

BUILDING THE FUTURE

PHARMACY RESIDENCY 2017-2018 ANNUAL REPORT



BOSTON
MEDICAL
CENTER

Dear Prospective Applicant:

Welcome to the 30th anniversary edition of our annual report. Since our first resident in 1987, our Pharmacy Department at Boston Medical Center has a proud 30-year history of residency training excellence. This report is both a celebration of our past and an invitation to be part of our bright future.



"For all there is a refuge or cure". Taken from the original charter of our institution in 1864, these words resonate today in our all-important mission, "Exceptional Care. Without Exception". Though much has changed since our institution was founded in 1864 and since we took our first resident in 1987, our mission has not. It at once represents the unwavering dedication to our patients, the enduring commitment to our community, and the responsibility we have to each other. At Boston Medical Center, we care for the vulnerable, the poor, the disabled, the homeless, and both documented and undocumented immigrants. Regardless of your race, religion, gender, or sexual orientation, we provide our patients (and each other) with kindness, compassion, dignity, and respect. We take great pride in this mission. It permeates all that we do from the senior leadership level through our residency training program.

The healthcare landscape is rapidly changing at a national and local level. At Boston Medical Center, we are well-positioned to not only meet these demands head on, but to forge our own future. This past year, we set the audacious but achievable goal "to make Boston the healthiest urban population in the world" by 2030. Since that time, we have been hard at work aligning our resources and organizing ourselves to make this vision a reality. With a \$25 million gift from the Grayken family, we established the Grayken Center for Addiction Medicine. By the end of 2017, our health system will become an accountable care organization for MassHealth patients (Massachusetts's Medicaid system). This is the realization of our commitment to provide high-value care to our patients. Within the Department of Pharmacy, we have reorganized ourselves into service line-based teams. We're expanding clinical coverage into the evenings and weekends in an effort to provide high-value care to our patients at all hours. We continue to build upon and further advance our innovative transitions-of-care services, including a growing medications-to-bedside program, a robust technician force to obtain prior authorizations for important medications, an exemplary medication reconciliation technician staff in the Emergency Department, and a newly established mail order pharmacy. Our residency training program is integral to these efforts and often serves as the catalyst for change. Our residents learn and deploy fundamental quality and patient safety skills to drive meaningful change at Boston Medical Center and beyond.

I sincerely hope you enjoy reading this report as much as we did creating it. It features a profile of our first resident, David Nicolau, an article that highlights our innovative transitions-of-care services, an introduction to our new residents and preceptors, and much more. If you want to be a part of our history of excellence and our vibrant, bright future, I encourage you to choose Boston Medical Center for your residency training.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin J. Horbowicz". The signature is fluid and cursive, with a large, stylized "K" and "H".

KEVIN J. HORBOWICZ, PHARM.D., BCPS

Clinical Manager - Critical Care, Emergency Medicine, and Surgery

THE ROLE OF THE PHARMACY RESIDENT IN BOSTON MEDICAL CENTER'S NOVEL TRANSITIONS-OF-CARE PROGRAM

Preventing hospital readmissions is a critical multi-disciplinary, organizational initiative to improve patient care. The inpatient Pharmacy Department at Boston Medical Center (BMC) offers many services to help prevent medication-related readmissions. Historically, pharmacist interventions did not target patients based on their risk for readmission. The Readmission Risk Assessment (RRA) initiative was a novel transitions-of-care project designed to establish a workflow for pharmacists to perform targeted interventions for patients at-risk for readmission using an internally developed assessment tool. Any at-risk patient received a bundle of interventions from our team of pharmacists, including residents: admission and discharge medication reconciliation, patient counseling, discharge medication delivery, and post-discharge telephone calls. The group of at-risk patients that received the full bundle of pharmacy interventions experienced a nearly 20% relative risk reduction in their 30-day readmission rate. BMC was honored with the 2017 Health-System Pharmacy of the Year award by the Massachusetts Society of Health-System Pharmacists for the success we achieved with this initiative.

This year's pharmacy residents have played an integral part in BMC's RRA initiative. Through their assistance with medication reconciliations and patient counseling, the residents had an opportunity to improve the patient experience while working towards institutional goals to decrease medication related readmissions.

"While on rotation in the family medicine clinic, I identified a patient that could benefit from having a naloxone kit in her home. When I began to counsel this patient she was very grateful that we recognized this and stated that there had been several times where she felt she had taken too many of her opiates and would ask someone to sit by her and make sure they could still wake her up as she waited for the effects to wear off. I counseled her on how to use intranasal naloxone, and she stated that she was going to go home and teach her mother and grandson how to use it as well. By utilizing the admission med rec as an opportunity to optimize a patient's at-home regimen, we may have been able to save a life by providing access to intranasal naloxone."

— **Meaghan Paris, PharmD,
PGY-1 Pharmacy Resident**

“While on my RRA shift, I received a request to conduct discharge counseling with the patient’s wife. The patient’s hospital course had been complicated by development of neurological deficits, and he no longer felt confident in managing his own medications. I reviewed the patient’s complex medication regimen with both the patient and his wife, and answered their remaining questions. At the end of the counseling session, the patient’s wife was profoundly appreciative that I came to do a repeat counseling session. I could tell that the patient was much more at ease knowing that his wife was aware and comfortable with his medication changes. Knowing that I made a difference to this family definitely validated the importance of providing these services.”

— **Megan Seraphin, PharmD,
PGY-1 Pharmacy Resident**

“During my hematology/oncology rotation, I spoke to a patient who was re-admitted for chronic pain related to her metastatic lung cancer. While speaking to her about her medications, I discovered that she was crushing her extended-release opioid medication, which made the medication ineffective. After counseling the patient on appropriate administration of her medication, I recommended to the team to restart her current home regimen. Over her hospital course, the patient’s pain was managed well on her home regimen. Therefore, there was no need to increase her opioid dose.”

— **Philip Carpiello, PharmD,
PGY-1 Pharmacy Resident**

“During a post-discharge phone call I discovered that a patient was having difficulty using his inhalers after recently being discharged for an asthma exacerbation. I counseled the patient on the indications and appropriate administration of his inhalers. However, even with this counseling I felt that the patient could use additional counseling. I noticed that he was scheduled for an appointment with his PCP the following day and recommended that he bring in his medications for the PCP to review with him. I also sent an alert to his provider to let him know. The next day the provider sent me a message back saying that he appreciated the alert and was able to provide the extra counseling that the patient needed.”

