



BAPTIST HEALTH[®]

Baptist Health Floyd 2024-2025

PGY1 Pharmacy Residency Manual and Training Agreement

Department of Pharmacy

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Program purpose statement

American Society of Health-System Pharmacists (ASHP) Postgraduate Year One (PGY1) Pharmacy Residency Program Purpose Statement

PGY1 residency programs build upon Doctor of Pharmacy (PharmD) education and outcomes to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals, and objectives. Residents who successfully complete PGY1 residency programs will be skilled in diverse patient care, practice management, leadership, and education, and be prepared to provide patient care, seek board certification in pharmacotherapy (i.e., BCPS), and pursue advanced education and training opportunities including postgraduate year two (PGY2) residencies.

Baptist Health Floyd Program Description

The Baptist Health Floyd (BHF) PGY1 residency program is designed to enable the resident to provide progressive pharmacy services in a variety of clinical settings for an acute care regional hospital. The program emphasizes the resident's development of advanced knowledge and application of pharmacotherapeutics as part of a multi-disciplinary patient care team. The resident is exposed to many different clinical and professional elements important to current practices of clinical pharmacy. Responsibilities include participation in the Pharmacy and Therapeutics committee and the Antimicrobial Stewardship committee meetings and initiatives, precepting students, presenting classroom lectures and conducting valuable research to expand clinical pharmacy services. Resident's experiences are customized and adapted throughout the year to allow them to meet their individual goals. Residency preceptors challenge the resident to excel in a supportive community environment and prepare them to be future leaders in the pharmacy profession.

Residency personnel

Name	Role	Rotation(s) precepted
Hayley Beam, PharmD, MBA, BCPS	Ambulatory Care Pharmacist	Ambulatory Care
Abbey Breit, PharmD, BCPS	Residency Program Director Clinical Pharmacist	Orientation Drug Info & Medication Safety Pharmacotherapy & Precepting
Matt Cavanaugh, PharmD, MHA, BCPS	Staffing Pharmacist	Staffing
Abbi Collins, PharmD, BCPS	Critical Care Pharmacist	Cardiology Critical Care
Rachel Connors, PharmD, MBA, BCPS	Director of Pharmacy	Administration & Operations
Michael Cree, PharmD, BCPS	Clinical Pharmacist	Internal Medicine
LeAnn Doddridge, PharmD, BCPS	Ambulatory Care Pharmacist	Ambulatory Care
Rachel Engle, PharmD	Emergency Medicine Pharmacist	Emergency Medicine
Eric Marsh, PharmD, BCPS	Clinical Pharmacist	Internal Medicine Research
Rob McClelland, PharmD, MHA, DPLA	Operations Manager	Administration & Operations
Lindsey Minnick, PharmD, BCPS, BCCCP	Associate RPD Infectious Disease Pharmacist	Infectious Diseases Advanced Infectious Diseases
Natalie Nichols, PharmD, BCPS	Clinical Pharmacist	Internal Medicine Surgical Inpatient Services
Courtney O’Neal, PharmD, BCPS	Clinical Pharmacy Supervisor	Drug Info & Medication Safety Administration & Operations
Vince Peak, PharmD, BCPS	Transitions of Care Pharmacist	Transitions of Care
Marina Shcherbakova, PharmD, BCPS	Emergency Medicine Pharmacist	Emergency Medicine
Cory Smith, PharmD, BCPS, CDCES	Controlled Substance Pharmacist	Endocrinology Research
Adele Venable, PharmD	Critical Care Pharmacist	Critical Care Cardiology Teaching & Learning

Program structure

This residency will design experiences and activities that follow the ASHP learning goals and objectives for a PGY1 Residency. This community hospital-based program will afford the resident an opportunity to rotate through several clinical practice settings at the hospital. This program consists of a minimum of 52 weeks of residency training. The RPD and Pharmacy Management are committed to creating staffing schedules that provide the necessary preceptor/co-preceptor presence during each learning experience to ensure appropriate preceptor support to the resident.

