

The background of the entire page is a photograph of the Boston Medical Center Shapiro Center. The building is a tall, modern structure with a prominent red brick facade on the left side and a glass curtain wall on the right. The sky is a clear, pale blue. In the foreground, there is a glass-enclosed walkway or skybridge that reflects the interior lights and the building's structure. A small green tree is visible in the lower-left corner, and some streetlights are at the bottom.

**BOSTON  
MEDICAL**  
SHAPIRO CENTER

# A NEW ERA

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PHARMACY RESIDENCY  
2020 ANNUAL REPORT

**BOSTON  
MEDICAL**  
CENTER





Dear prospective applicant:

It is October 2020 and the COVID-19 peak at Boston Medical Center is behind us. Given the racial disparities observed with COVID-19, Boston Medical Center experienced a surge in patients more acutely and more rapidly than other hospitals in the city. I will never forget the feelings of fear, anxiety, and uncertainty I experienced during the surge in March and April. But crises have a way of providing clarity of purpose and bringing out the best in people. I am deeply proud of the response from our health-system and Department of Pharmacy. We rose to the occasion and found a way to deliver exceptional care to our patients and provide support to our employees with kindness and compassion. While there is much I can share about our response, I would like to tell you about the invaluable contributions of our residents.

Put simply, we would not have been able to respond to the challenge as effectively and with such agility as we did without our residency program. From the very beginning, the residents volunteered to do whatever was needed in our battle against COVID-19. Very early in the surge, we quickly identified that we needed more resources to manage drug shortages. Jason Mordino, PGY1 Residency Program Director, became a full-time “Drug Czar” that assisted our Purchasing Team with the full suite of activities from drug acquisition to implementation of clinical action plans. Additionally, we allocated up to two residents to help with drug shortages. From collaborating with key stakeholders to implement action plans to rolling up their sleeves to move boxes, the residents did it all. We also reallocated residents to help our antimicrobial stewardship team manage novel and emerging therapies for COVID-19. Each day they helped ensure our patients received the best therapy based upon the most up-to-date recommendations from the Infectious Diseases team. Lastly, our residents willingly and readily worked new shifts as our census grew and new areas in the hospital were transformed overnight into COVID-19 care areas. With the help of our residents, we were able to add a second evening ICU shift on weekdays, an evening ICU shift on the weekends, an overnight ICU shift seven days a week, a third evening Medicine shift on weekdays, and a third Medicine shift on the weekends. Our residents’ efforts were truly heroic.

In addition to COVID-19, the death of George Floyd and subsequent national movement to eradicate institutional and structural racism in society has galvanized us at Boston Medical Center. This moment provided BMC with the opportunity to highlight and further accelerate many of our own ongoing efforts to address racial disparities and its impact on our patients and colleagues. In the upcoming year, our department will examine where we can do better and seek opportunities to make meaningful change. I am proud to be on this journey at BMC where “many faces make our greatness”.

Finally, our department won the equivalent of Best Picture, Best Actress, and Best Actor at the Massachusetts Society of Health-System Pharmacist’s (MSHP) Honors & Awards Banquet (which we celebrated virtually because of COVID-19). We won the MSHP Health-System of-the-Year award for our work to combat opioid use disorder and the overdose epidemic. This was our second such award in four years! Natalija Farrell (PGY2 Emergency Medicine Residency Program Director) won the MSHP Pharmacist-of-the-Year award and Erin Smith (Medication Reconciliation Technician Supervisor) won the MSHP Technician-of-the-Year award. Each of these honors were well-deserved.

Thank you for choosing to apply to Boston Medical Center. I hope you enjoy the 2020 Annual Report.

Sincerely,



**Kevin J. Horbowicz, Pharm.D., BCPS**  
Associate Director – Inpatient Clinical Pharmacy Services



# COVID 19 Response

## CLINICAL

Between March and May of 2020, there were over 1200 COVID-19 patients admitted to Boston Medical Center. During the peak of the pandemic, on any given day, the hospital had about 250 cases, with approximately 30 percent of patients in critical care areas.

Daily evolvments in census and patient acuity proved a challenge to the pharmacy department, specifically around pharmacist allocation and drug shortages. These challenges were mitigated by communication and modification of roles to best fit the new cohort of patients. Pharmacy residents were mobilized to balance the demands of direct patient care, administrative needs and central operations.

### ICU/ED/Surgery Team:

Nearly 200 of the COVID-19 patients were critically ill. In anticipation of the COVID-19 surge, the ICU/Surgery team prepared quickly to establish a rotation of on-site and off-site shifts. Due to increasing census, the group expanded to include a second ICU evening work-from-home (WFH) shift, an overnight ICU shift, as well as increased coverage during weekdays and weekends to provide comprehensive decentralized 24/7 support. Pharmacists on the ICU/Surgery teams served not only as pharmacotherapy experts, but also helped their respective medical teams navigate drug shortages and evolving infectious disease and anticoagulation algorithms. Drug shortages of standard of care medications requires creative solutions to provide care for critically ill patients. In the ED, although the census was below average, increased acuity and scarce resources led to an increased demand of pharmacists. With the re-opening of East Newton Pavilion (ENP), the ED started to discharge homeless and displaced COVID positive individuals to ENP providing a new opportunity for transitions of care for our most vulnerable populations.

“ There is a sense of pride and camaraderie that comes from showing up every day with my colleagues from all disciplines and caring for these patients despite the fear. Overall, I wouldn't want to be anywhere else.”

– Danielle Burton

### Medicine Team:

Given the novelty of the virus, the Infectious Diseases pharmacy team worked around the clock with the ID providers to evaluate pertinent literature, assess experimental medication utility, and create treatment algorithms for all suspected and confirmed COVID patients. Data on experimental treatment was compiled not only from literature but from data from our own patients, and treatment algorithms were modified to provide safe and optimal care. To meet increased patient needs, the staffing model was changed to now have a daily COVID pharmacist that would serve as the primary resource for non-critically ill patients as well as the addition of evening pharmacist coverage. With pediatric services minimized and on diversion to Boston Children's, pediatric pharmacists transitioned to provide care for the growing adult population. At the peak of COVID our medicine pharmacists were running 13 floor COVID Teams in addition to continuing to care for our non-COVID and subspecialty medicine services.

### Ambulatory Care and Hematology/Oncology Team:

Ambulatory clinics remained operational and provided chronic disease state management virtually to limit overall exposure and augment social distancing. The primary method for visits remains through telephonic means but several pharmacists are utilizing video capabilities with patients as well. The hematology/oncology service remained fully operational as well with pharmacists both in clinics and the infusion center.



# COVID 19 Response

## ADMINISTRATIVE

"What are we out of now?", "Can we recount that?", "How can we conserve our current supply?", "How many days do we have on hand?", "What alternative agents can we use?"

During the beginning weeks of COVID-19 surge these were questions asked everyday as patients began to fill the hospital. Common medications used for sedation, analgesia, and rapid sequence intubation began to dwindle. Essential medications used in the management of COVID-19 became harder to obtain as other hospitals were vying for the same resources. COVID-19 further required the adjustment of staffing models and workflow. All staffing and workflow models from IT to new overnight ICU and pharmacy technician shifts were created in order to meet the new demand that COVID-19 required. Pharmacy residents stood in a unique position to allow our pharmacy department to expand these services.

In response to growing critical care and floor surge of COVID19 patients our department resourced our residents to provide front line care. Multiple residents provided front line floor COVID coverage, which provided clinical and operational support to those providers and patients. An additional resident was resourced to collect data and help our ID colleagues update and disseminate new treatment options. Some residents staffed our new PACU/ICU, rounded with additional COVID19 SURGE teams and provided at home clinical and order processing support. All together the department was supported by adding up to 8 full time practitioners. This allowed us to add clinical shifts for ICU overnight, additional ICU weekend and additional medicine shifts to care for COVID patients. These changes ensured our ability to provide exceptional care without exception 24 hours a day during our surge. Our residents were vital in being able to execute on this. In addition to their direct patient care, they supported our rapidly changing medication supply chain.

Medication inventory management and shortage mitigation was identified as requiring additional support and work flow changes. An additional pharmacist, along with pharmacy residents on their management rotation were repurposed to manage critical medication shortages. These changes were essential in order to ensure that BMC was fully operational to meet the demands of COVID-19 patients. These efforts required multidisciplinary collaboration and was a hospital wide effort. Assistance from our IT team were essential in order to add new medications, or to restrict prescribing of critically low medications. Pharmacy technicians optimized Pyxis machines, transferred stock and counted our critical supply multiple times. Our management residents worked to change our inventory and overstock tracking operations. Through better organization and documentation of inventory we were able to provide real time updates to our command center to better coordinate and inform providers of shortages throughout the surge. The hard work of our team and residents allowed BMC to remain nimble and proactive in the management of shortages so we could continue to provide a high quality care for all patients.