— **Roshani Patolia, PharmD,
PGY-1 Pharmacy Resident**

BOSTON MEDICAL CENTER PHARMACY RESIDENCY ALUMNI SPOTLIGHT



Dr. David Nicolau attained his Bachelor degree in pharmacy at Northeastern University and completed his PGY-1 residency training at Boston Medical Center in 1988. He was one of BMC's first two residents. Dr. Nicolau went on to obtain his PharmD degree and completed a subsequent residency in adult internal medicine at the Medical University of South Carolina in Charleston, South Carolina. He then completed a Clinical Pharmacy Fellowship in Infectious Diseases Pharmacotherapy at Hartford Hospital in Hartford, Connecticut.

Dr. Nicolau is widely recognized for developing strategies to optimize antibiotic use to improve patient outcomes. Specifically, he was a key member in developing the widely-used Hartford Nomogram. His investigations are documented in more than 600 publications, 425 abstracts and 1,000 local, national, or international presentations.

SCHOOL OF PHARMACY (BS):

Northeastern University

SCHOOL OF PHARMACY (PHARM.D):

Medical University of South Carolina

CURRENT POSITION:

Director, Center for Anti-infective
Research and Development,
Hartford Hospital, Hartford, CT

1. WHAT INITIALLY SPARKED YOUR INTEREST IN PURSUING A RESIDENCY AT BMC?

Having been exposed to hospital pharmacy during my first co-op rotation at the Children's Hospital in Boston and the terrific staff of hospital pharmacists, I realized this [hospital setting] was the practice venue that could provide great challenges and opportunities for a pharmacist. While discussing career options with the pharmacists at Children's, it became clear that a residency would be the right step forward to gain knowledge in the setting of hospital pharmacy practice as well as broad exposure to clinical pharmacy.

2. DO YOU BELIEVE THAT YOUR RATIONALE FOR COMPLETING THIS RESIDENCY ARE STILL RELEVANT TO THE HOSPITAL TODAY?

Absolutely. The practice of hospital pharmacy has become more specialized over the last 30 years. The skills gained in both the administrative and clinical aspects in my initial residency provided the foundation on which to build my skill sets during my PharmD program, second residency, and the fellowship training periods.

3. WHAT SKILLS DID YOU DEVELOP DURING RESIDENCY AT BMC THAT ALLOWED YOU TO EXCEL IN YOUR EARLY CAREER?

The residency provided the opportunity for furthering interpersonal communication skills with colleagues in the department as well as house staff, fellows, and attending physicians. It didn't take long to understand that if you want to get something done in the institutional setting whether it be administrative or clinical care, one must have a clear plan and be able to communicate it to the appropriate people to initiate action. In addition, I was exposed to the vast opportunities for clinical interventions by a pharmacist. This recognition was garnered in both the inpatient setting as well as the community, where the pharmacy residents in 1988 made home visits with the medical staff to patients in neighboring communities. While these collective experiences enhanced my interest in clinical pharmacy, it was inpatient setting and the management of infectious diseases that piqued my interest. Lastly, my residency was a very busy period. There was much to do and limited time to do what needed to be done. Therefore, developing prioritization skills and time management were critical.

4. WHAT DO YOU THINK HAS BEEN YOUR GREATEST ACCOMPLISHMENT IN PHARMACY?

I have had the opportunity to train with some of the most accomplished clinicians and mentors in the practice of pharmacy and medicine. As a result, I have had the opportunity to develop an innovative and progressive practice platform at Hartford Hospital,

which has allowed me to intervene on the patient level. But it has also afforded me the opportunity to develop programs (e.g., once-daily aminoglycosides, prolonged / continuous infusion β -lactams, double-carbapenems for carbapenem-resistant Enterobacteriaceae) that have touched patients across the United States and world.

5. AS AN ACCOMPLISHED PHARMACIST LOOKING BACK, WHAT HAS MOTIVATED YOU TO CONTINUE TO ADVANCE YOUR CAREER?

While I have been inspired by many in my early career years, the continued inspiration that has pushed me over the last 25 years comes from within. It's derived from wantonness to be innovative, progressive, and improve the quality of care for the infected patient. In addition to patient care, the research-related opportunities in my Center provide a platform on which to train PGY-1 residents, PGY-2 residents, and fellows in pharmacy and medicine. I hope that we are able to inspire the next generation of clinicians.

6. WHAT ADVICE WOULD YOU GIVE TO A RECENT RESIDENCY GRADUATE LOOKING TO START THEIR NEW CAREER?

Have a plan, understand your practice setting and set reasonable progressive goals for the short terms (e.g., weeks to months). One-year and five-year goals are easy to miss without short-term goals as time passes very quickly.

7. AS SOMEONE WHO IS WELL PUBLISHED IN PHARMACY LITERATURE, WHAT RECOMMENDATIONS DO YOU HAVE FOR RESIDENTS AND NEW CLINICAL PHARMACISTS TO STAY ACTIVELY INVOLVED AND UP TO DATE?

Being actively involved is easy – define your practice area and strive to be the very best. This means know the literature and be competent and confident in your ability to help the patient and team caring for that patient. Develop multidisciplinary relationships with your colleagues as no successful person does it on their own. This will allow you to be progressive and provide innovative opportunities that will advance the quality of care as well as one's professional development. Keeping up to date is more challenging. There is a lot of literature to keep up with because there are so many sources (e.g., on-line as well as conventional publications). It's a constant battle. Defining your focus and being willing to accept that you'll not be an expert in all areas is a step in the right direction. However, understanding that you can as necessary, review the literature and define salient points for quality care, always provides the backstop of value for any given topic.

8. WHEN YOU'RE NOT WORKING ON YOUR NEXT PROTOCOL, WHAT DO YOU DO TO UNWIND AND RELAX?

I enjoy traveling with my family as this provides an opportunity to be together and experience new cultures, food, and local customs. I also enjoy the opportunity to play golf, especially when my girls (wife and daughter) are playing along.

9. IF YOU HAD TO CHOOSE ONE UNIQUE PART OF THE BMC RESIDENCY PROGRAM DURING YOUR TRAINING, WHAT WOULD IT BE?

Having done multiple residencies and a fellowship, I'd have to say the people. The brick and mortar aspects of these training program are more similar than different, but the mentors and the collegial staff members both within and outside the Department of Pharmacy are what provide the inspiration, drive for success, and passion in any training program. While at BMC, I was fortunate to have Drs. Daryl Rich and Kim Mu Chow as mentors that provided these sentinel aspects of the program.