Orientation is the first rotation of the residency year, followed immediately by Internal Medicine. The remaining schedule will be customized based on individual resident needs and goals. Each resident will select a minimum of four elective rotations. Each resident's schedule will include a six-week project and staffing block approximately halfway through the residency year.

Approximately half of this block will be dedicated to Administration & Operations activities, approximately one quarter to staffing responsibilities, approximately one week to ASHP Midyear Clinical Meeting, and the remaining time to other longitudinal projects. Additional project days may be allocated throughout the year at the discretion of the RPD.

Core rotations

- **Orientation (6 weeks):** The resident will be oriented to Baptist Health Floyd, the Pharmacy Department, and active policies, procedures, and processes therein. Additionally, the resident will discuss his/her goals for the following year and schedules will be planned to meet these goals. The purpose of this rotation is to ensure the resident is prepared and comfortable working in the in-patient pharmacy and has an understanding of the program expectations for the next year.
- **Internal Medicine (5 weeks):** The experience centers around the inpatient pharmacy model of patient-centered care, with an emphasis on a team-based approach. Core aspects of the rotation include identification of potential drug therapy problems, design and implementation of patient care plans, monitoring and modification of drug regimens, provision of drug information for both medical and nursing staff, participating in multi-disciplinary rounds, medication reconciliation, and medication and discharge counseling.
- **Critical Care (5 weeks):** The resident will manage drug therapy for patients in the medical intensive care unit and cardiovascular care unit. Management of these patients may include renal dose adjustments, pharmacokinetics, antibiotic management, stress ulcer therapy, deep vein thrombosis prophylaxis and other core measures for the critically ill patients. Fundamental aspects of the rotation include design and implementation of patient care plans, monitoring and modification of drug regimens, provision of drug information for both the medical and nursing staff, and rounding with the interdisciplinary team.
- **Infectious Diseases (5 weeks):** The resident will function as an antimicrobial stewardship pharmacist by assessing the appropriateness of the antimicrobials patients are receiving. The resident will consult on antimicrobial agent selection, ensure prompt antimicrobial agent de-escalation, and monitor cultures, patient progression, and antimicrobial agent safety and efficacy.

- Pharmacotherapy & Precepting (5 weeks): This rotation is offered in the last 6 months of residency. In this rotation, residents further build on skills developed in the Internal Medicine rotation while also serving as a preceptor to an Advanced Pharmacy Practice Experience (APPE) student in a Layered Learning Model.

Longitudinal rotations

- Administration & Operations (7 months): This seven-month longitudinal learning experience will begin approximately halfway through the residency year. The resident will gain experience with policy development and review, formulary management, organization and department structure, management techniques, human resources, economic rationale and problem solving, strategic planning, departmental performance improvement efforts, quality and safety practices, information systems, and budgeting.
- Drug Information & Medication Safety (12 months): The resident will develop his/her drug literature evaluation skills; cultivate proficiency in providing comprehensive, unbiased, evidence-based drug information in both oral and written formats; gain experience with medication error and adverse drug reaction reports; improve the medication use system; and understand the role and value of the pharmacist as a drug information provider and medication safety expert.
- Research (12 months): The resident will conduct and oversee an Institutional Review Board (IRB) approved research project to completion. By the end of this experience, the resident will have the skills necessary to complete a health outcomes research project from study design to data analysis and manuscript preparation and submission.
- Staffing (12 months): The resident will develop foundational practice skills in hospital pharmacy practice. The resident will hone their prioritization and multi-tasking skills as they manage the daily activities in central pharmacy and in decentralized roles. Activities include, but are not limited to, verifying patient-specific medication orders, providing pharmacokinetic or other clinical consult services upon request, answering in-depth drug information questions, providing patient education, supervising technician staff, checking sterile and nonsterile compounding, and solving pharmacotherapy related issues.
- Teaching & Learning (12 months): The resident will develop and refine teaching skills through the completion of a teaching curriculum sponsored by Sullivan University College of Pharmacy & Health Sciences (SUCOPHS). In addition to meeting the requirements of the teaching curriculum, residents will be challenged to create a diverse teaching portfolio throughout the course of residency year that highlights numerous teaching experiences and skills utilized to educate to a wide variety of audiences. Upon successful completion of the teaching curriculum residents will receive a certificate of achievement for the program.