This pandemic required cooperation from all teams within the pharmacy department. The flexibility and adaptability of the pharmacy department was showcased during these unprecedented times and once again displayed the resiliency of the department. Each embodying the "Exceptional care, without exception" even during these trying times.

“ In a few short weeks we have undergone a MAJOR shift in our clinical operations, and everyone has worked together to put in a tremendous effort. We are still able to help patients manage chronic disease states and prevent hospital readmissions.”

– Rimmel Khan

# COVID 19 Response

## RESIDENTS

During the COVID-19 pandemic outbreak in early Spring 2020, our hospital drastically redesigned its operations across all of the various teams within the institution. The BMC Pharmacy Residency Team rose to the challenge with dynamic adjustments to their rotations and responsibilities.

### Work-from-home

Early on, rotations were continued as planned with a contingency plan to utilize the residents in the areas they have been trained should the need arise. As things began to change on a larger scale (state-wide and country-wide), many residents were shifted to a “work-from-home” (WFH) setting.

The location change did not prevent us from providing exceptional care with exception. Rimmal Khan, our PGY2 Ambulatory Care Resident explains, “Working remotely has been a really good lesson on the power of adaptability! The needs of our patients remain mostly the same - they still need access to medications and help with their clinical care and outcomes.” This sentiment is so important to our work because it is necessary to recognize that operational changes still need to meet our patients’ needs. Our PGY2 Internal Medicine Resident, Nikitha Patel stepped up to take care of COVID positive patients on the medicine floors while she was WFH. She was able to provide the same level of patient-centered care, with medication recommendations and counseling by calling directly into patient rooms. Nicholas Rebold, our PGY2 Infectious Diseases Pharmacy Resident, started tackling COVID head-on by gathering all of the data on COVID19 and staying informed on the rapidly changing pandemic during the beginning of his research rotation.

“ Take time to ground yourself and do what you find enjoyable.”

– Shyam Patel

### Challenges – limited staff

With a number of pharmacists shifted to WFH, it is also important to recognize that there would be limited staff across the other departments as well, including nursing and provider staff. One of our PGY1s, Meissane Benbrahim says that “...limited staff definitely means more patience from us and from nursing/MD staff. It will take longer for our recommendations to be taken and for nursing/MD staff, it may take longer for us to respond to pages and consults. I also think there is a lot more education involved since there are a lot of staff working in areas they have never worked before.” Echoing that, PGY1 Winnie Wan emphasizes the important of keeping yourself available to the team in creative ways, such as exchanging personal cell-phone numbers with the team on top of the traditional pager method.

Transitions of care remain a critical part of the pharmacy work-flow, whether it is onsite or from home. Our role in this process aims to reduce readmissions due to medication-related issues, by providing patient and family education and ensuring the patient has access to the life-saving medications they need. PGY1 Resident Stephani Halloran highlights the importance of having a pharmacy presence amongst our COVID floor teams during this critical time by ensuring patient counseling and medication delivery are successfully coordinated with each anticipated discharge.



# COVID 19 Response

## Challenges – operational

One of the most challenging things was the day-to-day changes in pharmacy and hospital operations. Maintaining open lines of communication within the department, as well as with the providers and other healthcare workers on the team was a necessary feat to optimize patient care. Our PGY2 Emergency Medicine Resident, Danielle Burton explains, “It has been a very unique experience that I wasn’t expecting to encounter during my residency but I have learned so much from organizing a pharmacy department’s response in different care areas during a disaster to logistical details about caring for a patient with a highly contagious disease.”



Building on that, some of our PGY1s took on a more administrative and behind-the-scenes role to be able to provide what our patients need during a “disaster response”. Morgan Eiting and Luke Jennings assisted with keeping on top of shortages and ensuring our department was able to supply medications to the newly-reopened East Newton Pavilion, which would house some of our most vulnerable patients.

## Outlook – self-care

None of us had yet lived through a pandemic before, so this is uncharted territory. Keeping ourselves and our co-residents motivated is so important. PGY2 Hematology/Oncology Pharmacy

Resident Jasmine Patel explains that setting little goals to show our progress through residency can help keep us on track so that we are able to maintain our patient’s health/well-being as a top priority. On a more personal level, many turned to leaning on other co-residents, friends, and family with more frequent video chats or virtual game nights as a way to keep ourselves grounded. It is a strange time to be in healthcare and it is definitely scary at times to go to work, but we are all in it together and whether you are either onsite or talking virtually, the relationships and support you have with people will get you through it. We have to take care of ourselves so that we are able to take care of our patients!

## Outlook – advice

Living and working through this pandemic has definitely been a unique experience, with its many challenges and opportunities for growth. There are also many lessons and takeaways from this situation that can be applied to different aspects of our lives. The biggest one is that it is important to advocate for your learning no matter how busy things get, especially during your residency. It’s also important to keep an open mind and be receptive to change – as a clinical pharmacist, you have many skills that allow you to be flexible in the areas you can cover, whether it be taking on different medicine teams or working in a more administrative capacity.



## ALUMNI SPOTLIGHT DR. MICHAEL GONYEAU

Dr. Michael Gonyeau earned his Doctor of Pharmacy degree at Albany College of Pharmacy and completed his Pharmacy Practice Residency training here at Boston Medical Center in 1999-2000. He is currently a Clinical Professor and Assistant Dean of Curriculum and Assessment in the School of Pharmacy at Northeastern University. Prior to becoming faculty at Northeastern University, he practiced in general medicine at St. Elizabeth's Medical Center and at Brigham and Women's Hospital.



### QUESTION & ANSWER

#### WHAT WAS YOUR MOST MEMORABLE EXPERIENCE AT BMC?

Wow, there are so many! It seems like a different time now (but I think my co-resident Maryam and I still look fabulous)! The one thing that really sticks in my mind was being at BMC at a time when there was a convergence of amazing clinical pharmacists who precepted me. I remember working on the pharmacist run aminoglycoside protocol 20 years ago which highlights how strong and valued the department of pharmacy is and our place on the healthcare team. There was such a feeling that we were a pharmacy family and everyone valued strengthening everyone's clinical and leadership skills, creating a sustained culture of growth.

#### WHAT HAS MOTIVATED YOU TO CONTINUE TO ADVANCE YOUR CAREER

During my residency, we had a number of faculty from Northeastern and MCPHS at BMC, who had a profound effect on me, as did precepting my first APPE students during my residency. It was such a light bulb moment for me to realize that I could blend these aspects of practice with teaching (which I didn't even know I loved at the time). Such support to develop my skills during my residency allowed me to explore and refine my own professional goals.



### **HAVE YOU ALWAYS WANTED TO BE A FACULTY MEMBER AT A PHARMACY SCHOOL?**

No, not at all! I was a Biology TA for 5 years during pharmacy school, and I remember a couple of my faculty telling me that I should think about becoming a faculty member. At the time I laughed at how ridiculous it sounded to me! It just goes to show you that you should keep an open mind as you go through school and talk to a lot of people in different types of positions to find the best fit.

### **WHAT ADVICE DO YOU GIVE STUDENTS WHEN THEY ARE PURSUING A RESIDENCY?**

First, calm down. As a former residency director, I try to let the students know what I looked for in a residency candidate. I explain that, for me, it was just as much about personality of the candidate and fit with the institution and pharmacy team as it was about your CV and transcript. You have to be able to show a program who you are, be as confident as you can and let your personality shine through.

### **WHAT ADVICE WOULD YOU GIVE A RECENT RESIDENCY GRADUATE LOOKING TO START THEIR CAREER?**

Be confident! Your training has been stellar, and you really bring a lot to whatever practice area and position you will begin. Also, your BMC family will always be your BMC family and you should keep reaching out to your residency mentors as you expand your professional network and forge new mentoring relationships in your new position.

### **WHAT HAS BEEN YOUR GREATEST ACCOMPLISHMENT IN PHARMACY? OUTSIDE OF PHARMACY?**

I would say in pharmacy, receiving a number of teaching awards during my time here at NU, and developing a new residency program were definitely in the top of my list. Outside of pharmacy, I would say winning an international volleyball championship is one moment I will always cherish (I mean, I am 6'5" after all so I guess it was somewhat expected)?

