used to fulfill this requirement, it must include peer review

- At least one example for contribution to pharmacy practice in the area precepted (as detailed in Standard 4.6.b).
    - Example(s): Contribution to the development of clinical or operation policies/guidelines, contribution to creation/implementation of new clinical/operational service, appointments to organizational committees (not including RAC) within the last 4 years.

Appointment and Reappointment
Preceptor appointment is based on verification of the criteria set forth by the ASHP. APRs are reviewed post annual updates by the RPD or RPC using the evaluation in Appendix B Appointment and Reappointment decisions are documented in RAC consent agenda at the time of initial and subsequent reviews at RAC meetings at least one month prior to new resident class enrollment. Preceptors meeting qualifications will receive notification from the RPD of decision.

Preceptor Roster
RPDs, RPCs, and pharmacy leadership will maintain a centralized preceptor roster containing records of preceptor eligibility, appointment terms, APR status, mentors and IPDP for new preceptors.

New Pharmacist Preceptors
To be considered as a new preceptor, interested pharmacists will inform the RPD either in writing or verbally, or RPD/RPC may approach pharmacists to consider serving as preceptors. Per departmental policy, preceptors must be an employee of the department for at least 90 days and have successfully completed their human resources probationary period.

Existing and aspiring preceptors who do not meet the ASHP requirements for a residency preceptor will have a documented individualized preceptor development plan (IPDP) to achieve qualifications within two years. See Appendix C.

- Potential new preceptors will be required to complete and submit an Academic and Professional Record to the Residency Program Director (RPD), OR submit via PharmAcademic (preferred), and work with RPD to confirm eligibility.
- The IPDP will be created in partnership between the preceptor and RPD and/or RPC, if applicable. All preceptors requiring an IPDP will be assigned a mentor, and progress will be reviewed on an annual basis.

Preceptor Development Charter

The purpose of this Preceptor Development Charter is to establish a framework for developing, supporting and evaluating preceptors within the LHMC PGY-1 Pharmacy Residency program and PGY-2 Ambulatory Care Pharmacy Residency program. This charter aims to align with ASHP Accreditation Standards (Standard 4.4.d) and foster a culture of excellence, growth and continuous learning.

The Preceptor Development Committee (PDC) will focus on fostering professional growth among preceptors, standardizing training to ensure compliance with program expectations, quality improvement and encourage active engagement within the residency program. The PDC will also focus on education related to recognition of resident burnout syndrome.

Preceptor Development Activities
The following activities will support continuous development and competency:

1. **Preceptor Orientation:** New preceptors will complete an orientation to become familiar with ASHP standards, program expectations and resident goals.
2. **Quarterly Preceptor Development Workshops:** The quarterly preceptor workshops will cover key topics including, but not limited to, resident evaluations, constructive feedback and how to foster a positive learning environment.
3. **Quarterly PDC Meetings:** Ongoing discussion regarding program goals, issues faced by preceptors and best practices for teaching and mentoring residents.
4. **Self-Assessment:** Annual self-assessment through annual performance review process to evaluate teaching effectiveness in line with ASHP standards.

PDC Structure

- **Residency Program Director (RPD):** The RPD is responsible for overseeing the preceptor development process, providing feedback and ensuring compliance with ASHP standards.
- **Preceptors:** It is recommended that each preceptor participate in 4 development activities per year (a minimum of 2 live sessions per year are required) in addition to self-assessment and quality improvement initiatives.
- **Workshop Facilitators:** Preceptors may be invited or requested to lead and facilitate a quarterly preceptor development workshop. Facilitators may be preceptors within the pharmacy programs or external invitees with a background in teaching and experience with learners, including preceptors from other BILH residency programs.
    - **Note:** "Providing preceptor development to other preceptors at the site" can be included in the Academic and Professional Record on Pharmacademic, within the professional engagement section.
- **Preceptor Development Committee (PDC):** The PDC Co-Chairs in conjunction with the RPD will coordinate and evaluate preceptor development activities. The PDC will meet on a quarterly basis at minimum or as the need arises. The PDC will be responsible for documenting the schedule of activities for each residency year [Standard 4.4.d.1] and maintaining a "library" of previously recorded workshops or self-study materials. The PDC may collaborate with outside institutions with Pharmacy Residency programs within the Beth Israel Lahey Health system to deliver preceptor development activities.

Preceptor Ongoing Preceptor Development Requirements

In alignment with ASHP standards, the LHMC appointment and reappointment Criteria for PGY-1 and PGY-2 preceptors outlines the minimum requirements to maintain preceptorship.

Evaluation and Feedback

Resident Feedback	Residents will provide feedback on preceptor effectiveness and teaching after each rotation experience as outlined in the rotation specific learning descriptions.
Preceptor Evaluations	Preceptors will be evaluated annually by the RPD or PDC based on ASHP standards.

Review

The Preceptor Development Charter will be reviewed annually by the PDC and Residency Advisory Committee (RAC) and updated to maintain alignment with ASHP standards and program needs.

Residency Candidate Qualification, Evaluation and Selection

LHMC PGY-1 Pharmacy Residency Program has 2 positions which are offered to applicants annually through the ASHP Resident Matching Program. Qualifications for participation in the program are in accordance with criteria set forth by ASHP.