10. WHAT WAS ONE OF YOUR MOST MEMORABLE EXPERIENCES AT BMC?

It's difficult to recall a most memorable experience. Instead what I recall was the supportive nature of the pharmacy staff, the willingness of the medical/surgical staff to engage this new concept of a pharmacy resident, and the direction, insights and encouragement of Drs. Rich and Mu Chow.

11. WOULD YOU LIKE TO RECOGNIZE ANYONE YOU WORKED WITH DURING YOUR TRAINING AT BMC?

As above, the success of the residency program and ultimately the resident is an amalgamation of experiences gained over the relatively short one-year period. While it is easy to single out Drs. Rich and Mu Chow has having a profound impact on my experience while at BMC and their encouragement for me to pursue the PharmD degree and subsequent clinical training, it was the BMC village that was responsible for an experience that set me on a professional pathway that has culminated in a career that has encompassed clinical care, scholarly activity, and innovations that has improved the care of patients with infection.

BOSTON MEDICAL CENTER PHARMACY



July 2016: Adult Night at the Boston Children's Museum

We kicked off the REST Events with a fun night at the Boston Children's Museum where there were no kids allowed, but we sure got to act like kids!



September 2016: Honey Pot Orchards Apple Picking

Fall in New England would not be complete without apple picking! An apple a day may keep the doctor away, but our pharmacists were eager to head into the orchard. The residents and preceptors searched high and low for the perfect apples, scaling even the highest of trees. After filling our sacks, we finished off the day with hot apple cider donuts. While most of us simply ate our apples, Justine created a delicious apple dish to share at work the next week.

August 2016: Resident Welcome Event Coppersmith, South Boston

We welcomed the new residents with a Happy Hour at Coppersmith in South Boston. We got to enjoy their rooftop area as well as some appetizers and drinks with many of the preceptors and residents afterwards.

REST EVENTS 2016-2017

November 2016: Faneuil Hall Tree Lighting Spectacular

In annual tradition, we went to check out the Tree Lighting Spectacular at Faneuil Hall, where we saw the Blue Man Group, the Boston Ballet's Nutcracker, and sang-a-long with The Boston Children's Chorus. It was cold, but we stayed warm with some hot chocolate!



December 2016: Las Vegas, NV ASHP Midyear Meeting

The residents took on the Las Vegas strip at Midyear, with the perfect balance of work and play. A mix of poster presentations, educational sessions, PPS interviews, networking, residency showcase, road trips, hiking, slots at the casinos, fish & chips at Gordon Ramsey's restaurant, a 360 view of Las Vegas on the High Roller, and a visit to the Taco Bell Cantina made for the perfect trip.

October 2016: Salem, Massachusetts

We took the commuter rail up to Salem with Megan and Kieran to take in some of the Halloween sights around the town! Once we were official spooked, we had to head home to watch Hocus Pocus!

BOSTON MEDICAL CENTER PHARMACY

January 2017: Ice Skating

We glided into the New Year with outdoor ice skating at the Boston Common Frog Pond. Camilla took to the ice and became our instructor for the evening, helping us develop our very own short program. Our technical score may not have been a perfect ten, but we hit the mark with our creative interpretation. After working up quite an appetite with our intense training session, we feasted on seafood at the Barking Crab.



1 March 2017: Boston Celtics Game

We visited TD Garden in March to cheer on the Boston Celtics, with our largest resident and preceptor turn out of the year! Our dance moves didn't end up on the jumbotron, but we did enjoy munching on delicious nachos and pretzels during the game. The luck of the Irish was with us as we celebrated a 112-108 victory over the Miami Heat while Will Vincent and Bryan Gendron DUKED it out over their NCAA teams as they played each other during March Madness.



February 2017: SkyZone Trampoline Park

We took a trip out to Everett to check out the Sky Zone Trampoline park! We got to bounce around, jumped into foam pits, played dodgeball with some high school kids, and learned that Natalija can scale a wall! BMC Ninja Warrior, here she comes! We capped the night off by checking out the newly expanded Night Shift Brewery right next door!

REST EVENTS 2016-2017



April 2017: Casino Night

Everyone was a winner at Casino Night, as we gambled the night away with roulette, black jack, and Texas hold'em. Bryan Gendron, PGY2 in Emergency Medicine, served as our dealer and strictly enforced the house rules. Some of us were more competitive than others, but what happens at Casino Night stays at Casino Night!



June 2017: End of the Year Party

There's nothing better than celebrating the wonderful accomplishments of our PGY1 and PGY2 residents surrounded by the preceptors and co-workers that were with them throughout the course of their 1-2 years at Boston Medical Center! Congratulations to all of our BMC 2016-2017 graduates!



May 2017: Paint Night

We headed to the Pru to grab some quick food at Eataly to bring with us and help channel some Italian influences for our paint night. We all painted a beautiful Boston City Skyline (complete with the Citgo sign). Now all of the residents have something that they made to remember their time in Boston as we approach the end of the year! Who knew we were so artistic?!

NEW LEARNING EXPERIENCES

There were several exciting changes to the PGY1 residency program during the 2016-2017 residency year! The addition of several new rotations including Antimicrobial Stewardship (AST), Internal Medicine II – Geriatrics, and Internal Medicine II – Renal created more variety among the learning experiences available to residents. Additionally, new clinical activities included resident staffing of the Pharmacist-In-Charge (PIC) shifts and a new Readmission Risk Assessment (RRA) shift. See below for a more detailed description of these new opportunities.

ANTIMICROBIAL STEWARDSHIP (AST) ROTATION

As of January 1, 2017, The Joint Commission approved a new Antimicrobial Stewardship Standard to combat antibiotic resistance and improve patient outcomes. Even though BMC has had a robust AST program for more than 10 years, the residents' role in the program had been limited. New for the residency class of 2016-2017, the Infectious Diseases Consult rotation was transformed into the Antimicrobial Stewardship rotation, during which the residents worked directly with the chairs of the AST Subcommittee to optimize patient care. The stewardship strategies that residents actively participated in during this rotation included coverage of the antibiotic approval pager for restricted antimicrobials, review of positive blood culture reports, completion of 72-hour antibiotic time-outs, de-escalation of antibiotics based on cultures, identification of anti-infective medications that required dose adjustment based on organ dysfunction, and completion of prospective audit and feedback. The skills developed during this learning experience are applicable to patient care far beyond the confines of the AST rotation, and will prove useful throughout the residents' careers.