### **WHERE DO YOU SEE PHARMACY HEADING IN THE NEXT 20 YEARS?**

I am very interested in seeing members of our profession finally be recognized as healthcare providers across the country! This will open the doors for us to really innovate the way pharmacy is practiced, looking more to a prominent role in virtual health services, especially in terms of medication reconciliation, and patient counseling (i.e. adherence, new meds, drug information questions etc.). I think it is imperative that we capitalize on this unprecedented time in which we find ourselves, and think outside of the box so we can emerge as the integral part of the healthcare team that we are and be recognized (and compensated) as such.

### **WHEN YOU AREN'T WORKING, WHAT DO YOU DO TO RELAX?**

Well, in addition to volleyball, I have been renovating our 1898 Victorian house for 7-8 years (oh wait, you said relax right? That is not very relaxing most of the time...). Travelling has become a very important, wonderful (and literal) escape for me. In the past 5 years I have been to over 20 different countries around the world, and I look forward to exploring more and more!

# NON-TRADITIONAL RESIDENCY PROGRAM

## WHAT IS A NONTRADITIONAL PHARMACY RESIDENCY?

In 2010, American Society Health-System Pharmacists (ASHP) announced its Pharmacy Practice Advancement Initiative (PAI), which provides guidance on meeting the demands of future practice and patient care models through growth of the pharmacy profession. The initiative emphasizes the importance of continuing professional development and employing a knowledgeable pharmacy workforce. It further advocates that by 2030, health systems should require residency training for pharmacists in direct patient care roles. This sentiment is also evident through the rapidly increasing demand for residency training seen over the last decade. Currently, however, there is an insufficient number of postgraduate year 1 (PGY1) residency programs in the United States. Match results from 2020 indicate that 6185 applicants applied for 3911 positions, with a final match rate of 63%. Therefore, to provide alternative pathways to residency training, some institutions have implemented nontraditional pharmacy residency programs.

A nontraditional residency describes the expansion of a traditional residency program from 12 months to over 2 years. These residents function as a traditional resident in a clinical capacity, but also dedicate half their time to staffing as a full-time employee as well. The programs are required to meet the same standards set forth by American Society Health-System Pharmacists (ASHP) for accreditation, meaning they offer the same longitudinal and rotational activities as the traditional residency, with an added operational component divided over the duration of the program.

## WHAT ARE THE ADVANTAGES TO OUR ORGANIZATION?

The nontraditional residency provides an opportunity for professional growth in working pharmacists and new graduates. Offering the nontraditional residency allows the department to invest in the continuing education of its current staff. This is valuable in promoting recruitment, retention, and development within the department. Through the nontraditional pathway, pharmacists can fulfill routine staffing needs while pursuing comprehensive clinical training. Ultimately, this opportunity increases the pharmacy's capacity to provide better patient care.

# NON-TRADITIONAL RESIDENCY PROGRAM

## WHAT ARE THE BENEFITS OF COMPLETING A NONTRADITIONAL RESIDENCY?

While traditional residencies tend to be rigorous and fast-paced, this may be difficult for some candidates, possibly due to time limitations, other commitments, financial restrictions, or learning style. Nontraditional residencies offer the resident more flexibility throughout the program, allowing for a moderate pacing that can accommodate other obligations. This also allows for additional learning opportunities and work experience. Additionally, to account for the increased staffing component, the annual stipend offered to the nontraditional resident is greater than that of a traditional resident. As a result of rotating between staffing and rotations, the nontraditional resident will gain a comprehensive understanding of health systems from both a clinical and an operational perspective.

## WHO ARE THE NONTRADITIONAL RESIDENTS FOR 2020-2022?

Boston Medical Center's Pharmacy Residency Program is excited to welcome its first nontraditional PGY1 residents, positions which will be filled by two familiar faces:

Dr. Sopheaktra Kong, who has been a strong member of the Central Pharmacy team since September 2019, will be transitioning from his role as a full-time central pharmacist to his new position as a non-traditional PGY1 resident.

D. Jordan Koloski, who completed several APPE rotations with Inpatient Pharmacy and graduated from Northeastern University in May 2020, will also be joining the program as a non-traditional PGY1 resident.

- Strawder AF. Accreditation of nontraditional pharmacy residency programs. *Am J Health Syst Pharm.* 2014;71(4):276-277. doi:10.2146/ajhp130679

- Winegardner ML, et al. Nontraditional pharmacy residency at a large teaching hospital. *Am J Health Syst Pharm.* 2010;67(5):366-370. doi:10.2146/ajhp070499

-Vong KS et al. Implementation of a nontraditional postgraduate year 1 pharmacy residency program. *Am J Health Syst Pharm.* 2013;70(22):2019-2028. doi:10.2146/ajhp130025



# BOSTON MEDICAL CENTER

## RESIDENT EMOTIONAL SUPPORT TEAM (REST)

### ANNUAL REPORT 2019-2020

#### JULY 2019:

Trillium Brewery Welcome Event



We started the year off with a happy hour and happy bonding with preceptors and residents. There is no better way to start the year than by enjoying the sunshine with a drink in hand, while petting some furry friends in great company!

#### SEPTEMBER 2019:

Apple and Flower Picking at Parlee Farms



This is a resident-favorite activity to get out of the city for some fresh air and apple crisp. This local farm owned by our very own BMC Pharmacist – Anne Parlee and her family is a wonderful place to pick flowers and apples, and cuddle up with some of the cute farm animals.

#### AUGUST 2019:

MSHP Resident Welcome Event at Harpoon Brewery



Moving to a new city can be intimidating, but this great event hosted by MSHP allowed all of the pharmacy residents across Massachusetts to gather and network over delicious drinks and appetizers.

#### OCTOBER 2019:

Pharmacy Week at BMC

Fall Retreat



What better way to boost morale during one of the busiest residency months in the year than by celebrating the profession itself?! The REST committee provided donuts, pizza and ice cream throughout the week, and hosted a twitter photo contest which led to memorable team bonding!



Despite starting out with a chillier fall day, this fall retreat was a hit! Team building games including family feud as well as marshmallow & spaghetti towers helped the pharmacy crew build stronger relationships in a more casual way – and everyone walked away with some leadership insight after hearing from Mick from HR.

# BOSTON MEDICAL CENTER

## RESIDENT EMOTIONAL SUPPORT TEAM (REST)

### ANNUAL REPORT 2019-2020

#### NOVEMBER 2019: Archery Games



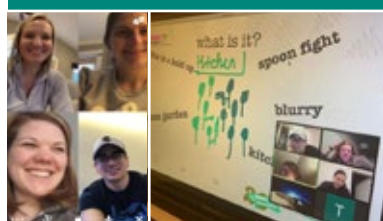
During the chillier months in Boston, it is important to stay moving and get your blood pumping! In November, the REST committee sought out their inner Hunger Games moves and took up archery at Archery Games Boston.

#### JANUARY 2020: Boda Borg Boston



The residents and preceptors rung in the New Year with a non-traditional escape room. The team worked to escape from a variety of obstacle course rooms, racing against time. This was a great way to get out of the hospital and collaborate in a fun way!

#### APRIL 2020: Virtual Game Night



COVID19 lead to social distancing, but this won't keep the pharmacy residents and preceptors apart. The REST committee organized a virtual happy hour and game night to ensure social distancing didn't mean social isolation!

#### DECEMBER 2019: ASHP Midyear in Las Vegas NV



ASHP Midyear leads to a whirlwind of presenting, recruiting and networking – but the BMC residents also remember to enjoy themselves while traveling. During this trip to Las Vegas, the residents and preceptors found a new love for Taco Bell Cantina and the Bellagio Fountain, as well as some future co-residents at the Residency Showcase.

#### FEBRUARY 2020: Dorchester Brewery



Even during the busiest recruiting time of the year, BMC finds value in taking time out of the day to relax and enjoy a game with colleagues – this month featuring a friendly game of board games, which led to mischief and laughter all-around.

#### JUNE 2020 Graduation!



Residents and preceptors gathered in a socially distant graduation celebration of this year's residency class. Other staff of the department was invited to attend virtually to toast to all the residents. It was still a great night of food and fun, congratulations to the class of 2020!



## SOCIAL MEDIA HIGHLIGHT



In August 2019, Boston Medical Center Pharmacy Residency Programs went Social! Social Media, that is, via the creation of a BMC Pharmacy Residency Twitter account under the handle @BMCParmRes. Motivated by a desire to connect with other residency programs, follow and interact with alumni, and learn from the growing #MedTwitter and #TwitterRx movement, PGY1 Program Director Jason Mordino registered the account, never imagining what would take off from there.

Twitter is a social networking platform that has distinguished itself as a valuable tool for healthcare professionals. In real time, people can connect, engage, educate and learn with others across the globe through concise 140-character messages. At the touch of a finger, clinical information is easily accessible among the virtual healthcare community that has developed within the near 350 million active users on Twitter.