Recruitment

Recruitment for the LHMC PGY-1 Pharmacy Residency Program begins annually with the comprehensive update of our residency website and all associated recruitment materials. These materials are shared both online and at key recruitment events, including the Massachusetts College of Pharmacy and Health Sciences Regional Residency Showcase, the American College of Clinical Pharmacy/Student National Pharmaceutical Association Virtual Residency Program Showcase, and the ASHP Midyear Clinical Meeting.

Recruitment follows the BILH Diversity, Equity and Inclusion (DEI) Vision**:** To transform care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain and develop diverse talent. Primary goals are to have a workforce that mirrors the increasing diversity in the communities that BILH serves, to eradicate disparities in health outcomes within our diverse population of patients, and to expand investments in underrepresented communities to close socio-economic disparities that impact population health.

Recruitment methods that promote diversity and inclusion include, but are not limited to:

- Participate in virtual residency showcase events (see above) at varying times to allow candidates access to our program without the burden of travel, membership or registration fees.
- Continual review of our processes to reduce implicit bias throughout the recruitment process, including holding preceptor development sessions about this topic. Preceptors are encouraged to attend LHMC webinars/talks and other educational sessions about DEI.
- Seeking and engaging individuals with backgrounds underrepresented in pharmacy and represented in our local communities. See link for more information.

Residency Candidate Qualifications

- Must be a graduate, or candidate for graduation, of an Accreditation Council for Pharmacy Education (ACPE) accredited (or in the process of pursuing accreditation) Doctor of Pharmacy degree program OR have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP)
- Eligible for pharmacy licensure in the Commonwealth of Massachusetts
- If not licensed in Massachusetts prior to the residency start date, must be licensed as a pharmacy intern in the Commonwealth of Massachusetts
- Authorized to work in the United States on a full-time basis. This program is not eligible for US immigration sponsorship
- Must participate in and obey the rules of the National Matching Service (NMS)
- Additional qualifications for PGY-2 Program: Residents shall be graduates of an ASHP Accredited or Candidate-Status PGY-1 Pharmacy Residency training program

Application Requirements

All candidates must submit their application materials via PhORCAS. Applications will be reviewed upon complete submission of the following:

- Submit letter of intent, curriculum vitae, official transcripts (minimum GPA 3.0 or top 50% of class if school utilizes Pass/Fail grading system)
- Submit 3 references using Standard Reference Template in PhORCAS; include at least one reference from a direct patient care rotation preceptor

Application Deadline

Application and all supporting documentation must be received by January 2 of the year in which the program begins.

Selection of Applicants for Interview (Screening)

Once all residency applications are complete, each applicant is initially screened to ensure they meet the program's minimum eligibility criteria, including GPA/class rank and work visa status. All eligible applicants are then evaluated by the RPD and designated PGY-1 preceptors using a standardized, objective screening worksheet. Each application is independently reviewed by at least two screeners. If there is a significant discrepancy in overall screening scores (greater than 5 points), a third reviewer is assigned to complete an independent review to assess the variance. Following completion of all screenings, the RPD and participating preceptors convene to discuss screening scores, share recommendations regarding interview invitations, and finalize the list of candidates to be invited for either a virtual or on-site interview. Additionally, a ranked waiting list for interview invitations is created, based on screening scores and preceptor recommendations, to accommodate situations in which initially invited candidates decline their interview invitation.

Invitation to Interview
Following finalization of the interview invitation list, the RPD will email an official interview invitation to each selected candidate. The invitation includes the date and time of the scheduled interview, along with a collection of documents providing detailed information about the program. These materials include:

- Program start date and duration of appointment
- Annual stipend and benefits
- Program completion requirements
- Program policies: Duty hour and moonlighting policy, resident licensure policy, remediation and dismissal policy and leave policy

If an invited candidate declines the offer, the program will extend an interview invitation to the next individual on the predetermined waitlist, in the order previously established during the screening review process.

Interview and Ranking Process
Applicants selected for further consideration will be invited to interview with the RPD and a variety of program preceptors. During the interview, preceptors utilize a structured interview tool to evaluate candidate responses across defined domains. The interview schedule includes:

- A departmental and health system overview provided by a member of the Pharmacy Leadership team
- One-on-one interviews with preceptors, each focusing on a distinct skill domain:
    - Teamwork/Leadership
    - Time Management
    - Clinical Communication
    - Situational Decision-Making

Each domain includes defined criteria for evaluating candidate performance. In addition, all candidates are assessed on overall professionalism and communication skills. Each preceptor submits an overall score and recommendation regarding the candidate's rank status. Candidates participating in on-site interviews will receive a facility tour led by a current PGY-1 resident. For virtual interviews, a video tour of the department and hospital will be emailed to candidates around the time of their interview.

Candidates will also participate in a separate session with current PGY-1 residents, providing an opportunity to ask questions and gain insights about the program from the resident perspective.

Selection Process
Following the completion of all interviews, each candidate will receive a composite interview score, and all preceptor rank recommendations will be collected. Candidates will then be ranked based on a cumulative score calculated as weighted score.

The final rank list is determined through review of the following:

- Weighted interview scores
- Feedback from current residents
- Collaborative input from the RPD and all preceptors involved in the interview process is used to reach a consensus on which applicants most closely align with the program's goals and the opportunities available at the medical center.