INTERNAL MEDICINE II – GERIATRICS AND RENAL ROTATIONS

One of the many strengths of the pharmacy department at BMC is the ability to provide pharmaceutical care to a wide variety of general internal medicine and medical subspecialty patients across the institution. Though pharmacists have been rounding on the Geriatrics and Renal subspecialty services for many years, this was the first year that pharmacy residents were able to directly participate in caring for these patients. During the renal rotation, residents develop skills in managing medication use for patients receiving hemodialysis and peritoneal dialysis. Residents also learn to manage disease states prevalent in this patient population such as mineral and bone disorders, PD-associated peritonitis, hyperkalemia, and other complications. The main focus of the geriatrics rotation is applying pharmacokinetic and pharmacodynamic principles to promote appropriate medication use in the elderly. Residents develop proficiency in managing clinical situations such as delirium and agitation and disease states such as dementia, multidrug resistant urinary tract infections, and resistant hypertension. Both of these medicine subspecialty rotations provide valuable experiences in managing complex transitions of care issues.

TRANSITIONS-OF-CARE SHIFT

Postgraduate Year-1 residents had the opportunity this year to contribute to BMC's novel transitions-of-care program, the Readmission Risk Assessment (RRA) initiative (described in the article above), by staffing a two-hour shift each afternoon. Through the residents' efforts to expand RRA services, the pharmacy team intervened on a greater number of patients and made meaningful contributions to the prevention of readmissions in BMC's most complex patients.

PHARMACIST-IN-CHARGE STAFFING SHIFTS

This past year, the residents' weekend staffing coverage was expanded to include centralized pharmacist-in-charge (PIC) shifts. This shift broadened the residents' staffing experiences from focused, centralized, order-verification and focused, decentralized, pharmacy-consult management shifts to a comprehensive pharmacy management shift. The responsibilities for this new shift included technician supervision, narcotic distribution and management, medication order processing and dispensing, and other lead-pharmacist responsibilities. Through this experience, residents gained new skills that will enable them to practice in a wide variety of settings.

RESIDENCY EXCELLENCE AWARDS

The annual Pharmacy Residency Excellence Awards were created to celebrate the residents and preceptor that embody the skills, drive, and spirit of the BMC residency program. The recipients of these awards are individuals that have excelled in their particular area of practice through continued dedication to our mission of serving our patients, improving the quality of care we provide, and providing an exceptional education without exception. We congratulate the 2016-2017 Boston Medical Center Residency Excellence Award winners below.



RESIDENT OF THE YEAR AWARD: Roshani Patolia, PharmD

Dr. Patolia received the 2016-2017 Resident of the Year award because of her motivation to become a strong clinical pharmacist, willingness to take on new challenges, and dedication to ensuring her patients received the best care. She was a leader in transitions-of-care and supported her co-residents as a leader in group activities. Her “grind it out” attitude and perseverance was infectious for colleagues and resulted in excellent outcomes for her patients. BMC was fortunate to have kept Roshani as a Surgery Clinical Specialist with a focus on developing new transitions-of-care services for surgery patients.



SCHOLARSHIP PROJECT OF THE YEAR AWARD: Lynn Hassoun, PharmD

Dr. Hassoun received the 2016-2017 Scholarship Project of the Year award because of her positive attitude, resiliency, and perseverance, which enabled her project to have a significant impact on patient care. Lynn was the leader of a large multidisciplinary team to reduce the time to administration of STAT medications for critically ill patients. Her success at improving the percent of medications administered in under 60 minutes was impressive. Not only did she improve patient care, but she created a sustainable practice for the department to continue to use and refine beyond her residency year. BMC is proud to announce that Lynn accepted a position taking care of a similar patient population as a Clinical Specialist at Lemuel Shattuck Hospital.



THE DANA WHITNEY PRECEPTOR OF THE YEAR AWARD: Alyssa Sterling, PharmD, BCPS

Dr. Alyssa Sterling was honored by the Residency class of 2016-2017 with the Dana Whitney Preceptor of the Year Award for her commitment and dedication to their training and success. As the Residency Program Coordinator and a preceptor in internal medicine she mentored all of our PGY1 residents and formally precepted multiple residents during the past year. Alyssa spent many late nights working with the residents and developing new ideas to further improve our residency program. The residents truly appreciated her infectious personality, positive attitude, and efforts to provide an independent but supportive environment. Thank you Alyssa for being an exemplary role model to our residents, preceptors, and practitioners at Boston Medical Center. The entire department will miss Alyssa dearly as she takes the next year to pursue other goals in Europe with her family.

2016-2017 BOSTON MEDICAL CENTER PHARMACY RESIDENTS

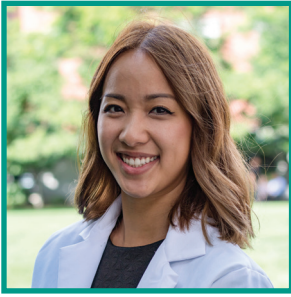


2017-2018 Boston Medical Center PGY-1 Class From left to right: Christine Vu, Molly Merz, David Fett, Patricia Szmuc, Lindsay Colyer



2017-2018 BMC PGY-2 Specialty Residency Class From left to right: Shin Ly, Lina Hamid, David Hughes, Jessica Corio, Katie Ferguson

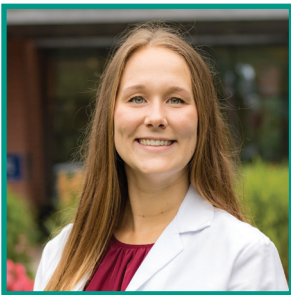
2017-2018 BOSTON MEDICAL CENTER PGY-1 CLASS



Dr. Chrissy Vu is from Los Angeles, California. She graduated from UCSF in San Francisco, California in 2017. Her areas of interest include infectious diseases and critical care. In her spare time, she enjoys hiking, yoga, and traveling. An interesting fact about her is that she helped plan the nation's largest student-run musical festival at UCLA.



Dr. Lindsay Colyer is from Brighton, Michigan. She graduated from the University of Michigan in Ann Arbor in 2017. In her spare time, she likes to travel, try new foods and spend time with her dog, Dexter. A fun fact is that Lindsay spent a month in Kenya volunteering - an experience of a lifetime!



Dr. Patricia Szmuc is from Wayne, New Jersey. She graduated from Fairleigh Dickinson University in 2017. Her areas of interests are in critical care, emergency medicine, and infectious disease. In her spare time, she likes to practice yoga, play volleyball and travel. Patricia's favorite snack is popcorn and she is an expert snickerdoodle cookie maker.