Twitter has taken on a multi-faceted role among the pharmacy community. Many pharmacists have personal accounts to interact with other healthcare professionals, engage at conferences, and keep up with new literature. Pharmacy organizations have accounts to spread the word about their impact on patients, communities, and the health care industry. Pharmacy educators have incorporated social media into their teaching and precepting strategies. The medical community on Twitter

has grown exponentially in recent years and while individual pharmacists have been active in this arena, pharmacy residency programs have not had a strong presence in comparison.

Boston Medical Center prides itself on being pioneers in pharmacy practice. We are not shy in offering our services and being innovative. On the social media front, we noticed some pharmacists with an independent, professional Twitter presence and the thought of using Twitter as a professional resource for trainees caught Jason Mordino and PGY-2 Emergency Medicine Resident Danielle Burton's attention and sparked the idea to create an account for the pharmacy residency program. After about a year observing the landscape on his personal account, Jason advocated for the creation for a BMCParmRes account. It didn't take much to get Danielle on board and she began creating content and planning ahead for the account.





# SOCIAL MEDIA HIGHLIGHT



Quickly, the BMC Pharmacy Residency Program established quite a following in the Twittersphere. In the first year, they garnered the attention of the official Boston Medical Center hospital account, local BMC celebrities such as CEO Kate Walsh, as well as recognizable names in the #MedTwitter world through shout-outs and re-tweets. Our pharmacy preceptor engagement grew substantially; preceptors who had a personal account have used theirs to engage with the residency account, and preceptors who did not yet have a Twitter account joined to further engage with the residency program and take part in the learning, networking, and connection-building benefits.

One of the greatest joys to come out of this endeavor was the overall growth of the pharmacy residency program community on Twitter since we first joined. When the @BMCPharmRes account was first started, we had no other programs to join us, but nearly a year into this project, we are joined by names such as Mayo Clinic, University of Chicago Medicine, University of North Carolina, Denver Health, and the University of California at Davis – among others!

A photograph of the Boston Medical Center building. The building is a multi-story structure with a light-colored, paneled facade. The words "BOSTON MEDICAL" are mounted on the wall in large, blue, three-dimensional letters. To the right of "BOSTON", the word "CENTER" is partially visible, with only "CENT" and "ER" clearly seen. A blue circular graphic element is positioned behind the letters "ON" and "M". In the foreground, there are out-of-focus green leaves and branches of a tree. The sky is a clear, pale blue.

BOSTON  
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ER



## SOCIAL MEDIA HIGHLIGHT

### Q&A with Dr. Jason Mordino on his takeaways of the BMC Pharmacy Residency Social Media Movement:



#### HOW DID YOU GET INTO TWITTER?:

A former mentor and colleague from my PGY1 institution, Monica Mahoney (@MMPharmD), kept talking about it so I created an account... but didn't do much with it. Then @ASHPOfficial Midyear happened in 2018 and I loved the ability to see content that I had no idea I was missing out on. I really started to find my voice in creating original content in 2019. It was my #TwitterRx come out year. It takes time, but Twitter can be really valuable in sharing ideas, creating connections and networking with colleagues across the country.

#### HOW LONG HAVE YOU BEEN ON TWITTER PERSONALLY?:

I never had a Twitter account prior to my professional account. I had personal Facebook and Instagram accounts, both of which I use very little of now.

#### HOW WOULD YOU DESCRIBE YOUR TWITTER PERSONA?:

Quick take reactions, bad jokes and way too many GIFs.

#### WHAT DO YOU THINK ARE THE BENEFITS TO HAVING A PROFESSIONAL TWITTER?:

The list is endless!

- Stay up to date with literature. So many great articles get debated and reviewed. It's awesome.
- Connect with professionals and colleagues across the country and globe!
- Collaboration opportunities. I have personally been involved in a few projects secondary to Twitter and have received several offers for other project involvement

- Cheering on colleagues and residents. Twitter is a great space to celebrate accomplishments and support those around you.
- Profession advocacy! Twitter is a great platform to crowd source support to display and advocate for the value of the pharmacy profession

#### WHAT DO YOU THINK ARE THE BENEFITS TO ENGAGING WITH THE MEDICAL TWITTER?:

Learning and demonstrating the clinical value pharmacists provide.

#### WHAT HAVE YOU LEARNED FROM THE FIRST YEAR WITH THE PROGRAM ON TWITTER?

1. Our network of pharmacists on Twitter has been really valuable. Without this network, spreading the word and creating engagement within Twitter is hard. They were a GREAT jumping off point and as a result we have continued to grow and expand our online residency network.
2. It is a lot more work than I was expecting. Creating content, staying connected and planning out the weeks took a lot of time. It has been getting faster though as we get more in the habit of identifying ideas and other team members are sending us content ideas. Keep at it and it will get easier.



# RESIDENCY EXCELLENCE AWARDS

## STRONG WORK AWARD



### DANIELLE KEBADJIAN, PHARM.D

The "Strong Work" award was developed to acknowledge a pharmacist who maintains a positive attitude and is always supportive of the residents. The 2019-2020 residency class honored Dr. Danielle Kebadjian with the award this year! The residency class expressed their appreciation for Dr. Kebadjian's constant support. She was always there to check in and say hi, come early to her shifts so she could attend resident presentations, and serve as a clinical resource during resident staffing shifts. Congratulations Dr. Kebadjian on the "strong work" award!

## PRECEPTOR OF THE YEAR



### KARRINE BRADE, PHARM.D, BCIDP, BCPS

The Dana Whitney Preceptor-of-the-year award is given annually to a BMC preceptor that the residency class recognizes for excellence in residency education. This year's award recipient was Dr. Karrine Brade. In the 2019-2020 year, Dr. Brade was the ID PGY2 residency program director, ID rotation preceptor, oversaw many residents' educational conferences and patient case presentations, and led the ID pharmacy response to the COVID-19 pandemic. She was recognized by the residency class for her commitment to teaching. She is often found in the resident office discussing interesting patient cases, sharing ID trivia, and reviewing on call vancomycin pages. Every resident that takes her rotation marvels at the amount of learning that they encounter and are grateful to be able to take part in providing the robust antimicrobial stewardship and infectious disease consult services she has built over her years here at BMC. Thank you for your unrelenting commitment to BMC resident learning and congratulations on this well-deserved Preceptor of the Year award, Dr. Brade!

# RESIDENCY EXCELLENCE AWARDS

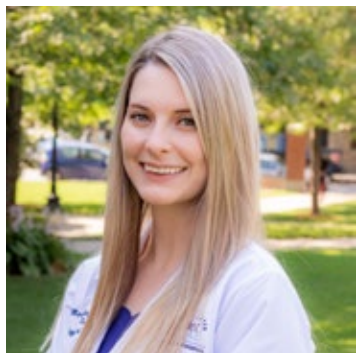
## RESIDENT OF THE YEAR



### JASMINE PATEL, PHARM.D

The Resident-of-the-Year award is given annually to a BMC pharmacy resident who demonstrates excellence in patient care, team work, and for being a general role model for their colleagues. This year's residency class recognized Dr. Jasmine Patel in her role as a PGY2 resident. Jasmine is often praised by many of her co-workers for her constant and unsolicited support of the department's specialty clinic and patient care needs. From her operational efforts to in-depth patient counseling, and with her positive attitude and outstanding work ethic while staffing, her clinical work and passion for her field truly shine through her actions and dedication to excellent patient care. She also served as an exemplary resident by independently seeking out professional growth opportunities, was invited to speak at various conferences and was awarded a Pfizer grant of \$100,000 in support of her QI project. Congratulations Dr. Patel on this well-deserved award, for going above and beyond and delivering exceptional care within the specialty clinic setting and beyond.

## SCHOLARSHIP PROJECT OF THE YEAR



### "TRANSITIONS OF CARE PHARMACY SERVICES FOR SURGICAL PATIENTS" LEAD BY DR. MORGAN EITING

The Scholarship-Project-of-the-Year award is bestowed upon a resident project that exemplifies excellence in advancing patient care and/or improving the medication use system at Boston Medical Center. This year's award was received by Dr. Morgan Eiting on her work on the implementation of "Transitions of Care Pharmacy Services for Surgical Patients." Through Morgan's hard work, the department was able to reach and sustain an aim to complete 80% of pharmacist-driven discharge medication reconciliations for surgery patients at high risk for readmission. This achievement was implemented through sustained workflow changes, recommendations for IT modifications to assist in a scoring dashboard for readmissions, and through optimization of medication error documentation to add value to the project aim. Morgan made significant efforts in collecting, analyzing and sharing her data with her work group, brainstorming with the transitions-of-care strategy team, and showing her unwavering commitment to improving patient care at Boston Medical Center. Congratulations on receiving this award Dr. Eiting!