Elective rotations

- Academia (4 weeks): The rotation is available for residents interested in a career in academia. The resident will spend four weeks paired with a faculty member at SUCOPHS, a 3-year accelerated Doctor of Pharmacy program. In addition to didactic teaching in both the large and small group setting and precepting learners on academic

APPE rotations, residents will gain experience in the areas of service, scholarly activity, and leadership.

- Advanced Infectious Diseases (4 weeks): The rotation is designed to further develop the knowledge base, competencies, and clinical skills for the treatment of infectious diseases that the resident pharmacist gained during the Infectious Diseases rotation. The resident will round with the infectious diseases (ID) team and will be exposed to direct patient interaction. During this learning resident will also learn how to work within the hospital system by leading and attending ID related meetings at a local and hospital system level.
- Ambulatory Care (6 weeks): The resident will work in the Medication Management Clinic and will focus mainly on anticoagulation therapy management and tobacco cessation counseling, as well as patient/caregiver communication and education. Utilizing a collaborative practice agreement with multiple different providers, the resident will ensure proper therapy on a patient-by-patient basis and will gain skills as a preceptor while working with APPE students that are on rotation in the clinic. The resident will also have the opportunity to assist with the expansion and assessment of clinic services.
- Cardiology (5 weeks): The pharmacy resident will be responsible for managing complex disease states of the Cardiovascular Care Unit (CCU) patients, as well as all Cardiovascular Surgery (CVS) patients within the hospital. The resident will follow CVS patients from intake pre-operatively, to peri-operative in-patient care, and finally through outpatient follow-up. The resident will also follow all other non-CVS CVU patients.
- Emergency Medicine (5 weeks): Residents will encounter a uniquely diverse patient population and be exposed to a wide variety of disease states that range from long-term disease state management to the acute management of critically ill patients requiring an immediate and high level of care. Activities may include patient interviewing and counseling, answering drug information questions and providing evidence-based pharmacotherapy recommendations, participating in cardiopulmonary resuscitations responding to Code Stroke and Code 4 alerts, supervising pharmacy technician-led medication reconciliation services, and managing the outpatient discharge culture service.
- Endocrinology (5 weeks): The resident will work within the patient-centered care model for inpatient care, with various healthcare professionals including the endocrinologists of Joslin Diabetes Center for both inpatient and outpatient care, and optionally attend Camp Hendon, a diabetes camp for children. Core aspects of the rotation include design and implementation of patient care plans, monitoring and modification of drug therapy regimens, provision of drug information for medical and nursing staff, and provision of both inpatient and outpatient patient education.
- Informatics (4 weeks): The resident will work on a multi-disciplinary team with pharmacy, nursing, and information technology (IT) leadership to help make workflow and process decisions. The goal of this rotation is for the resident to develop the necessary skills to identify challenges and opportunities for improvement in our clinical information systems.
- Surgical Inpatient Services (5 weeks): The pharmacy resident will be responsible for overseeing and managing medication therapy for patients on the surgical inpatient unit (SIPS) from admission to transfer/discharge. Core aspects of the rotation include

identification of proper pre- and post-operative antibiotics, identification of proper post-operative thromboembolism prophylaxis, identification of potential drug therapy problems, design and implementation of patient care plans, monitoring and modification of drug regimens, provision of drug information for both medical and nursing staff, participating in multi-disciplinary rounds, medication reconciliation, and medication and discharge counseling.

- Transitions of Care (5 weeks): This evolving area of practice enables pharmacists to become directly involved in patient care, reduce costly readmissions, and improve patient outcomes. The resident will primarily work with the Transitions-of-Care pharmacy team focusing on both admission and discharge medication reconciliation. In addition, the resident will spend time in the Baptist Health Retail Pharmacy focusing mainly on transitions-of-care occurring in discharge from hospital to home.

Professional Responsibility Component

The BHF PGY1 Pharmacy Residency Program affirms that the program and preceptors have a responsibility to provide its residents with professional support beyond the educational and experiential training received via learning experiences. As such, the program has developed several components aimed at enabling residents to achieve their immediate post-residency goals, adapt to ever-evolving pharmacist roles and healthcare environment, and achieve career-long professional and personal success.