Dr. David Fett is from Newark, Delaware. He graduated from Rutgers University in New Jersey in 2017. His areas of interest include infectious diseases, emergency medicine, and ambulatory care. In his spare time, he likes to travel, hike, and run competitively. His goal is to visit all 50 US states and he only has three left!



Dr. Molly Merz is from South Paris, Maine. She graduated from the UNC Eshelman School of Pharmacy in Chapel Hill, North Carolina in 2017. Her areas of interest include neurology and critical care. In her spare time, she likes to travel, do yoga, and try new restaurants. Molly is fluent in French and lived in Rennes, France for a year prior to starting pharmacy school!

2017-2018 BMC PGY-2 SPECIALTY RESIDENCY CLASS



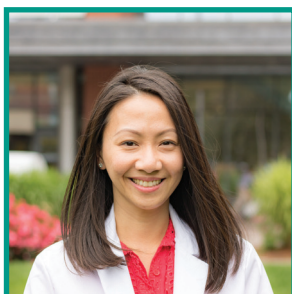
Dr. Lina Hamid is from Minneapolis, MN and is the PGY2 in infectious diseases. She graduated from University of Southern California in 2016 and completed her PGY1 residency this past year at Abbott Northwestern Hospital in Minneapolis, MN. In her spare time, she enjoys baking and trying new recipes. Lina loves to travel and one day hopes to visit all seven continents.



Dr. David Hughes is from the small town of Amsterdam located in upstate New York and chose to continue his career at Boston Medical Center as a PGY2 resident in Oncology. He graduated from Albany College of Pharmacy and Health Sciences in 2016 and completed his PGY1 residency at the University of California, San Francisco (UCSF) Medical Center. In his spare time, he enjoys being involved in the fitness world exercising, practicing yoga, playing golf, and cooking for his friends. And if you need motivation to get in shape, he is also a certified personal trainer through AFPA!



Dr. Jessica Corio is from Lincoln, Rhode Island and is the PGY2 in Emergency Medicine. She graduated from the University of Rhode Island in 2016 and completed her PGY1 residency this past year at Massachusetts General Hospital. In her spare time, she enjoys spending time with family and friends, baking and watching New England sports. A fun fact about Jess is she was on a competitive jump roping team when she was younger!



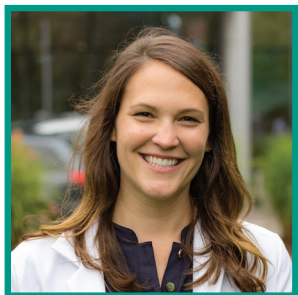
Dr. Shin Ly, the PGY2 Ambulatory Care resident, is originally from New Orleans. She graduated from the University of Georgia in 2016 and completed her PGY1 residency this past year at Emory University Hospital Midtown in Atlanta, Georgia. In her spare time, Shin enjoys pretending to be “outdoorsy” by dining outside as much as the weather permits, catching music festivals and spending time with her husband and 3 pups. Shin’s party trick is she can watch a movie and totally forget the plot- she was surprised by the ending of the movie, *The Usual Suspects*, twice!



Dr. Katie Ferguson is originally from Elmhurst, Illinois and is the PGY2 in Critical Care. She graduated from Chicago State University in 2016 and completed her PGY1 residency this past year at The University of Chicago Medicine in Chicago, Illinois. In her spare time, she likes to run and enjoys live music. Katie loves animals big and small, especially her pet hedgehog, Bruce Banner, who will be moving with her to Boston.

NEW PHARMACY RESIDENCY PRECEPTORS

The 2016-2017 academic year brought about changes to our department with the implementation of a new core model approach to coverage and has significantly increased our preceptor pool. BMC has almost doubled the number of primary residency preceptors at BMC over the last year and excited to invite these new practitioners to the program.



Kimberly Ackerbauer, PharmD, BCCCP, BCPS

Clinical Specialist, Medical Intensive Care Unit

Education: Doctor of Pharmacy, University of Wisconsin (2008)

Residency: PGY-1, UMass Memorial Medical Center (2009); PGY-2, Cardiology, University of Southern California (2010)

Memberships: ASHP, Society of Critical Care Medicine

Practice/Research Interests: Sepsis; pain, agitation, and delirium; acute decompensated heart failure; medication safety

Rotations Offered: Medical Intensive Care Unit

Dr. Ackerbauer provides clinical pharmacy services to patients in the medical intensive care unit. She enjoys precepting pharmacy students and residents and focuses on teaching concepts related to patient assessment and the application of evidence-based medicine to practice. She also enjoys medication safety and working on process improvement. In her spare time she enjoys traveling, running and spending time with friends and family.



Phuong Dao, PharmD

Clinical Specialist, Hematology/Oncology

Education: Doctor of Pharmacy, University of Illinois Chicago (2014)

Residencies: PGY1, Boston Medical Center (2015); PGY2, Oncology, Boston Medical Center (2016)

Memberships: Hematology Oncology Pharmacy Association (HOPA)

Practice/Research Interests: Oral oncolytic adherence, transitions of care, supportive care of cancer patients, chemotherapy stewardship

Rotations Offered: Outpatient Hematology/Oncology - Chemotherapy Clinic

Dr. Dao provides clinical pharmacy services to patients in the outpatient oncology clinic with a focus on oral oncolytic therapy patient education, adherence monitoring, and toxicity management. Her current research evaluates adherence and persistence in patients receiving oral oncolytic therapy in a pharmacist-driven medication management program.



Natalija Farrell, PharmD, BCPS, DABAT

Clinical Specialist Lead, Emergency Medicine and Toxicology

Education: Doctor of Pharmacy, Northeastern University (2012); Bachelors of Science, Toxicology, Northeastern University (2011)

Postgraduate Training: PGY-1, Boston Medical Center (2013); PGY-2, Emergency Medicine, Boston Medical Center (2014); Clinical Toxicology Fellowship, Georgia Poison Center (2015)

Memberships: ACCP, ASHP, SCCM, AACT, ABAT

Practice/Research Interests: Emergency medicine, emergency preparedness, tranexamic acid for traumatic injuries, toxicology, reducing emergency department re-visitations

Rotations Offered: Emergency Medicine, Toxicology

Dr. Farrell provides clinical pharmacy services to patients in the adult and pediatric emergency department. She enjoys precepting PGY1 residents, PGY2 residents and students on their emergency medicine rotation. Her research focuses on optimizing patient care in the emergency department as they transition from the emergency department to inpatient units or home. In her spare time, she enjoys running, hiking, trying new restaurants, reading, and playing with her dog.