The finalized rank list will be submitted to the ASHP Resident Matching Program in accordance with the established deadline.

Phase II Match Process
If the LHMC Pharmacy Residency programs have any unfilled positions due to Phase I of the Match, these position(s) will be opened in Phase II of the Match. The same process as Phase I will be used to determine interview invitations, conduct interviews and determine a rank list based on the same criteria. A rank list will be submitted to the Resident Matching Program by the deadline for Phase II of the Match.

Post-Match Process
If the program continues to have unfilled positions following Phase II, the program may participate in the post-match process to fill any remaining positions. The program may seek to offer the open position to a previously interviewed applicant who has not found a position during Phase I or Phase II of the match, without any additional interviews. The program may also determine that it will accept applications from other unmatched applicants and review their credentials. If a new candidate's credentials are determined to be acceptable, the program will interview and select a resident based upon the consensus of the participating RAC members. Alternatively, the program may opt not to fill the unfilled positions at the consensus of RAC and the RPD.

Acknowledgement of the Match
The resident matched to the LHMC PGY-1 Pharmacy Residency program will receive an acceptance letter within 30 days of the match results acknowledging the match and delineating the general terms and conditions of completing the residency. Acknowledgment in writing by the resident by the specified date in the letter will constitute acceptance of the match and agreement to fulfill the position's duties.

Early Commitment Process
For information on the early commitment process for the LHMC PGY-2 Ambulatory Care residency program, reach out to Sarah Howard or Liz Haftel.

Resident Evaluation and Assessment

Initial Assessment

At the start of the residency year, each resident will complete the ASHP Entering Interests Form and the Entering Objective-Based Self-Evaluation. These tools help identify baseline interests, strengths, and areas for improvement.

During orientation, the RPD will meet individually with each resident to review these assessments. Based on this discussion, the RPD will develop an Initial Development Plan, which will include the residents:

- Strengths
- Areas for improvement
- Professional interests and career goals
- Self-identified learning needs (via the objective-based evaluation)

This plan will be documented in PharmAcademic and shared with the resident's scheduled preceptors to guide individualized learning.

Formative Assessments

Formative feedback is provided **continuously throughout all learning experiences** to support the residents' growth. It is frequent and timely, specific, and action orientated.

Examples include:

- Verbal feedback after a presentation or patient interaction
- Written edits on documentation, presentations, manuscript drafts, etc.

Preceptors should use the "Provide Feedback to Resident" feature in PharmAcademic to document formative feedback and adjust learning activities as appropriate based on daily observations.

Summative Assessments

Each learning experience will include at least one summative evaluation.

For longitudinal experiences, summative evaluations must occur every three months (four times per year) or at a frequency appropriate to the experience length.

At the end of each learning experience:

- Residents must receive both verbal and written feedback from their preceptor(s) regarding their progress toward the assigned educational goals and objectives.
- Dedicated time should be set aside for a discussion of the resident's progress toward residency-specific goals and objectives.

For multi-preceptor rotations all preceptors must contribute to the resident's evaluation.

Residents are also required to complete an evaluation of each preceptor, an evaluation of the learning experience and a self-evaluation.

These should be completed and discussed on the **final day of the rotation** to ensure timely feedback.

Per ASHP Standards, all summative evaluations must be completed in PharmAcademic within seven (7) days of the rotation's conclusion. A standardized evaluation scale should be used (outlined below) to assess resident performance consistently across all learning experiences.

PharmAcademic Evaluation Scale

Rating Scale	Definition/Criteria
Needs Improvement (NI)	• Requires extensive preceptor supervision • Unable to perform activity • Gathers basic information to answer general patient care questions **Examples:** • Recommendations are incomplete, poorly researched, and/or lack justification • Consistently requires preceptor prompting to communicate recommendations to team or follow-up on patient care issues
Satisfactory Progress (SP)	*At expected state for time of residency year:* • Performs most skills independently • Requires some directed preceptor intervention to complete a task • Improvement is noted during learning experience but does not include mastery of the objective **Examples:** • Consistently able to answer questions of the team and provide complete response with minimal to moderate preceptor prompting or assistance • Able to make recommendations to team without preceptor prompting • Recommendations are straightforward and well-received • Sometimes struggles with more complex recommendations or difficult interactions

	• Should continue to identify supporting evidence to assist with difficult recommendations
Achieved (ACH)	• Able to practice independently with limited preceptor supervision/preceptor mainly functions in "facilitation" preceptor role • Able to perform skill and self-monitor quality • Mastered the objective and consistently performed task/ expectation with limited to no guidance **Examples:** • Recommendations are always complete with appropriate data and evidence; requires no preceptor prompting • Consistently makes effort to teach team rational for therapy recommendations • Follows-up on patient care issues without prompting
Achieved for Residency (ACHR)	***Being reviewed by RAC as of 7/2025***

Resident Development Plan

Residents are required to complete a self-assessment on a quarterly basis to reflect on their progress toward achieving residency goals and objectives. Following submission of the self-assessment, the RPD will meet individually with each resident to review overall performance and development.