Residency Mentor Program

- Residents must select a residency mentor by the end of their orientation experience. They may choose any active residency preceptor who has been a preceptor within the program for at least one year.
- Mentor expectations:
 - Meet with mentee to review progress at least monthly for the first 3 months, with at least one of these meetings taking place off-site. Meet no less than quarterly thereafter.
 - Meet with the RPD quarterly to complete the mentee's development plan.
 - Attend as many of the mentee's presentations as possible.
 - Provide career guidance (goal setting, CV review at least quarterly, interview prep, etc.).
 - Provide general guidance and support to the mentee
 - Support mentee in pursuit of personal/professional balance and development of time management.
 - Serve as a sounding board for mentee problems and frustrations.
 - Serve as an advocate for the mentee and his/her success.
 - Provide mentee-specific details and perspective to RAC and RPD, including keeping the RPD apprised of any difficulties the mentee may be experiencing.

Career Development

- The program will offer educational career development workshops throughout the year to prepare the resident to obtain an employment position at the completion of their residency. Topics may include but are not limited to CV development, letter of intent development, preparation for Pharmacy Placement Services (PPS) at Midyear, and job interview preparation.

Learning style and personality type assessments

- The resident will complete learning style and personality type assessments as assigned prior to or shortly after entrance into the program. These results will be shared with preceptors to enable them to better customize residents' experiences. Preceptor learning style and personality type assessments will also be shared with residents and other preceptors.

Resident wellness

- During Orientation, the RPD will introduce the resident to the Employee Assistance Program (EAP) and concepts surrounding burnout, well-being, and emotional intelligence. Throughout the year, the RPD or designee will coordinate further education on these and related topics.
- The Residency Social Committee will coordinate periodic Residency Outings for residents and preceptors throughout the year. These events are an opportunity to further develop resident and preceptor relationships and facilitate a healthier life-work harmony.

Residency evaluation process

Preceptors will provide frequent and timely verbal and/or written feedback to the resident on their performance and progress throughout the year. In addition to this continual informal feedback, preceptors will complete formal evaluations at scheduled intervals and as needed using PharmAcademic. Preceptors must discuss formal evaluations in-person with the resident.

- **All evaluations must be completed within seven (7) days of the assigned due date in PharmAcademic, except for resident midpoint evaluations which should be completed within three (3) business days of the assigned due date.**
- All PharmAcademic evaluations should be completed *prior* to meeting to discuss them
- Residents are responsible for scheduling all meetings with preceptors to complete evaluations in a timely manner.
- Resident self-assessments
 - Residents are expected to practice continual self-reflection and self-assessment.
 - For each core and elective rotation, the resident will complete the midpoint self-assessment in PharmAcademic approximately halfway through the rotation. The preceptor will verbally provide the resident with generalized feedback on their performance and respond to the resident's midpoint self-assessment.
 - For longitudinal rotations, this is also completed at evenly spaced intervals with a maximum of 12 weeks between evaluations.
- Resident's evaluation of preceptor and learning experience
 - Each resident will complete an evaluation of the preceptor and learning experience at the end of each rotation.
 - The same must also be done at the midpoint for longitudinal rotations.
- Preceptor's evaluation of resident's rotation performance (summative evaluation)
 - For all rotations, the primary preceptor will complete a summative, criteria-based evaluation of the resident in PharmAcademic at the end of the rotation.
 - For longitudinal rotations, this is also completed at evenly spaced intervals with a maximum of 12 weeks between evaluations.
- Formative evaluations

Each preceptor should provide periodic opportunities for the residents to receive criteria-based formative evaluation on aspects of their routine performance. Examples of formative evaluations include, but are not limited to written feedback on patient care notes, written feedback on project drafts, and feedback on in-services/presentations. When completed, the resident/preceptor may submit the evaluation via PharmAcademic and/or file it in their residency portfolio.
- Quarterly resident self- and program-assessment
 - On a quarterly basis, each resident will perform an independent self- and program-assessment via a pre-built PharmAcademic evaluation.
 - Resident input will be used to improve the resident's individual experience and residency program in general.
- Resident development plan