# NEXT STOP

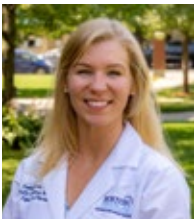


## INFECTIOUS DISEASE OUTCOME RESEARCH FELLOWSHIP

Dr. Nicholas Rebold, PharmD

Dr. Rebold begins his fellowship at Wayne State University with the Infectious Disease Outcome Research Fellowship Program at Wayne State University in July. This program is designed to provide comprehensive hands-on training in ID health outcomes analysis using epidemiologic assessment.

### CAREER



Danielle Burton, PharmD, BCPS; Emergency Medicine Specialist



Rimmal Khan, PharmD; Ambulatory Care Specialist



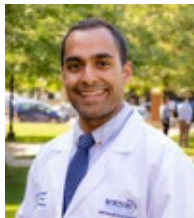
Luke Jennings, PharmD; Clinical Pharmacist



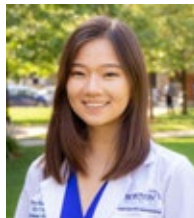
Jasmine Patel, PharmD; Boston Medical Center Hem/Onc Specialist



Nikitha Patel, PharmD, BCPS; Internal Medicine Specialist

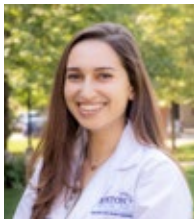


Shyam Patel, PharmD; Boston Medical Center Medical ICU Specialist



Winnie Wan, PharmD; Clinical Pharmacist

### PGY2



Meissane Benbrahim, PharmD; Boston Medical Center PGY2 Ambulatory Care



Morgan Mabey Eiting, PharmD; Massachusetts General Hospital PGY2 Transplant

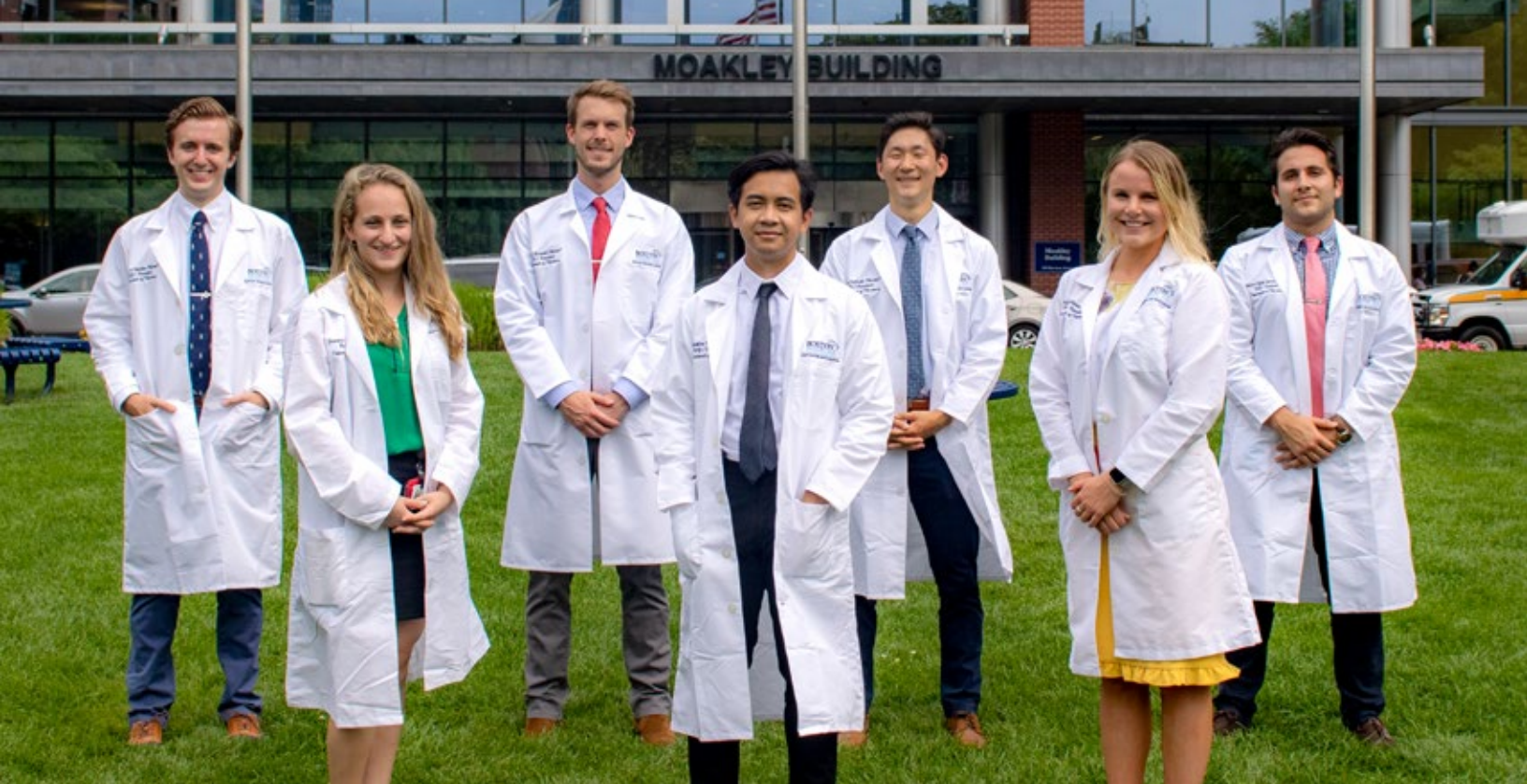


Stephani Halloran, PharmD; University of Utah Health PGY2 Internal Medicine

## IN THE LAST DECADE, BOSTON MEDICAL CENTER...







## PGY-1 PHARMACY RESIDENTS



## PGY-2 PHARMACY RESIDENTS



# 2020-2021 BOSTON MEDICAL CENTER PGY-1 PHARMACY RESIDENTS



## **Gideon Berdahl, PharmD**

Dr. Berdahl is from Sioux Falls, South Dakota. He graduated from the University of Mississippi School of Pharmacy in 2020. His clinical areas of interest are emergency medicine, critical care, and solid organ transplant. In his spare time, he likes to play tennis, exercise, and enjoys spending time with friends and family. A fun fact about Gideon is that he can speak German - ein bisschen!



## **Jessica Freydman, PharmD**

Dr. Freydman is from Marlboro, New Jersey. She graduated from the Ernest Mario School of Pharmacy, Rutgers University in 2020. Her clinical areas of interest include oncology and cardiology. In her spare time, she likes to hike and bike, play ultimate frisbee, and eat dessert before dinner. A fun fact about Jess is that she's jumped off an Olympic sized diving board and has never finished a Netflix series!



## **Joshua Hayden, PharmD**

Dr. Hayden is from Lynnfield, Massachusetts. He graduated from the University of Rhode Island in 2020. His clinical areas of interest are emergency medicine and internal medicine. In his free time, he likes to ski/snowboard and travel to new places with friends or family. A fun fact about Joshua is that he spent a semester abroad in Florence, Italy teaching English as a second language.



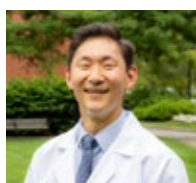
## **Jessica Sullivan, PharmD**

Dr. Sullivan is from Lockport, Illinois. She graduated from Midwestern University – Chicago College of Pharmacy in 2020. Her clinical areas of interest include emergency medicine, critical care, and cardiology. In her spare time, she enjoys cooking, pilates, skiing, and spending time with her family and friends. A fun fact about Jessica is that she is an avid University of Michigan fan. Go Blue!



## **Spencer Sutton, PharmD**

Dr. Sutton is from Chelmsford, Massachusetts. He graduated from Northeastern University in 2020. His clinical areas of interest include infectious diseases and critical care. In his spare time, he loves to cook, sing karaoke, and play Dungeons and Dragons®. A fun fact about Spencer is that he spent two weeks living in a van to visit seven national parks.



## **Jordan Koloski, PharmD (Non-traditional)**

Dr. Koloski is from Lebanon, New Hampshire. He graduated from Northeastern University in 2020. His clinical areas of interest include critical care, infectious diseases, and emergency medicine. In his spare time, he enjoys CrossFit, playing board and video games, and hanging out with friends. A fun fact about Jordan is that he has juggled a soccer ball over 300 times in one attempt.