The quarterly review will incorporate:

- Feedback from preceptor evaluations
- The resident's self-assessment
- Progress toward achieving ASHP-required objectives and residency-specific goals

The RPD will document the outcome of this discussion in the Resident Development Plan tab in PharmAcademic on a quarterly basis.

All program preceptors will be automatically notified of these updates through PharmAcademic to ensure alignment and awareness across the residency team.

Requirements for Completion of Residency Program

PGY-1 Pharmacy Residency Program

The minimum requirements for completion of the LHMC PGY-1 Pharmacy Residency program are outlined below. These requirements and the progress towards completion of these requirements will be reviewed at each quarterly evaluation and utilized in directing the resident's Residency Development Plan (RDP).

Residents must meet all minimum program requirements by the end of the residency year in order to successfully complete the program. Failure to do so will result in unsuccessful completion of the residency, and a certificate of completion will not be issued.

In addition to the program completion requirement table below, there are 2 appendices: Appendix A includes the PharmAcademic Evaluation Scale for pharmacy resident learning objectives employed at LHMC and Appendix B outlines the ASHP Competency Areas, Goals and Objectives that are assessed during the LHMC PGY-1 residency program. Appendix C contains the Program Checklist to track resident progression throughout the residency year and will be reviewed with program advisors quarterly.

Program Completion Requirements

Residency Area	Program Completion Requirements
General Requirements	• Must obtain a valid Pharmacist License in MA within 90 days of program start date • Must complete **all** program, hospital and departmental orientation outlined in Orientation Learning Experience in addition to all longitudinal pharmacist trainings issued by the department throughout the residency year • Obtain BLS/ACLS certification • Complete LHMC CITI Training for Research Project • Complete Immunization Training • Participate in Residency Recruitment and interview activities • Remain in good standing within the Pharmacy Department and per HR and Department policies
Learning Experiences (Required and Elective)	• ***Being reviewed by RAC as of 7/28/2025***

Teaching and Hospital Required Presentations	• Complete 10 formal presentations to the Pharmacy Department or Hospital: (2) Continuing Education (CE) Presentations (3) Case Conference Presentations (3) Journal Club Presentations (2) Pharmacy Wisdom Wednesday Presentations • Present Research project at ASHP Midyear, MSHP Annual Conference, Regional Pharmacy Resident conference, Post Grad Research Day and to Pharmacy Department
Longitudinal Projects	• Complete 1 IRB-reviewed residency Research project including poster and platform presentations above and final manuscript suitable for publication • Complete 1 Medication Use Evaluation including final formal presentation to the P&T committee
Staffing and Resident Clinical Coverage	• Complete all required staffing (determined by departmental needs): o Minimum of 24 weeknights o Minimum of 18 weekends o One major holiday • All duty hours must be documented in PharmAcademic
Drug Information	• Complete 3 nursing/provider in-service presentations and/or drug information write ups (one of each required, third can be either in service OR DI) • Complete 1 formulary project (i.e. monograph, drug class review, treatment guideline, etc.) • Complete 3 clinical pearl presentations
Teaching	• Complete required teaching/education activities including: o Northeastern Teaching Certificate Program
Completion of Required Documentation	• Complete all assigned PharmAcademic evaluations • Completion and documentation of Teaching and Learning Program certificate • Complete Residency Portfolio in assigned Teams Folder by uploading a copy of all prior to completion of residency program* • Return of hospital badge, laptops, and any other hospital property at the completion of residency

*Residents will utilize PharmAcademic and Microsoft Teams to maintain an electronic record of documents that demonstrate completion of the rotational and/or longitudinal assignments. The resident program completion checklist (Appendix C) **must** be updated in preparation for quarterly review by the RPD and Residency Program Advisor.

Residency Portfolio

Prior to graduation from the program, the resident must update their resident portfolio in the Microsoft Teams group with a minimum of the following items:

- Completed Orientation Packets (signed by RPD and resident)
- Completed Program Completion Checklist (signed by RPD and resident)
- Copy of signed residency certificate
- Record of all residency Project and MUE materials:
    - IRB submission
    - Project Timeline, if applicable
    - Data collection form and data analysis
    - Presentation slides and posters
    - Final manuscript suitable for publication (for research only)
- All formulary reviews, formal drug information responses, in service presentations, treatment guidelines, protocols or other completed assignments
- Record of all presentations including outlines and final slides for the 10 required presentations

Residency Program Continuous Quality Improvement

The RPD will collaborate with RAC and pharmacy department leadership to ensure that a comprehensive evaluation of the residency program is conducted annually. The primary goal of this process is to ensure the program is achieving its intended outcomes—particularly in supporting the professional growth and development of residents. This evaluation will include a review of resident feedback on the overall program, individual learning experiences, and preceptor performance. Resident input is considered essential to inform and drive meaningful improvements in program structure and delivery.

Both preceptors and residents are encouraged to share feedback and suggestions throughout the residency year, outside of the formal annual review. Any recommendations for program improvement will be reviewed by the RAC—either during scheduled meetings or on an ad hoc basis if the issue warrants immediate attention. In addition, any findings or recommendations from external surveys or accrediting bodies will be reviewed by the RAC and addressed in a timely manner.