- Residents will complete a self-assessment at the beginning of the residency year using the Entering Resident Self-Assessment Form and upload it in PharmAcademic. These evaluations should be complete prior to the resident's first day of his/her Orientation learning experience or as assigned by the RPD, and will be discussed during the first quarterly development plan review with the RPD.
- Upon entry, the RPD and preceptors will customize the training program for the resident based upon an assessment of the resident's entering knowledge, skills, attitudes, and abilities and the resident's interests. The RPD will finalize the resident's initial development plan within 30 days from the start of the residency.
- The resident's development plan will be reviewed and updated every 90 days from the start of residency.
 - Prior to the development plan update, the resident will document an updated self-assessment that includes:
 - Assessment of progress on previously identified opportunities for improvement related to competency areas
 - Identification of new strengths and opportunities for improvement related to competency areas
 - Changes in practice interests, career goals
 - Current assessment of well-being and resilience
 - RPD (or designee) will review the resident's self-assessment, document the following, and discuss with the resident:
 - Assessment of progress on previously identified opportunities for improvement related to competency areas
 - Identification of new strengths and opportunities for improvement related to competency areas
 - Objectives achieved for the residency (ACHR) since last plan update
 - Adjustments to the program for the resident for the upcoming quarter
 - Updates to the resident's progress towards meeting all other program completion requirements
- Preceptor pass-off
 - At each Residency Advisory Committee (RAC) meeting, progression toward achievement for residency for the specific goals and objectives related to the current learning experience will be discussed. Input and feedback will be provided to facilitate pass-off for the next learning experience and modifications to the developmental plan will take place as necessary.

Residency evaluation scale

Preceptors must provide comments supporting their scoring decision for each objective evaluated on a summative evaluation. (The only exception is that for longitudinal rotations comments are only required the first time an objective has been scored “Achieved”.) Comments should be specific and actionable, use criteria related to the specific objective, recognize resident’s development, and provide feedback on how the resident may improve their performance. The following rubric will be used to assess resident progress toward satisfactorily achieving objectives:

- **Needs Improvement (NI)**
 - Significant improvement is needed. Resident’s skills not progressing as expected, knowledge base may be lacking, resident shows little or no motivation to grow professionally, or preceptor must provide extensive or consistent prompting to facilitate completion. Resident’s current progress will not result in achievement of objective.
- **Satisfactory Progress (SP)**
 - Resident is progressing at rate expected for new practitioner with minimal experience (performs within expectations with minimal supervision). Resident does not consistently meet, or requires occasional prompting to complete the objective. Resident would benefit from additional learning experience. Resident’s progress is expected to result in achievement of objective.
- **Achieved (ACH)**
 - Resident is consistently practicing at level of experienced practitioner in this particular scope of practice. The resident demonstrates confidence, efficiency, and proficiency at meeting the objective. Requires no prompting to meet expectations and would be capable of precepting students on this objective as executed. Resident’s progress is expected to result in achievement of objective for the residency.
- **Achieved for Residency (ACHR)**
 - Resident consistently performs objective at the ACH level, as defined above, across the scope of pharmacy practice. No further instruction or evaluation is required. Documentation of a resident’s achievement of a goal/objective for the residency program will be the responsibility of the RPD.
- **Not Applicable (NA)**
 - Resident has not had adequate opportunity to complete any of the rotation-specific activities described for the objective in the syllabus.

Program completion requirements

Only those residents who satisfactorily complete the requirements will receive their Residency Certificate as evidence of program completion. Evaluation of the resident's progress in completing the requirements is done as part of the quarterly Development Plan review. The resident and preceptor(s), in conjunction with the RPD, shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure their satisfactory completion.