Megan Feeney, PharmD

Clinical Specialist, Medical/Cardiac Intensive Care Unit

Education: Doctor of Pharmacy, Regis University School of Pharmacy (2015)

Residency: PGY-1, Oregon Health & Science University (2016); PGY-2, Critical Care, The Ohio State University (2017)

Memberships: ASHP, Society of Critical Care Medicine

Practice/Research Interests: Critical Care Quality Improvement initiatives

Rotations Offered: Cardiac Intensive Care Unit



Nicole Gasbarro, PharmD, BCPS

Clinical Specialist, Cardiology

Education: Doctor of Pharmacy, University of North Carolina at Chapel Hill, Eshelman School of Pharmacy (2006)

Residency: PGY-1, CaroMont Regional Medical Center (2014); PGY-2 Cardiology, University of Illinois at Chicago (2015)

Memberships: ACC, ACCP, ASHP

Practice/Research Interests: Heart failure, cardiovascular disease, resistant hypertension, transitions of care

Rotations Offered: Ambulatory Care - Cardiology

Dr. Gasbarro provides comprehensive cardiology pharmacy services to the outpatient cardiology clinic including chronic cardiology disease state management. Her practice incorporates a multidisciplinary approach to patient care in addition to involvement in hospital-wide initiatives to improve transitions of care. Rotation experiences in cardiology ambulatory care are offered to both pharmacy students and PGY-1 and PGY-2 residents.



Bryan Gendron, PharmD

Clinical Specialist, Emergency Medicine

Education: Doctor of Pharmacy, University of North Carolina at Chapel Hill, Eshelman School of Pharmacy (2015)

Residency: PGY-1, Boston Medical Center (2016), PGY-2, Emergency Medicine, Boston Medical Center (2017)

Memberships: ACCP, SCCM

Practice/Research Interests: Emergency medicine, optimization of alteplase workflow for ischemic stroke, ED antimicrobial stewardship, resident and student precepting

Rotations Offered: Emergency Medicine

Dr. Gendron's practice focuses on providing safe and effective pharmacotherapy services in addition to precepting students and residents on their emergency medicine rotation. As a member of the multidisciplinary Stroke Task Force, Dr. Gendron strives to optimize alteplase administration in ischemic stroke patients. Outside of BMC, he enjoys travelling, sports, and cooking.



Renee Hall, PharmD

Clinical Pharmacist II, Hematology/Oncology

Education: Doctor of Pharmacy, University of New England (2015)

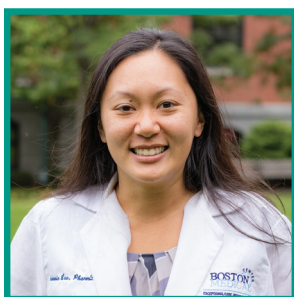
Residency: PGY-1, Boston Medical Center (2016)

Memberships: MSHP, ACCP, HOPA

Practice/Research Interests: Supportive care of cancer patients, transitions of care

Rotations Offered: Outpatient hematology/oncology (chemotherapy clinic)

Dr. Hall provides clinical pharmacy services in the outpatient oncology clinic. She enjoys precepting students and residents who have an interest in hematology/oncology.



Antonia Luu, PharmD, BCPS

Clinical Specialist, Medicine

Education: Doctor of Pharmacy, Massachusetts College of Pharmacy & Health Sciences (2012)

Residency: PGY-1, Hallmark Health System (2013)

Memberships: MSHP

Practice/Research Interests: Internal Medicine, Medication Safety

Rotations Offered: Internal Medicine

Dr. Luu provides clinical pharmacy services to patients admitted to internal medicine teams.

Dr. Luu also serves as a preceptor for Northeastern University and MCPHS University students.

She looks forward to serving as a preceptor for residents and students.



Thuy Luu, PharmD, BCPS, MPH

Clinical Specialist, Medicine

Education: Doctor of Pharmacy, University of Kansas (2006), Master of Public Health, Epidemiology, Boston University (2017)

Residency: PGY-1, Bassett Medical Center (2007)

Memberships: ACCP, MSHP

Practice/Research Interests: Internal Medicine, Renal, Social and Economic Health Disparities, Health Literacy, Education

Rotations Offered: Internal Medicine

Dr. Luu provides clinical pharmacy services to the complex and underserved patient population at Boston Medical Center focusing on Internal Medicine, Renal, Geriatrics and Infectious Disease services. Her interests include healthcare delivery to those of low social and economic status as well as communication in healthcare. She loves college basketball and cheering for the Jayhawks, values her time spent with family and friends, and believes in a lifetime of learning.



Anne Parlee, PharmD, BCPS

Clinical Specialist, Ambulatory Care

Education: Doctor of Pharmacy, Northeastern University (2014)

Residency: PGY-1, VA Boston Healthcare System (2015)

Memberships: ASHP

Practice/Research Interests: Anticoagulation, Geriatrics

Rotations Offered: Ambulatory Care, Anticoagulation Clinic

Dr. Parlee precepts PGY-1 residents in the Anticoagulation Clinic rotation. The rotation involves managing anticoagulation for adult patients at the Anticoagulation Clinic. In her free time, Dr. Parlee enjoys traveling, hiking, skiing, and working on her family's farm.



Roshani Patolia, PharmD

Clinical Specialist, Surgery

Education: BS Public Health (2012); Doctor of Pharmacy Rutgers University (2016).

Residency: PGY-1, Boston Medical Center (2017)

Memberships: ASHP, MSHP, ACCP

Practice/Research Interests: Transitions of Care, Renal Transplant Services, Pain Management, Hepatology, Medication Safety

Rotations Offered: General Surgery

Dr. Patolia provides clinical pharmacy services to post-operative patients. She works as part of a multidisciplinary team to optimize pharmacotherapy, promote medication safety and facilitate comprehensive transitions of care for patients after surgery. She enjoys precepting APPE students and looks forward to precepting residents. In her spare time, Dr. Patolia enjoys cooking, playing tennis and spending time with friends and family.



Farnaz Pezeshki, PharmD, BCPS

Clinical Specialist, Critical Care

Education: Doctor of Pharmacy, Northeastern University (2004)

Postgraduate Training: PGY-1, UMass Memorial Medical Center (2005)

Memberships: ASHP, SCCM, MSHP

Practice/Research Interests: Alcohol Withdrawal; Pain, Agitation and Delirium Prevention in the ICU; Antibiotic Stewardship

Rotations Offered: Critical Care, Surgery, Emergency Medicine

Dr. Pezeshki provides clinical pharmacy services to patients in the surgical intensive care units (SICU) and emergency department. She enjoys precepting PGY1 residents, PGY2 residents and students on their SICU and emergency medicine rotations. Her research focuses on optimizing pharmacy services for surgery patients and improving pain and sedation in intubated patients in the intensive care unit. In her spare time, she enjoys quality time with family and friends, hiking, cooking, travelling. She is also an avid soccer/FIFA fan.