Residency Policies and Procedures

Pharmacy Resident Leave or Request for Absence Policy	
Contact :	PGY1 Residency Program Director PGY2 Residency Program Director
Approval Committee(s):	**Approval Dates:**
Residency Advisory Committee	09/25/24; Revised 1/10/25

I. Policy Statement:

Lahey Hospital & Medical Center (LHMC) Pharmacy Department seeks to provide residents with appropriate time off to ensure trainee well-being and to comply with ASHP regulations, Institutional and Departmental Policies pertaining to Time and Attendance.

II. Purpose:

This policy outlines the procedures and requirements for a leave of absence from the LHMC Pharmacy residency programs.

III. Scope:

All LHMC pharmacy residents

IV. Policy and Procedure:

LHMC Pharmacy Residents are covered by the leave of absence policies applicable to regular employees of the institution, except to the extent provided in this Pharmacy Residency Leave of Absence Policy. The policy described herein pertains to residents' working relationships with the Institution. Questions about this policy should be directed to the residents' respective Residency Program Director (RPD). All residents must complete the minimum term of resident appointment (52 weeks) per ASHP standards.

A. Personal Leave - A trainee may request up to 10 days of leave for vacation, sick days, interviews, personal days, holidays, religious time, jury duty, or bereavement leave. The resident should first request time off with the rotation preceptor and then with RPD for final approval. Vacation time approval will be granted based upon the following considerations and procedures:
    a. The resident must be in good standing and progressing in accordance with the outline of the learning rotation they are on, based upon the

preceptors' expectation and pre-defined learning objectives for that rotation.

b. To pass any learning experience/rotation, the trainee may not miss *more than* 15% total time dedicated to that rotation for vacation leave. For example, in a 4-week rotation (5 days/week X 4 weeks = 20 days total) the resident may not miss > 2.5 days of the rotation.
c. The trainee must follow the Pharmacy Department's *Time and Attendance Policy* when requesting time off.
d. Professional leave (i.e meeting/conference attendance, interviews) are not included in the time away from residency.

B. Leaves of Absence exceeding 10 days per 52 week appointment - Shall be granted consistent with the LHMC Leaves of Absence policy, to the extent such policy is not inconsistent with this policy. Sick leave shall be granted consistent with the LHMC Massachusetts Earned Sick Time policy, to the extent such policy is not inconsistent with this policy. Extended leave, including military leave, parental leave, or other leaves of absence extending beyond allotted 10 days of personal leave may not exceed a combined total of 37 days during the residency appointment period. If approved, for extended leave from residency training exceeding 37 days during the residency appointment period, the resident must complete a program extension (up to 90 days) to make up time missed. For approved leaves resulting in program extension, the resident appointment will include salary and benefits. Absences over 90 days will require the resident to withdraw from the program. Absences greater than 90 days that are granted for family/medical reasons will be evaluated on a case-by-case basis for program extension eligibility.

C. Paid Leave - FMLA, Medical (if greater than 5 days), Disability and Parental leave is paid for up to five (5) weeks, unless the resident has been in employment at LHMC for less than one year, in which case they qualify for up to three (3) weeks of paid leave.

A resident may use accrued earned time (ET) for paid leave. Any time exceeding the residents' ET will be unpaid and the program has authority to:

a. Mandate future coverage to the program or to individuals affected by coverage needed for the sick days;
b. Extend training as required by ASHP accreditation to complete a full 52 weeks of training (See Section B of this policy).

D. Resident Status after Leave- A resident who takes leave under this policy and returns to the program at the conclusion of the approved leave will resume the

residency year in the experience that was underway at the time of leave. The remaining experiences will align with the activities required for program completion. Leave exceeding 37 days (including any parental leave) will result in the extension of the training program for the duration of the leave approved to complete the missed learning experience and will not exceed 90 days.

E. Request for Leave- The resident should give his/her RPD at least sixty (60) days' notice of the anticipated date of departure and intent to return, or as much notice as possible given the specific circumstances. Trainees will be required to work with the LHMC Human Resources department and follow its leave of absence process, including completion of required paperwork.

F. Unapproved Leave- If a pharmacy resident is absent without approved leave or notice for twenty-four (24) hours or more, the resident must submit a written explanation of absence within ten (10) calendar days to the RPD. If written explanation is not received by the RPD within 10 calendar days, it may lead to resident dismissal from the program.

Related Polices & Procedures	TA-2 Earned Time (LHMC HR) TA-3 Family and Medical Leave Act (LHMC HR) Pharmacy Department Time and Attendance Policy

Beth Israel Lahey Health
Lahey Hospital & Medical Center

Pharmacy Resident Duty Hour and Moonlighting Policy	
Contact :	LHMC PGY1 and PGY2 Residency Program Directors
Approval Committee(s):	**Approval Dates:**
Residency Advisory Committee	9/18/24; revised 1/17/2025

I. Policy Statement

PGY1 and PGY2 pharmacy residents are expected to review, be familiar with, and comply with Duty Hour and Moonlighting expectations set forth in the ASHP guidance document and this policy.

II. Purpose

To ensure the Lahey Hospital and Medical Center (LHMC) Pharmacy Residency PGY1 and PGY2 programs comply with ASHP accreditation standard regarding Duty Hour Requirements for Pharmacy Residencies. The purpose of the duty hours requirements is to ensure that LHMC Pharmacy Residency program directors (RPD) and preceptors have the professional responsibility to provide residents with a training program that must is planned, scheduled and balanced to consider both patient safety concerns and resident well-being.