Required activities

- **General requirements**
 - Receive “Achieved for Residency” for at least 80% objectives of the program with no active “Needs Improvement” in any objectives under Competency Area R1: Patient Care
 - Completion of orientation checklist
 - Participation in recruitment efforts as outlined by RPD
 - Completion of Resident Job responsibilities
 - Completion of all PharmAcademic evaluations
 - Maintenance of residency portfolio and PharmAcademic files as outlined by RPD
- **Completion of residency research project**
 - Poster presentation at ASHP Midyear Clinical Meeting
 - Presentation at Great Lakes Pharmacy Residency Conference
 - Submission of manuscript to a peer-reviewed journal
- **Drug Information & Medication Safety**
 - Completion of a medication use evaluation (MUE)
 - Completion of a quality improvement (QI) project
 - Completion of a monograph or drug class review
 - Creation or update of a policy, procedure, protocol, or clinical order set
 - Presentation to P&T Committee or Antimicrobial Stewardship Committee
 - Completion of four in-services to a variety of audiences
 - Completion of four journal club presentations
- **Teaching & Learning**
 - Completion of all required Teaching & Learning Certificate Program Curriculum (including but not limited to delivery of a didactic lecture, preparation and delivery of a Continuing Education presentation, completion of a teaching portfolio)
 - Provision of feedback on student presentations
 - Serve as a Poster Mentor to at least one student at Midyear
- **Staffing**
 - Fulfillment of staffing requirements
 - Completion of a sufficient number of hours/days to complete the residency program (i.e. no more than 37 days away from program)

Should extenuating circumstances prevent a resident from being able to complete any of the above activities, RAC will determine whether an alternative activity will be allowed. RAC will determine what is considered an acceptable alternative.

Resident expectations

Staffing requirements

- The resident will be required to staff every third weekend, excluding the first three weekends of their residency and the weekend of the ASHP Midyear Clinical Meeting.
 - Residents will be granted an office day each Monday following their staffing weekend. Residents are expected to work on residency-related tasks on site for these office days unless approval is obtained from the RPD in advance.
- The resident will be required to work two holidays as decided upon by the RPD and Pharmacy Management.
- The resident will be required to staff a four-hour evening shift one weeknight every third week as decided upon by RPD and Pharmacy Management, to begin after completion of Orientation.
- Staffing requirements may be subject to change based on competency, experience, and department needs.
- Barring extenuating circumstances, residents will not be scheduled for duty unless there is at least one residency preceptor also on duty for at least the first four months. After this time, residents may be scheduled for duty during times without a residency preceptor also on duty at the discretion of the RPD and Pharmacy Management.

Code response

- Any week that there is no resident on either Critical Care, Cardiology, or Emergency Medicine rotations, one resident will be assigned to attend all Code Blues called overhead while they are on duty for their current rotation (excluding weekends and holidays). Resident assignment will rotate such that each resident receives approximately equal opportunities to respond to Code Blues.
- Critical Care or Emergency Medicine preceptors will be responsible for oversight of the resident once the resident arrives to the Code Blue, debriefing with the resident after, and giving feedback via PharmAcademic Formative Feedback and/or to the current preceptor, staffing preceptor, and/or RPD.

Resident Jobs

- Each resident will be responsible for completing the duties and expectations of one of three resident jobs throughout the residency year: Round Table Assistant, Recruitment Coordinator/Interview Moderator, Huddle Board Helper.

Dress code

- Residents shall adhere to the Baptist Health Floyd Personal Appearance Policy, which can be accessed via the Baptist Employee Network (BEN).

Attendance and tardiness

- Residents are subject to the Baptist Health Floyd Absenteeism and Tardiness Policy, which can be accessed via BEN.

- Additionally, residents are expected to notify (via phone or text) the appropriate parties as far in advance as possible of their inability to work as scheduled. Parties to be notified include the following:
 - Pharmacy Management (Director of Pharmacy, Operations Manager, and/or Clinical Coordinator)
 - RPD
 - Current rotation preceptor(s)
 - Any preceptor involved in a meeting or event that will be missed or rescheduled

Duty hours

- Per [ASHP standards](#), residents may not exceed 80 hours worked per week, averaged over a four-week period. Residents must have a day off with every 7 days on (when averaged over four weeks). There must be a minimum of 8 hours off between duty periods; 10 hours is preferred.
- Residents are expected to complete the Duty Hours Form in PharmAcademic monthly for review by the RPD or designee.