Patrick Ryan, PharmD

Clinical Pharmacist II, Emergency Medicine

Education: Doctor of Pharmacy, MCPHS (2011)

Postgraduate Training: PGY-1, St Elizabeth's Medical Center (2013)

Memberships: MSHP

Practice/Research Interests: Emergency medicine, trauma medicine, toxicology, RSI

Rotations Offered: Emergency Medicine

Dr. Ryan provides clinical pharmacy services to patients in the emergency department. He enjoys precepting students and PGY1/PGY2 residents and focuses on teaching the importance of the discovery and application of evidence-based medicine to practice. In his spare time he enjoys traveling.



Alejandra Salazar, PharmD

Clinical Specialist, Center for Infectious Diseases

Education: BS Pharmaceutical Sciences, National University of Colombia (2003); Doctor of Pharmacy, Massachusetts College of Pharmacy and Health Sciences (2011)

Memberships: ACCP, ASHP, AAHIVM

Practice/Research Interests: pharmacy practice in ambulatory care, chronic disease state management, HIV clinical care, patient education to promote adherence, medication safety

Rotations Offered: Ambulatory care at the Center for Infectious Diseases

Dr. Salazar provides outpatient clinical pharmacy services at the Center for Infectious Diseases (CID), with a focus on chronic disease state management, HIV care and medication adherence. She also precepts PGY2 residents in their core CID- HIV rotation.



Samantha Sithole, PharmD, AAHIVP

Clinical Specialist, Ambulatory Care

Education: Doctor of Pharmacy, Virginia Commonwealth University (2013)

Fellowship: HIV Implementation Science, University of Buffalo (2015)

Memberships: SIDP, ACCP, AAHIVM

Practice/Research Interests: Virology, Global Health, Tropical Diseases

Rotations Offered: HIV (adult)

Dr. Sithole provides clinical pharmacy services to patients in our Center for Infectious Diseases clinic with a focus in HIV disease state management, patient education, and optimization of chronic medication therapy. She looks forward to serving as a preceptor for residents and students.



Wen Song, PharmD, BCPS

Clinical Specialist, Medicine

Education: Doctor of Pharmacy, University of Minnesota (2012)

Residency: PGY-1, Lahey Hospital and Medical Center (2013)

Memberships: MSHP

Practice/Research Interests: Adult Internal Medicine, Transitions of Care, Pharmacokinetics

Rotations Offered: Internal Medicine

Dr. Song provides clinical pharmacy services to patients admitted to the inpatient internal medicine, family medicine, infectious diseases, geriatric, and renal services. She offers internal medicine rotations to pharmacy students.



Dong Tu, PharmD, BCPS

Clinical Specialist, Medicine

Education: Doctor of Pharmacy, Northeastern University (2014)

Residency: PGY-1, Dartmouth-Hitchcock Medical Center (2015)

Memberships: MSHP, ACCP

Practice/Research Interests: Internal Medicine, Cardiology, Transitions of Care

Rotations Offered: Internal Medicine

Dr. Tu provides clinical pharmacy services to patients admitted to the inpatient internal medicine and general cardiology services. Dr. Tu precepts PGY1 for their core internal medicine rotation along with students from Northeastern University and MCPHS University



Shawn Whitehead, PharmD, BCCCP

Clinical Specialist, Operating Room

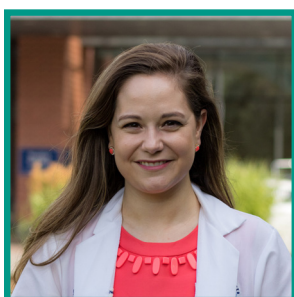
Education: Doctor of Pharmacy, Northeastern University (2012)

Residency: PGY-1, Good Samaritan Medical Center (2013)

Memberships: ASHP, ACCP

Practice/Research Interests: Antimicrobial Stewardship, Sepsis, Delirium, Nutrition support

Rotations Offered: General Surgery



Jennifer C. Wilson, PharmD, MBA

Clinical Specialist, Medical Intensive Care Unit

Education: Doctor of Pharmacy & Master of Business Administration, Campbell University College of Pharmacy & Health Sciences (2015)

Residences: PGY1, Vidant Medical Center (2016); PGY2, Critical Care, Boston Medical Center (2017)

Professional Memberships: SCCM, ASHP, MSHP

Practice/research interests: ICU sedation and delirium, neurologic emergencies, status epilepticus, quality improvement

Rotations offered: Medical ICU, Neuro Critical Care

Dr. Wilson provides clinical pharmacy services for critically ill patients in the medical intensive care unit and serves as a preceptor for medical ICU and neuro critical care rotations. She also works with the neuro critical care team to optimize the management of neurologic emergencies and disease states across the institution.



Toni Zahorian, PharmD

Clinical Specialist, Ambulatory Care

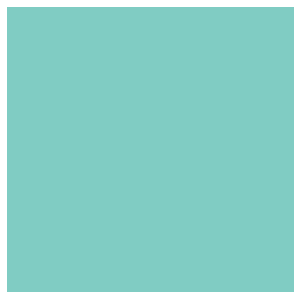
Education: Doctor of Pharmacy, Wegmans School of Pharmacy at St. John Fisher College (2013)

Residency: PGY-1, Boston Medical Center (2014), PGY-2, Ambulatory Care, Boston Medical Center (2015)

Memberships: ACCP, ASHP, MSHP, NEIAP, PSSNY, PSR

Practice/Research Interests: HCV, HIV, IBD, primary care, cultural competency, patient counseling

Rotations Offered: Ambulatory Care – Center for Digestive Disorders (GI/HCV)



Adrian Zobni, PharmD, BCOP

Clinical Specialist, Hematology/Oncology

Education: Doctor of Pharmacy, Northeastern University (2001)

Memberships: MSHP, HOPA

Practice/Research Interests: Expanding role of immunotherapy

Rotations Offered: Outpatient hematology/oncology

Dr. Zobniw provides clinical pharmacy services in the ambulatory hematology/oncology clinic and ambulatory infusion center.

PRECEPTOR ACTIVITIES

Arnold LM, Mahesri M, McDonnell ME, Alexanian SM.