III. Scope

All PGY-1 and PGY-2 Pharmacy Residents at Lahey Hospital and Medical Center

IV. Policy and Procedures

a. Duty Hours
   i. Must be limited to 80 hours per week, averaged over a 4 week period, inclusive of all in-house call activities and any moonlighting activities.
   ii. Duty hours do not include reading and preparation time spent away from the duty site.
   iii. Continuous duty periods (duty period without breaks for strategic napping or resting) for residents should not exceed 16 hours
   iv. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a 4 week period, inclusive of call.

b. Adequate time for rest and personal activities must be provided. Residents must have at a minimum 8 hours between scheduled duty periods. Documentation of Resident Compliance with Duty Hour Policy

i. Residents are responsible for tracking their duty hours (and any moonlighting activity hours) monthly within Pharmacademic. This is a program requirement. All Pharmacy Residents will document duty hours on a monthly basis in a PharmAcademic® custom evaluation entitled "Duty Hour Attestation." The RPD will review the duty hour attestation each month to ensure compliance with the ASHP duty hours standard.
ii. In the event of a resident exceeding 80 hours per week, the resident must meet with RPD, advisors, and/or program leadership to create a plan to improve compliance with duty hour requirements. This may include schedule adjustment, assistance with workload management or other strategies to improve compliance.

c. Moonlighting
   i. Resident privileges to participate in moonlighting (internal or external, voluntary, compensated hours beyond the resident's salary) is at the discretion of the RPD. Permission (or restriction) to moonlight is documented within resident development planning. With permission to participate in moonlighting, residents must regularly confirm anticipated moonlighting hours with RPD via email (with much notice as possible), and document completed moonlighting hours within Pharmacademic monthly.
   ii. If permitted, the maximum number of moonlighting hours allowed (internal or external) is contingent on hours remaining in the 80-hour maximum weekly hour limit over a four week period. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. It also must not interfere with the resident's fitness for work nor compromise patient safety.

d. Monitoring moonlighting hours and impact on residency performance
   i. Monitoring of moonlighting is done in partnership between the resident and RPD via RPD review of Pharmacademic Duty Hours Attestation monthly.
   ii. Impact of moonlighting on resident program progression will be based on review of rotation performance within Pharmacademic.
   iii. At any time in the residency year, if there is concern that moonlighting commitments are negatively impacting the resident's overall performance (by evidence of impaired performance in progress in educational goals and objectives, impact to safe patient care, or

impacted resident judgment), the RPD may suspend resident permission to continue moonlighting.

V. References

Duty-Hour Requirements for Pharmacy Residencies. Available at https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Pharmacy Resident Licensure Policy	
Contact:	LHMC PGY1 and PGY2 Residency Program Directors
Approval Committee(s):	**Approval Dates:**
Residency Advisory Committee	9/18/24, 1/17/2025

I. Policy Statement

PGY1 and PGY2 pharmacy residents will adhere to ASHP and Departmental policies related to licensure in addition to the expectations outlined below.

II. **Purpose**

To ensure the Lahey Hospital and Medical Center (LHMC) Pharmacy Residency PGY1 and PGY2 programs comply with ASHP accreditation standard for postgraduate residency programs, the purpose of this policy is to define the expectations for pharmacist licensure to ensure that a minimum of 2/3 of the residency is completed as a licensed pharmacist.

III. Scope

All PGY-1 and PGY-2 Pharmacy Residents at Lahey Hospital and Medical Center

IV. Policy and Procedures

Residents are responsible for obtaining licensure as a Registered Pharmacist (RPh) in the Commonwealth of Massachusetts within 90 calendar days of the start of the residency year. If not already licensed as a pharmacist; upon starting the PGY-1 or PGY-2 residency program, the resident must hold a valid Massachusetts Pharmacy Intern registration or Massachusetts Pharmacy Technician license for the interim period until they obtain licensure as a pharmacist.

Dismissal and Extension of Licensure Requirement:

Failure to obtain pharmacist licensure within 90 calendar days of the residency start date will result in dismissal from the residency program and termination of employment unless a 30-day licensure extension is granted at the discretion of the residency program director (RPD). Residents with extenuating circumstances may request a 30-day extension to attain their license. Extension requests must be submitted in writing to the RPD no later than the 80th calendar day of the residency, must include the circumstances which prevented licensure, as well as the resident's plan to ensure licensure within 120 calendar days of residency start date. In these cases, the RPD will notify the resident within 5 business days if the licensure extension and plan for licensure is approved. The RPD and residents will also determine a list of activities and requirements that must be completed during

the 30-day licensure extension period. If a licensure requirement extension is granted and the resident fails to achieve licensure or does not complete the required activities for the licensure extension period (within 120 days from the start of residency), the resident will be dismissed from the program.

V. Failure to obtain licensure within the guidance discussed above will not constitute residency program extension beyond the 52-week appointment.

References

ASHP Accreditation Standards for Residency Programs. Available at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf. Accessed June 20, 2025.