Moonlighting

- Residents may be permitted to moonlight internally and/or externally at the discretion of the RPD and Pharmacy Management. The resident must be in good standing with the program and on track to complete all program requirements.
- External moonlighting is not allowed during Orientation. Internal moonlighting is not allowed during the first four months of the residency and until the resident is deemed competent to staff independently.
- Any moonlighting must be approved in advance by the RPD, Pharmacy Management, and affected rotation preceptor(s) prior to resident commitment to moonlighting responsibilities. If moonlighting is determined to adversely affect resident performance, moonlighting privileges may be suspended or revoked at the discretion of the RPD and Pharmacy Management.
- Moonlighting will be limited to no more than 40 hours per any given four-week period. Completed moonlighting hours must be documented in the Duty Hours Form and counted toward total duty hours, and must not coincide with the resident's scheduled duty hours.

Licensure

- Residents must have an active Indiana pharmacy intern license if Indiana pharmacist licensure is not obtained prior to the residency start date.
- The resident must be licensed as a pharmacist in the state of Indiana within 60 days of the residency start date.
 - If the resident fails to be licensed by this time, it will be at the discretion of the RPD, Pharmacy Management, and RAC to approve an extension up to 30 days. Failure to obtain Indiana licensure by the agreed upon date will result in dismissal from the residency program and termination from Baptist Health Floyd.
 - The RPD, Pharmacy Management, and RAC reserve the ability to extend the Indiana licensure deadline beyond 90 days only in the event of extenuating

circumstances necessitating a long-term leave of absence and program extension (see long-term leave of absence policy).

- Residents should schedule their licensure exams around rotations as much as possible. Residents are granted eight hours of professional leave for licensure exams. If additional time is needed, the resident must request allowed time off (ATO).

Rotation meetings

- Resident are responsible for setting up the following meetings with preceptors:
 - **Pre-rotation meeting** approximately 1 week prior to the start of the rotation to review syllabus, calendar, expectations, etc.
 - **Midpoint meeting** approximately half-way through the rotation for all core and elective rotations to discuss resident midpoint self-assessment.
 - **End of rotation meeting** for all core, elective, and longitudinal rotations to discuss the summative evaluation, preceptor evaluation, and rotation evaluation. Ideally this meeting should be conducted during the last week of the rotation, but must occur within 7 days of rotation completion.
 - **Quarterly meetings** for all longitudinal rotations to discuss the summative evaluation, resident self-assessment, and preceptor and rotation evaluations as applicable within 7 days of the due date in PharmAcademic.
 - **Quarterly meetings** with the RPD to discuss overall performance and progress in the program and collaborate on the resident development plan
 - **Any other meetings** as required by the preceptor and/or rotation.

Continuing education

- Residents are expected to attend a certain number of educational sessions per day at ASHP Midyear, Great Lakes Residency Conference, and other professional meetings as outlined by the RPD. They may be asked to share highlights of educational sessions at the weekly Pharmacy Round Table and/or RAC meetings.

Disciplinary action

If a resident is failing to make satisfactory progress in any aspect of the residency program or failing to comply with policies and expectations as outlined in the Baptist Health Floyd PGY1 Pharmacy Residency Manual and Training Agreement and/or Baptist Health Employee Handbook, disciplinary action may be taken. Action will depend on the factors pertaining to the situation and will be determined by the RPD and/or RAC. Disciplinary action may include the following:

- Verbal warning: Residents may be given verbal counseling by their preceptor(s) or RPD. Counseling shall entail suggestions for improvement in meeting expectations. It is recommended that preceptors document this counseling in PharmAcademic, e.g. via midpoint resident self-assessment comments, summative evaluations, or on-demand feedback.
- Written warning: If the resident continues to fail in their efforts to meet expectations, they may be given a warning in writing and will be counseled on the actions necessary to rectify the situation. The written warning will specify areas of concern about performance, how they can be corrected, and the time in which this correction should occur. This will be documented by the RPD in PharmAcademic, requiring co-signature from the resident.
- Performance Improvement Plan: In the event that resident development or performance has been deemed inadequate and that continuation in the program is at risk, the resident may be placed on a Performance Improvement Plan. An action plan to satisfactorily complete program requirements shall be created in conjunction with the resident, RPD, and resident's residency mentor. The action plan must be reviewed and approved by the RPD, resident's mentor and Pharmacy Management prior to implementation. The action plan will be documented in both PharmAcademic and the facility's personnel management software. The action plan must specify deficiencies, outline a detailed remedial plan, and provide a timeline for re-evaluation. At the end of this pre-specified time period, the RPD, resident's mentor, and Pharmacy Management will evaluate resident performance. If it is determined that the resident has not sufficiently corrected the identified deficiencies, the resident may be dismissed from the program. If it is determined that the resident has sufficiently corrected the identified deficiencies, the resident will be notified and successful completion of the Performance Improvement Plan will be documented in the facility's personnel management software.
- Residents who do not satisfactorily complete the programs requirements due to poor performance will not be granted an extension to complete the program. If a resident does not satisfactorily complete the requirements due to an approved leave of absence, the resident may be granted extended time in the program. This will be at the discretion of the RPD, RAC, and Director of Pharmacy; please see long term leave of absence section.

Resident benefits and leave

- Pharmacy residents receive a salary from Baptist Health Floyd. Paychecks are distributed on a bi-weekly basis.

Benefits

- Residents are eligible to receive Baptist Health Floyd employee benefits including: medical, dental, vision, 403(b) retirement plan, flexible spending account and life insurance

Allowed time off (ATO)

- Residents receive 10 days of ATO. This includes both planned and unplanned absences. Unused ATO days have no cash benefit and will not be paid out to the resident at the conclusion of the residency program nor be carried over if post-residency employment is obtained within the Baptist Health System. It is the goal of the residency program to promote resident wellbeing and resilience; residents are encouraged to use all ATO days during the residency year to facilitate a healthy work-life balance and to provide necessary time away from work.
- All planned ATO days must be requested as far in advance as is reasonable to do so. To request ATO time, an ATO request form must be completed and returned to the RPD. All requests must be approved by the RPD, Operations Manager, and relevant rotation preceptor(s).
- Resident may not take planned ATO anytime during the orientation block. Resident may not take more than 3 days planned ATO in one rotation block unless approved by the RPD, Operations Manager, and rotation preceptor(s).
- Separate from ATO, residents receive paid time off for holidays not worked.
- In addition to ATO, residents are allotted paid education days reserved for travel to/from and attendance at ASHP Midyear Meeting, Great Lakes Pharmacy Resident Conference, Eskenazi Precepting Conference, and other required professional meetings.
- Residents are also eligible other types of leave, such as bereavement leave and jury duty leave, as per current Baptist Health policy.
- Total time away from the residency program must not exceed 37 days per 52-week training period. Should total time away exceed this amount, the RPD and Pharmacy Management must either dismiss the resident from the program or extend the resident's program end date to allow the resident to complete the required minimum 52-week experience.

Long-term leave of absence

- Residents are eligible to take unpaid leaves of absence for up to 8 weeks at the discretion of Baptist Health Floyd in conjunction with the RPD, RAC, and Pharmacy Management. If extended leave is approved, the end date of the residency program will be adjusted to allow the resident to complete the required minimum 52-week experience and program requirements. Employee benefits are maintained during the leave of absence and extension.

Travel

- Residents may receive reimbursement for registration and travel costs associated with attendance at ASHP Midyear Clinical Meeting, Great Lakes Pharmacy Residency Conference, Eskenazi Precepting Conference, and additional meetings at the discretion of the RPD and Director of Pharmacy. Reimbursement requests must be completed in accordance with the Baptist Health Travel, Entertainment, Expense Reporting, and Baptist Health Credit Card Transactions policy.



BAPTIST HEALTH[®]

**Statement of Agreement of Terms and Conditions
Baptist Health Floyd**

PGY1 Residency Program

I, _____, hereby confirm that I have read, understand and accept the terms and conditions of this residency program as stated in this manual. I acknowledge that all of my questions have been appropriately answered.

Date: _____

Signature: _____