Glycemic outcomes three years after implementation of a perioperative glycemic control algorithm in an academic institution. *Endocrine Practice*. 2017;23:123-131. doi:10.4158/EP161354.OR.

Lee SY, Askin G, McDonnell ME, **Arnold LM**, Alexanian SM.

Hypoglycemia rates after restriction of high-dose glargine in hospitalized patients. *Endocrine Practice*. 2016;22:1393-1400. doi:10.4158/161288.OR.

Yager S, **Arnold LM**, Liu V. Impact of pharmacist transitional care management telephone calls on hospital readmission rates within a cardiology service. American College of Clinical Pharmacy Global Conference on Clinical Pharmacy. October 2016.

Phull P, Pulido V, Stevenson M, Qian R, Sloan JM, Kircher J, Thomson N, **Arnold LM**. Promoting implementation of the CHEST 2016 guidelines to optimize patient care and safety. Institute for Healthcare Improvement 28th Annual National Forum. December 2016.

Roberts V, Bhatt P, **Arnold LM**, Burns JD, Cervantes-Arslanian AM. The effect of a neurology-specific heparin protocol with narrowed goal PTT range on rate of hemorrhagic and thromboembolic events in acute ischemic stroke: A pre- and post-protocol implementation study. Neurocritical Care Society Annual Meeting. September 2016.

Dickson J, Vincent WR 3rd, Thurman J, Francis JM, Nuhn MG. Comprehensive pharmacy services initiative to improve outcomes in kidney transplant recipients. Poster presentation at the 4th Annual Boston Medical Center Quality, Safety, and Patient Experience Poster Ceremony and Reception. Boston, MA. October 2016.

Dickson J, Vincent WR 3rd, Wu L, Thurman J, Francis J, Nuhn M. Quality improvement initiative to provide comprehensive pharmacy services to kidney transplant patients at a small transplant center. Poster presentation at the American Transplant Congress. Boston, MA. June 2016.

Dickson JE, Hung WY, Chen TT. Clinical Impact of Probiotics among Patients Receiving Antibiotics with a High Risk of Acquiring *Clostridium difficile* Infection. *Int J Dig Dis*. 2016, 2:1.

Dickson JE. Recipient, 2017 Boston Medical Center Be Exceptional Award, June 2017.

DeLeonardo K, Long A, **Douglass MA**. Assessment of pharmacy student didactic and clinical preparedness surrounding LGBT and mental illness patient populations. American Association of Colleges of Pharmacy Annual Meeting. October 2016.

Wei A, **Douglass MA**. Assessment of pharmacy students' knowledge, attitude, and perception of personalized medicine and emerging therapies curricular content. American Association of Colleges of Pharmacy Annual Meeting. October 2016.

Moy B, Dong E, Nguyen D, **Douglass MA**. Evaluation of a social media focused intervention on reducing mental health stigma among pharmacy students. Research, Innovation, and Scholarship Expo. Northeastern University. April 2017.

LeSueur D, Carlson A, Sibicky S, **Douglass MA**, DiVall M, Gonyeau M, Woolley A, Lancaster J. Impact of a general medicine elective course on pharmacy student perceptions of APPE readiness. Research, Innovation, and Scholarship Expo. Northeastern University. April 2017.

Wei A, LeSueur D, McManus A, Cheng N, Monpara A, Partisano AM, Alexander J, **Douglass MA**. PharmD post-doctoral industry fellowship selection process: what attributes do students prioritize? American Pharmacists Association Annual Meeting. March 2017.

Farrell N, Hack J. Lady Stone Heart? American College of Medical Toxicology Annual Scientific Meeting. March 2017.

Hack J, Goldlust EJ, Ferrante D, **Farrell N**, Zink B. A novel tool to assess impairment from alcohol in emergency department patients – the HII Score. American College of Medical Toxicology Annual Scientific Meeting. March 2017.

Zhang XC, **Farrell N**, Haronian T, Hack J. Post-operative anticholinergic delirium from a concealed scopolamine patch. Accepted for publication in the Journal of Emergency Medicine.

Zhang XC, **Farrell N**, Haronian T, Hack J. Post-operative anticholinergic poisoning – concealed complication of a commonly used medication. Society for Academic Emergency Medicine New England Regional Meeting. March 2017.

Wolfe J, **Farrell N**, Hack J. Throwing the baby out with the antifreeze – does the urine fluoresce? Society for Academic Emergency Medicine New England Regional Meeting. March 2017.

Penti B, Liebshutz JM, **Kopcza B**, et al. Novel peer review method for improving controlled substance prescribing in primary care. 2016 J Opioid Manag; 12(4):269-279.

Vincent WR 3rd, **Suh LM**. Hut, hut, hike! Breaking even during price hikes in the intensive care unit. Continuing education presentation at the Massachusetts Society of Health-System Pharmacists Annual Meeting. Norwood, MA. May 2017.

Bias TE, **Vincent WR 3rd**, Trustman N, Berkowitz LB, Venugopalan V. Impact of an antimicrobial stewardship initiative on time to administration of empirical antibiotic therapy in hospitalized patients with bacteremia. Am J Health Syst Pharm. 2017;74(7):511-9.

Ridyard D, Phillips E, **Vincent WR 3rd**, Munarriz R. Use of high-dose phenylephrine in the treatment of ischemic priapism: Five-year experience at a single institution. J Sex Med. 2016;13(11):1704-7.

Wilson JC, **Vincent WR 3rd**, **Brade KD**. Existing and Emerging Treatment Options for Multidrug-Resistant Pseudomonas aeruginosa Infections. Making A Difference in Infectious Diseases Newsletter. Dec 2016 (6)4:6-17.

Wilson JC. Presenter, New England Critical Care Symposium Clinical Pearl Session: Role of Thromboelastography in Massive Transfusion Protocol, Dedham, MA, March 2017.

Wilson JC, Eagan JS, Talutis S, Alonso Y, Murphy JP, Vincent WR 3rd. Delirium assessment, prevention, and treatment quality improvement initiative in adult ICUs. Vizient University Health System Consortium Pharmacy Resident Poster Session. Las Vegas, NV, December 2016.

Yeh K, **Sterling A**, **Shah K**. Implementation of a Pharmacist Driven Transitional Care Process Targeting Patients at Risk for Readmission Based on an Institutionally Developed Readmission Risk Assessment (RRA) Tool. Poster presented at: ASHP Midyear Clinical Meeting and Exhibition 2016; 2016 December 4-8; Las Vegas, NV.





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