## **Sopheaktra Kong, PharmD (Non-traditional)**

Dr. Kong is from Lowell, Massachusetts. He graduated from Massachusetts College of Pharmacy and Health Sciences University in 2019. His clinical areas of interests are in critical care and emergency medicine. An avid basketball fan, he loves playing and watching the sport with his favorite team of course being the Boston Celtics. A fun fact about Sopheaktra is that he was born in Cambodia and lived there when he was young!

# 2020-2021 BOSTON MEDICAL CENTER PGY-2 PHARMACY RESIDENTS



## **Meissane Benbrahim, PharmD (PGY-2 Ambulatory Care)**

Dr. Benbrahim is from Marlboro, New Jersey. She graduated from Northeastern University in 2019 and completed her PGY-1 residency here at BMC. Her clinical interests include cardiology, endocrinology, and infectious diseases. In her spare time, she likes to run, spin, try new recipes, and knit. A fun fact about Meissane is that she was born in Paris!



## **Ava Cascone, PharmD (PGY-2 Critical Care)**

Dr. Cascone is originally from Yardley, Pennsylvania. She graduated from South Carolina College of Pharmacy in 2019 and completed her PGY-1 residency at Seton Healthcare. Her areas of interest include critical care and emergency medicine. In her spare time, she likes to run, cook, go to concerts, and try new restaurants. A fun fact is that she is a big Philadelphia Eagles fan and hopes this will be accepted in Boston! Go birds!



## **Lynnette Henshaw, PharmD (PGY-2 Oncology)**

Dr. Henshaw is from Hammonton, New Jersey. She graduated from St. John's University in 2019, and completed her PGY-1 residency at New York-Presbyterian Brooklyn Methodist Hospital. Her clinical areas of interest include hematology, and bone marrow transplantation. In her spare time, she enjoys running, swimming, and spending time with friends and family. A fun fact about Lynnette is she once hiked a volcano and roasted marshmallows at the top.



## **Pawlose Ketema, PharmD (PGY-2 Infectious Diseases)**

Dr. Ketema is from Rockville, Maryland. He graduated from Howard University College of Pharmacy in 2019 and completed his PGY-1 residency at Washington, D.C. VA Medical Center. His clinical areas of interest include infectious diseases and academia. In his spare time, he enjoys spending time with friends and family, traveling, and watching sports. A fun fact about Pawlose is that he once fed a group of hyenas in Ethiopia.



## **Monique Payne-Cardona, PharmD (PGY-2 Emergency Medicine)**

Dr. Payne-Cardona graduated from University of California, San Francisco in 2019 and completed her PGY1 residency at Cedars-Sinai Medical Center. Her clinical areas of interest include emergency medicine and toxicology. In her spare time, she enjoys playing with her Frenchie, Lunesta, and trying new recipes in her Instant Pot®. A fun fact about Monique is that she played basketball for seven years and coached at her local YMCA!

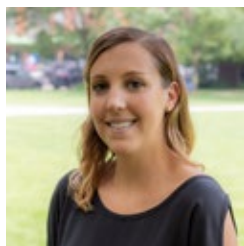


## **Ryan Zabrosky, PharmD (PGY-2 Internal Medicine)**

Dr. Zabrosky is from Greensburg, Pennsylvania. He graduated from West Virginia University in 2019 and completed his PGY-1 Residency at Allegheny General Hospital in Pittsburgh, PA. His clinical areas of interest include heart failure and anticoagulation. In his spare time, he likes to spend time with his dogs, watch as much Star Wars as possible, and is a Pittsburgh Penguins hockey fan (sorry everyone!). A fun fact about Ryan is that he brews his own beer!



# NEW PRECEPTORS AND PRECEPTOR ACTIVITIES



**Ellen Rubin,**  
PharmD, BCPS

## Professional

**Alma mater:** University of Pittsburgh

**Residency:** PGY-1: St. Joseph's Regional Medical Center

**Practice/research interests:** Transitions of care, internal medicine, antimicrobial stewardship, addiction medicine

**Rotations offered:** Internal medicine

## Personal

**Born and raised:** Rochester, NY

**What was your path to BMC?** After completing my PGY-1 residency in northern New Jersey I worked as a staff pharmacist at a community hospital in central New Jersey. I moved to Boston in 2018 and started working as a clinical pharmacist in the medicine group. I now split my time as a clinical specialist covering internal medicine and antimicrobial stewardship.

**What do you like most about working at BMC?** Although everyone in the department has their specialty or "niche" area of practice, we all come together as a team to collaborate and support one another while providing exceptional care to our patients.

**What are your goals for next year?** To continue to expand antimicrobial stewardship services hospital-wide on both the inpatient and outpatient side.



**Alison Blackman,**  
PharmD

## Professional

**Alma mater:** University of Connecticut

**Residency:** PGY-1 University of Maryland Medical Center; PGY-2 Infectious Diseases: University of Maryland School of Pharmacy

**Practice/research interests:** Antimicrobial stewardship, pharmacokinetic/pharmacodynamic optimization of antimicrobials, antimicrobial resistance, HIV

**Rotations offered:** ID consult, antimicrobial stewardship

## Personal

**Born and raised:** All over CT, but mainly Woodbury, CT

**What was your path to BMC?** Following my PGY2 residency, I was seeking an infectious diseases clinical pharmacist position at an academic medical center, with many opportunities for clinical teaching that mainly served an urban underserved patient population. I was very lucky to have found the perfect fit! An added perk was to be back in New England where the majority of my family resides.

**What do you like most about working at BMC?** It's a tie between two: (1) Helping care and optimize treatment of infectious diseases for our urban underserved patient population. (2) The many opportunities to teach - pharmacy residents, students, medical interns/residents, ID fellows, etc.

**What are your goals for next year?** I am looking forward to becoming more involved in the residency program and quality improvement/research projects to help optimize antimicrobial use at BMC.



**Anthony Giuliani,**  
PharmD, BCACP

## Professional

**Alma mater:** University of Rhode Island

**Residency:** PGY-1: VA Connecticut; PGY-2 Ambulatory Care: Saint Francis Hospital and Medical Center

**Practice/research interests:** Chronic disease state management including T2DM, HTN, HLD, and smoking cessation

**Rotations offered:** Ambulatory Care: General Internal Medicine

## Personal

**Born and raised:** I was born in Providence RI and grew up in Smithfield RI

**What was your path to BMC?** I was first introduced to BMC during a PGY2 PPS session at ASHP midyear. About 1 year later I returned to BMC for an interview after seeing a job posting for an ambulatory clinical pharmacy specialist. My goal for many years was to work in a primary care clinic in New England.

**What do you like most about working at BMC?** Clinical ambulatory pharmacy at BMC is super progressive. Pharmacists are an integral part of the healthcare team. I enjoy being able to function in a clinic with a scope of practice and have tremendous pharmacy liaison support.

**What are your goals for next year?** To continue to submerge myself in my clinic by continuing to develop strong relationships with providers and my patients. I am also excited to start precepting students for the first official time. I want to learn from each student I work with in order to continue to grow as a preceptor.

# NEW PRECEPTORS AND PRECEPTOR ACTIVITIES



**Hayley Tatro,**  
PharmD, BCCCP

## Professional

**Alma mater:** University of Wisconsin

**Residency:** PGY-1: University of Tennessee Medical Center; PGY-2 Critical Care: University of Tennessee Medical Center

**Practice/research interests:** Treatment of elevated intracranial pressure, hyperosmolar agents, traumatic brain injury, refractory status epilepticus, pain/sedation/delirium

**Rotations offered:** Neuro Critical Care

## Personal

**Born and raised:** Born in San Diego, CA and raised in Madison, WI

**What was your path to BMC?** Accepted a job here right after residency.

**What do you like most about working at BMC?** I enjoy the people that work here including fellow pharmacists, nurses, providers, etc. Everyone works together very well and supports each other.

**What are your goals for next year?** I would like to get more involved in research and pursue publication, create neuro critical care specific protocols, and I also look forward to precepting more students and residents.



**Kelsey Norman,**  
PharmD, BCCP,  
BCPS

## Professional

**Alma mater:** University of Rhode Island

**Residency:** PGY-1: VA Ann Arbor Healthcare System; PGY-2 Cardiology: VA Ann Arbor Healthcare System

**Practice/research interests:** heart failure, preventative cardiovascular medicine, transitions of care, evaluation of clinical pharmacy services

**Rotations offered:** Ambulatory Care - Cardiology

## Personal

**Born and raised:** Rutland, VT

**What was your path to BMC?** Prior to working at BMC, I was an Assistant Professor at St. Louis College of Pharmacy and established an ambulatory clinic within a cardiology private practice. Although I loved teaching in the classroom, I felt that something was missing from my clinical practice and so I decided to pursue a fully clinical position. BMC was the perfect fit because I was able to regain my clinical practice and still have the opportunity to continue to teach experientially with both students and residents.