Pharmacy Resident Remediation and Dismissal Policy	
Contact:	LHMC Residency Program Directors
Approval Committee(s):	**Approval Dates:**
Residency Advisory Committee	9/18/24, Revised 1/7/25

I. **Purpose:**
To delineate policies for remediation and disciplinary action including dismissal for PGY1 and PGY2 pharmacy residents

II. Scope:
All LHMC PGY1 and PGY2 Pharmacy Residents

III. Policy:
To describe the procedures by which deficiencies in performance and misconduct of PGY1 and PGY2 residents at the LHMC Pharmacy Residency Program may be addressed. Continued participation in the program is based on satisfactory performance of all program elements by the resident, which will be determined by program leadership's (RPD and RAC) assessment and discretion.

IV. Procedure:
All employees of LHMC and the department of pharmacy, including residents, must observe institutional policies and perform their roles efficiently and productively. Also, pharmacy residents are expected to make satisfactory progress (SP) on all learning objectives outlined in the program completion requirements.
A remediation plan, or resident success plan (RSP – See Appendix E), may be initiated by the resident, RPD, residency program coordinator, or longitudinal advisor for the following reasons:

1. Resident request due to self-identified deficiencies
2. Failure to obtain pharmacist licensure in the Commonwealth of Massachusetts within 90 calendar days of residency start, and licensure requirement extension plan approved by RPD.
3. Resident time away from residency exceeds (or is anticipated to exceed) 37 days, and program extension granted.
4. Failure to follow policies and procedures of the LHMC Department of Pharmacy or the residency program including, but not limited to:
    a. Code of Conduct
    b. Scheduling, Attendance and Punctuality Policy
    c. Colleague Attendance Policy
5. Summative Evaluations: resident self-evaluates as or receives evaluation of needs improvement in:

   a. 3 or more learning objectives in a single summative evaluation, or
   b. The same learning objective in 2 consecutive evaluations
6. Non-adherence to project deadlines as evidenced below:
   a. Longitudinal projects:
      i. Missed an external deadline (i.e. abstract submission for clinical meetings, etc).
   b. Missing two or more consecutive deadlines that were determined by the resident, the program, or project advisors. Two or more missed assignment deadlines on any learning experience
7. Unprofessional conduct, including, but not limited to unplanned late arrival or leaving early without preceptor or RPD clearance, poor communication, or inappropriate interaction with other health care professionals and/or patients.
8. Evidence of plagiarism or use of artificial intelligence (AI) on written deliverables required for program completion.
9. At the discretion of the RPD to provide additional support and structure for the resident based on assessment of program progression.

If a RSP need is identified, residency program leadership will:

1. Provide written evidence to the resident of the need for RSP, including meeting one of the criteria above, and how resident performance is misaligned with expectations of the program. This will serve as a first written warning toward potential program dismissal.
2. The resident will review the documented concerns and feedback and will create a written RSP (see template in Appendix A) to focus on the specific performance (and learning objectives) of concern. All RSPs must include goals to correct the area of concern, designate criteria to determine success, and a proposed timeline.
   a. The RSP should be submitted to the RPD within 1 week of receipt of the written evidence, if not sooner.
3. Within one week of RSP submission to RPD, the resident will set up a meeting with the RPD, their longitudinal advisor and preceptor (if applicable) to review and sign the RSP document. The meeting will serve as an opportunity for all parties, including the resident, to agree upon the RSP and timeline.
4. Upon finalization of the RSP, the RPD (or designee) and resident will meet at regularly scheduled intervals to discuss the resident's progress. The meetings will be every 3 weeks at a minimum.
5. If residents are demonstrating positive progress and are at risk of failing to meet program requirements due to the timeframe outlined in the RSP, a program extension, up to 90 days, may be granted to ensure the completion of all activities necessary for completion certificate. In the case of program extension, the resident appointment will include salary and benefits.

6. Failure to progress within the agreed upon delineated timeline in the RSP will initiate a formal HR memorialization (formal written warning) toward program dismissal.
    a. If the resident does not correct or satisfactorily improve areas of need as outlined in the formal HR memorialization over the designated time frame set within it, the resident will receive a final written warning with timeline to present a plan/demonstrate successful progress towards program progression.
    b. Failure to comply with a final written warning will result in a meeting between the RPD, Director(s) of Pharmacy, and HR business partners to dismiss the resident from the program.
    c. Any resident that is dismissed from the program will not be granted a completion certificate.

Note: All Disciplinary Actions within the LHMC Pharmacy Residency Program will align with the LHMC Corrective Action Policy (BILH-HR 27).

Appendix

Appendix A. ASHP Competency Areas, Goals and Objectives

Competency Area R1: Patient Care
Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process).
R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
R1.1.4: (Applying) Implement care plans.
R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
R1.1.6: (Analyzing) Identify/address medication-related needs of patients experiencing care transitions regarding physical location, level of care, providers, or access to medications.
Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
R1.2.2: (Applying) Communicate effectively with patients and caregivers.
R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.
Goal R1.3: Promote safe and effective access to medication therapy.
R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
R1.3.2: (Applying) Participate in medication event reporting.
R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.
Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).
R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.
R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.
Competency Area R2: Practice Advancement
Goal R2.1: Conduct practice advancement projects.

R2.1.1: (Analyzing) 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.
R2.1.2: (Creating) Develop a project plan.
R2.1.3: (Applying) Implement project plan.
R2.1.4: (Analyzing) Analyze project results.
R2.1.5: (Evaluating) Assess potential changes aimed at improving pharmacy practice, clinical care, patient safety, healthcare operations, or specific question related to patient care.
R2.1.6: (Creating) Develop and present a final report.
Competency Area R3: Leadership
Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.
R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.
Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.
R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.
R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.
Competency Area R4: Teaching and Education
Goal R4.1: Provide effective medication and practice-related education.
R4.1.1: (Creating) Construct educational activities for the target audience.
R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.
Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.
R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.

Appendix B. Residency Program Preceptor Appointment Evaluation

Preceptor Name: Example Example, PharmD
Initial review date: xx/xx/xxxx

Appointment type (Select one):
☐ New Preceptor
☐ Preceptor Reappointment

Program precepting (select all that apply):
☐ PGY1
☐ PGY2 Ambulatory Care

APR is completed and filed in PharmAcademic and has been reviewed by applicable RPD and/or RPC:
☐ Reviewed and eligible for this cycle (i.e. all criteria met for Standard 4.5 and 4.6) for
    ☐ PGY1 precepting
    ☐ PGY2 precepting
☐ Reviewed and requires IPDP

Decision:
☐ Appointment approved
☐ Appointment approved with IDPD and mentoring
    Assigned mentor: ***

Approx next review period: ***
Date presented at RAC: _____

RPD Signature of Completion: _____**Date:**

Preceptor's Signature of Completion: _____**Date:**

Appendix C. Individualized Preceptor Development Plan

LHMC Pharmacy Residency Individualized Preceptor Development Plan

Preceptor: **Mentor:**

Program (select one): PGY1 PGY2 Ambulatory Care Both PGY1 & PGY2

Effective Date: _____ **Completion Date:** _____

Current APR (as of effective date): ***Link to preceptor's APR

ASHP Standard	**Criteria Met? Y/N**	**Plan for Completion**	**Anticipated date of Completion**
4.6.a Content Knowledge/expertise in the area(s) of pharmacy practice precepted			
4.6.b Contribution to pharmacy practice in the area precepted			

RPD Signature of Completion: _____Date:

Preceptor's Signature of Completion: _____Date:

Appendix D. Program Completion Checklist

PGY-1 Pharmacy Resident Curriculum Checklist 2025-2026

Resident Name:

Advisor Name:

Rotation Schedule:			
Block 1		Block 5	
Block 2		Block 6	
Block 3		Block 7	
Block 4		Block 8	
		Block 9	

Research Project: Title: Preceptor(s):
MUE: Title: Preceptor(s):

Residency Completion Checklist				
Requirement	**Topic** (Preceptor)	**Due Date**	**Resident Comments and Status**	**Completion Date**
General Requirements				
NAPLEX				
MPJE				
Pharmacist License				
BLS/ACLS				
CITI Training				
Immunization Training				
Hospital, Department Onboarding Trainings				
Longitudinal/Annual Department Trainings				

Teaching and Hospital Presentations				
CE 1				
CE 2				
Case Conference 1				
Case Conference 2				
Case Conference 3				
Journal Club 1				
Journal Club 2				
Journal Club 3				
Wisdom Wednesday 1				
Wisdom Wednesday 2				
Posters and Platform Presentations				
ASHP Abstract				
ASHP Poster				
MSHP Annual Mtg Abstract				
MSHP Annual Mtg Poster				
Regional Conference Abstract				
Regional Conference Poster				
Lahey Post-Grad Research Day Abstract				
Lahey Post-Grad Research Day Poster				
Longitudinal Projects				
Research (including manuscript)				
MUE				
Staffing and Resident Clinical Coverage				

Staffing Weekends- 18 minimum				
Staffing Weeknight- 24 minimum				
Drug Information				
In Service/DIQ 1				
In Service/DIQ 2				
In Service/DIQ 3				
Formulary Project				
Formulary Project presentation				
Teaching				
NEU Teaching and Learning Seminar				
NEU Therapeutics Seminar Facilitation (Enhanced Only)				
Completion Requirements				
Completed All PA Evaluations				
Uploaded proof of Teaching and Learning Certificate				
Residency Portfolio in Teams completed and submitted to RPD prior to end of year				
Return hospital badge, laptop and other hospital property				

Appendix E. Resident Success Plan (RSP)

Resident:	
RPD:	
Advisor:	
Preceptor (if applicable):	

Relevant Learning Objectives or Areas of Concern	**Relevant Activities** from LED	**Observed Performance**	**Remediation Plan, Resident and Preceptor Responsibilities**	**Criteria to demonstrate success**	**Dates for progress updates and date of expected completion**

I agree to and understand the RSP, including my role and expectations, as described above:

Resident Signature: _____

RPD Signature: _____

Longitudinal Advisor Signature: _____

Preceptor Signature (if applicable): _____

Date: _____

Remediation Plan Progress Note Template				
Relevant Learning Objectives or Areas of Concern	**Criteria to Demonstrate Success**	**Progress Update and Date**	**Progress Update and Date**	**Progress Update and Date**
		RPD Initials: Resident Initials:	**RPD Initials: Resident Initials:**	**RPD Initials: Resident Initials:**