**What do you like most about working at BMC?** Our patients!

**What are your goals for next year?** Continue to collaborate with providers to expand the new OPTIMAL-HF pathway for PharmD managed HFrEF guideline-directed medical therapy.



**Michael Takach,**  
PharmD

## Professional

**Alma mater:** University of New England College of Pharmacy; Boston College

**Residency:** PGY-1: VA Boston Healthcare System; PGY-2 Ambulatory Care: North Florida/South Georgia Veterans Health System

**Practice/research interests:** Population health, diabetes care, chronic disease state management, and patient education

**Rotations offered:** Ambulatory Care - General Internal Medicine

## Personal

**Born and raised:** Born in Washington D.C., but spent the majority of my life in Cape Elizabeth, ME.

**What was your path to BMC?** I knew from day 1 of pharmacy school that I wanted to work as an ambulatory care pharmacist. After completing my PGY-1 & PGY-2 residencies I was looking to live in New England and work for an organization that shared my values, and I was fortunate that BMC was hiring!

**What do you like most about working at BMC?** I enjoy working for an organization that is committed to providing care to anyone who walks through their doors.

**What are your goals for next year?** To take my BCACP and start precepting both PGY-1/PGY-2 residents in addition to APPE students.



**Christopher**  
**Fagbote, PharmD,**  
BCACP

## Professional

**Alma mater:** Massachusetts College of Pharmacy and Health Sciences University

**Residency:** PGY-1: VA Boston; PGY-2 Geriatrics: VA Boston

**Practice/research interests:** Complex Care, Primary Care, Diabetes, and Geriatrics

**Rotations offered:** Complex Care Management

## Personal

**Born and raised:** Providence, RI

**What was your path to BMC?** I came to BMC immediately after completing PGY2 residency.

**What do you like most about working at BMC?** Making an impact in my community.

**What are your goals for next year?** Professionally, I would like to precept APPE students, PGY1, and PGY2 residents.

# SCHOLARSHIP

## Accomplishments, Posters, and Publications

### CRIT CARE/SURGERY

#### Hayley Tatro, PharmD, BCCCP

Clinical Specialist, Neuro ICU

##### Publications:

- **Tatro H**, Hamilton L, Peters C, Rowe A. Identification of Risk Factors for Refractory Status Epilepticus. *Ann Pharmacother*. 2020;54(1):14-21.

#### Erica Liu, PharmD, BCPS

Clinical Pharmacist II, Surgery

##### Publications:

- Elfessi Z, **Liu E**, Dukarevich Y, Caniff K, Marquez K, Shabbir Z. Sepsis induced bacterial peritonitis caused by *Granulicatella adiacens*. *The American Journal of Emergency Medicine*. 2019;37(12):2263.e1-2263.e3.

### NORTHEASTERN UNIVERSITY CLINICAL FACULTY

#### Mark Douglass, PharmD

Clinical Pharmacist

##### Posters:

- Skenyon C, Merkel M, **Douglass M**. Identifying the Top Career Preferences Among Current US Pharma Students and Factors Having the Greatest Impact on Career Outlook. Poster presentation at American Pharmacists Association Annual Meeting, 2019.
- Malladi R, Scott S, **Douglass M**. Analysis of Clinical Trials with Pharmacist-led Behavioral Interventions. Poster presentation at American Pharmacists Association Annual Meeting, 2019.
- Moon C, Panicker J, Zheng J, **Douglass M**, et al. The efficacy of digital therapeutics of CDC NDPP vs non-CDC NDPP in improving clinical outcomes in patients at risk for or diagnosed with type 2 diabetes. Poster presentation at Northeastern University RISE, 2019.

##### Publications:

- **Douglass M**, Moy B. Evaluation of the impact of a social media-focused intervention on reducing mental health stigma among pharmacy students. *Ment Health Clin*. 2019;9(3):110-115.

### AMBULATORY CARE

#### Shubha Bhat, PharmD, BCPS

Clinical Specialist, Gastroenterology

##### Publications:

- Soric M, Paxos C, Dugan SE, (11) **Bhat S**, et al. Prevalence and predictors of benzodiazepine monotherapy in patients with depression: A national cross-sectional study. *J Clin Psychiatry*. 2019;80(4):0-0.
- **Bhat S**, Altajar S, Shankar D, et al. Process and Clinical Outcomes of a Biosimilar Adoption Program with Infliximab-Dyyb. *JMCP*. 2020;26(4):410-416.
- **Bhat S**, Kroehl M, Maniga B, et al. Patient Outreaches for Clinical Pharmacy Services: A Population Health Management Program Assessment. *Journal of Pharmacy Practice*. 2019;0897-190019857396.

#### Justine E. Dickson, PharmD, BCACP

Clinical Specialist, Renal Transplant

##### Posters:

- Corcoran D, **Eiting M**, **Dickson J**. Evaluating effectiveness and safety of fixed tacrolimus dosing on time to therapeutic range in a small urban transplant program. Presented at ASHP Midyear Clinical Meeting, 2019.

#### Christopher Fagbote, PharmD

Clinical Specialist, Complex Care Management

##### Publications:

- Li J, **Fagbote C**, Zhuo M, Hawley C, Paik JM. Sodium-glucose cotransporter 2 inhibitors for diabetic kidney disease: a primer for deprescribing. *Clin Kidney J*. 2019;12(5):620-628.
- Triantafylidis L, Hawley C, **Fagbote C**, Li J, Genovese N, Paik JM. A Pilot Study Embedding Clinical Pharmacists Within an Interprofessional Nephrology Clinic for the Initiation and Monitoring of Empagliflozin in Diabetic Kidney Disease. *Journal of Pharmacy Practice*. 2019;0897-190019876499.

#### Katelyn O'Brien, PharmD, BCPS, CDE

Clinical Specialist, Primary Care

- **President, MPH A**

#### Anne Hennigan, PharmD, BCPS, BCGP

Clinical Pharmacy Specialist, Ambulatory Anticoagulation and Geriatric Clinics

##### Posters:

- Backman W, Chan V, Malone V, Sadrzadeh H, **Hennigan A**, Caruso L. Excessive Duration of Oral Iron Supplementation among Ambulatory Older Adults. Section of Geriatrics, Boston University School of Medicine, Boston Medical Center. AGS Annual Meeting 2019.

#### Alejandra Salazar, PharmD, AAHIVP

Clinical Specialist, HIV/Primary Care

##### Publications:

- **Salazar A**, Karmiy S, Forsythe K, et al. How often do prescribers include indications in drug orders? Analysis of 4 million outpatient prescriptions. *American Journal of Health-System Pharmacy*. *Am J Health Syst Pharm*. 2019;76(13):970-979.



# SCHOLARSHIP

## Accomplishments, Posters, and Publications

### EMERGENCY MEDICINE

#### Natalija Farrell, PharmD, BCPS, DABAT

Clinical Coordinator – Emergency Medicine Director, PGY2  
Emergency Medicine

##### Poster:

- Sivakumar D, Fett D, **Farrell N**. Medication use evaluation of methadone for opioid use disorder in the emergency department. Poster presentation at ASHP Midyear 2019.

##### Presentation:

- **Farrell N**, Nentwich L, O'Neill K, Kapoor S. "The Opioid Crisis: Transforming Care in the ED and Beyond." Podium presentation at the IHI National Forum 2019.

#### Bryan Gendron, PharmD, BCPS

Clinical Specialist, Emergency Medicine

##### Poster:

- **Lamb M, Gendron B, Horbowicz K, Farrell N**. Implementing influenza vaccinations in the emergency department. Poster presentation at Massachusetts Society of Health-System Pharmacists Annual Meeting, 2019.

##### Publications:

- Altawil Z, **Gendron B**, Schechter-Perkins E. Topical use of tranexamic acid for the management of post-procedural rectal bleeding. *The American Journal of Emergency Medicine*. 2019;37(1):173.e3-173.e4.

#### Elena Serpico, PharmD, BCCCP

Clinical Pharmacist II, Emergency Medicine

##### Poster:

- **Serpico E**. Vasopressin medication use evaluation in adult intensive care units of a tertiary academic medical center. Poster presentation at ASHP Summer Meeting, 2019.

### ONCOLOGY

#### Radhika Jhaveri, PharmD, BCOP

Clinical Manager, Hematology/Oncology

##### Poster:

- **Jhaveri R**, Sanchorawala V, Sloan J, Lerner A, Sarosiek S, **Shah B**. Successful transition from bortezomib subcutaneous to bortezomib generic intravenous: cost saving initiative with global economic impact. Poster presentation at the American Society of Hematology (ASH) annual meeting, 2019.

#### David Hughes, PharmD, BCOP

Clinical Specialist, Hematology/Oncology

##### Publications:

- **Hughes D**, Goswami S, Keizer RJ, Hughes S, Faldasz J. Bayesian clinical decision support-guided versus clinician-guided vancomycin dosing in attainment of targeted pharmacokinetic parameters in a paediatric population. *J Antimicrob Chemother*. 2020;75(2):434-437.
- **Hughes D**, Vose R, **Shah B**, **Jhaveri R**. Pharmacist-Run Chemotherapy-Induced Nausea & Vomiting Protocol Improves Patient Outcomes and Benefits Physician Workflow. *J Hem Onc Pharm* 2019; online publication pending
- **Hughes D**, Blevins F, **Shah B**, Sarosiek S, Lerner A, Sloan J. Real-World Experience with Fostamatinib with Immune Thrombocytopenia at an Academic Medical Center. *Blood suppl*. 2019. ASH and Blood Abstracts Archive. Online-only, abstract#4912

### INFECTIOUS DISEASES

#### Karrine Brade, PharmD, BCIDP, BCPS

Clinical Coordinator, Medicine  
Director, PGY2 Infectious Diseases

##### Poster:

- **Girgis M, Amin S, Brade K**. Hospital wide implementation of vancomycin area under the curve/minimum inhibitory concentration (AUC/MIC) dosing at a large academic medical center. Poster presentation at MSHP and MAD-ID, 2019.
- Yamasaki H, Fan K, **Brade K**. Prescribing patterns for skin and soft tissue infections at an academic medical center. Presented at MAD-ID 2019 Annual Meeting

##### Publications:

- Jorgensen S, Murray K, Lagnf A, Melvin S, Bhatia S, Muhammad-Daniyal S, Smith JR, **Brade K** et al. A Multicenter Evaluation of Vancomycin-Associated Acute Kidney Injury in Hospitalized Patients with Acute Bacterial Skin and Skin Structure Infections. *Infect Dis Ther*. 2020;9(1):89-106.

#### Alison Blackman, PharmD, BCPS

Clinical Specialist, Infectious Diseases

##### Publications:

- **Blackman A**, Heil E, Devanathan A, Pandit N. The effect of veno-arterial extracorporeal oxygenation and nasogastric tube administration on the pharmacokinetic profile of abacavir, lamivudine and dolutegravir: a case report. *Antivir Ther (Lond)*. April 2020.
- Vega A, Heil E, **Blackman A**, et al. Evaluation of Addition of Intravenous Metronidazole to Oral Vancomycin Therapy in Critically Ill Patients with Non-Fulminant Severe Clostridioides difficile Infection. *Pharmacotherapy*. April 2020.
- Armahizer M, **Blackman A**, Plazak M, Brophy G. Early Acute Ischemic Stroke Management for Pharmacists. *Hosp Pharm*. 2020;55(1):12-25.
- Boutin A, **Blackman A**, O'Sullivan D, Forcello N. The value of fixed rasburicase dosing versus weight-based dosing in the treatment and prevention of tumor lysis syndrome. *J Oncol Pharm Pract*. 2019;25(3):577-583.

#### Eleanor Broadbent, PharmD

Clinical Specialist, Infectious Diseases/Medicine

##### Publications:

- **Broadbent E**, Lewin A, Sylvester K, Whitfield B, Knowles D. Evaluation of Pharmacologic Strategies for Prevention of Venous Thromboembolism in Elective Orthopedic Surgery. *JPP*. 2019;7(3).
- Burrelli C, **Broadbent E**, Margulis A, et al. Does the Beta-Lactam Matter? Nafcillin versus Cefazolin for Methicillin-Susceptible Staphylococcus aureus Bloodstream Infections. *CHE*. 2018;63(6):345-351.

### MANAGEMENT

#### Kevin Horbowicz, PharmD, BCPS

Clinical Manager, Critical Care and Emergency Medicine

##### Publications:

- Epstein R, Penwill N, **Clarke D**, Hamilton S, **Horbowicz K** et al. "Meds-in-Hand" Intervention to Reduce Critical Process Delays in Pediatric Human Immunodeficiency Virus Post-Exposure Prophylaxis. *J Pediatric Infect Dis Soc*. 2020;pii033.

# ALUMNI CORNER

Congratulations to all Boston Medical Center Pharmacy Residency Alumni on your personal and professional achievements! Here are a few highlights from the past year:

- Dr. David Fett (PGY1 '18, PGY2 EM '19) is an Emergency Medicine Clinical Pharmacist at Cooper University Medical Center in Camden, NJ.
- Dr. Makenna Smack (PGY2 Heme/Onc '19) is a Clinical Pharmacy Specialist in Gastrointestinal Medical Oncology and spearheaded the pharmacy services involved in opening of this outpatient clinic at MD Anderson in Houston, TX.
- Dr. Danielle Margetak (Burton) (PGY1 '19, PGY2 EM '20) got married in September 2020 and moved to Canada where she is working as an Emergency Medicine Pharmacist in Calgary for the Alberta Health System!
- Dr's Nikitha Patel (PGY1 '19, PGY2 '20) and Danielle Margetak (PGY1 '19, PGY2 EM '20) sat for and passed the BCPS board certification exam in October 2019! Congratulations!
- Dr. Molly Merz (PGY1 '18, PGY2 CC '19) is a Critical Care Clinical Pharmacist in the Cardiothoracic Intensive Care Unit at Baylor University Medical Center in Dallas, TX.
- Dr. Melanie Berry (Greer) (PGY2 Amb Care '19) got married AND started a new position as an Ambulatory Clinical Pharmacy Specialist at Beth Israel Deaconess Medical Center in Boston, MA.
- Dr. Matthew Girgis (PGY2 ID '19) took his talents international and went back to his hometown to accept a position as a Clinical Pharmacy Specialist at Trillium Health Partners in Mississauga, ON, Canada!
- Dr. Patty Purtill (Szmuc) (PGY1 '18) got married in September 2019 and is currently working as a Clinical Pharmacist in the Family Health Clinic at Malcolm Grow Medical Clinics and Surgery Center in Joint Base Andrews in Maryland.
- Dr. Hope Serafin (PGY1 '15) has become the PGY2 Internal Medicine Program Director here at BMC starting February 2020!
- Dr. Bryan Gendron (PGY1 '16, PGY2 EM '17) is a Clinical Specialist in Emergency Medicine here at Boston Medical Center. He has established himself as a Quality Improvement Master and will be taking over as PGY1 Residency Program Coordinator starting in the 2020-2021 residency year.

## ALUMNI CORNER

- Dr. Caroline Townley (PGY2 Heme/Onc '17) is at Seidman Cancer Center at Southwest General Medical Group in Cleveland, Ohio, working as a Clinical Oncology Pharmacist.
- Dr. Jennifer Wilson (PGY2 Critical Care '17) is a Neurocritical Care Clinical Pharmacy Specialist at Vidant Medical Center in Greenville, NC.
- Dr. Philip Carpinello (PGY1 '17) is a Medication Safety Officer at John's Hopkins All Children's Hospital in St. Petersburg, FL.
- Dr. Megan Seraphin (PGY1 '17) is a Clinical Specialist in Heme/Onc at the Dana Farber Cancer Institute in Boston, MA.
- Dr. Meaghan Paris (PGY1 '17) is a Clinical Specialist in Emergency Medicine at Brigham and Women's Faulkner Hospital in Boston, MA.
- Dr. Roshani Patolia (PGY1 '17) departed from her role as a Clinical Specialist in Surgery at Boston Medical Center to pursue further residency training in Solid Organ Transplant at University of Chicago Medicine for the 2020-2021 residency year!

## A CALL TO ALUMNI:

In our thirty-two years of graduating leaders in pharmacy practice, we know there are MANY alumni that deserve recognition. We want to try to start to keep track of our established and emerging leaders and recognize your hard work and accolades in your career as well as any personal accomplishments you wish to share with the BMC Pharmacy Residency Alumni community. Please send any personal or professional updates and accomplishments you would like to share via email to [BMCParmacyResidency@bmc.org](mailto:BMCParmacyResidency@bmc.org) with the subject heading: "Class of XXXX Alumni Update". Please also utilize the same email address to keep us updated with any changes in jobs or contact information throughout the year!





## GET IN TOUCH WITH BMC PHARMACY RESIDENCY PROGRAMS!

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