



BAPTIST HEALTH[®]

Baptist Health Floyd 2022-2023

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 pharmacy residency programs build on Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

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
Matt Cavanaugh, PharmD, MHA, BCPS	Staffing Pharmacist	Staffing
Charissa Coulter, PharmD, BCPS	Critical Care Pharmacist	Critical Care (2°) Cardiovascular Critical Care (2°)
Shelby Crawhorn, PharmD, BCPS	Critical Care Pharmacist	Critical Care Cardiovascular Critical Care
LeAnn Doddridge, PharmD, BCPS	Ambulatory Care Pharmacist	Ambulatory Care
Evan Hampton, PharmD, MBA, BCPS	Operations Manager	Administration & Operations
Dan Inboden, PharmD, MBA, BCPS	Pharmacy Director	Administration & Operations
Emily Jones, PharmD, BCPS	Clinical Pharmacist	Teaching & Learning Pharmacotherapy & Precepting
Eric Marsh, PharmD, BCPS	Clinical Pharmacist	Internal Medicine
Elizabeth McGinnis, PharmD, BCPS	Clinical Pharmacist	Advanced Infectious Diseases Internal Medicine
Lindsey Minnick, PharmD, BCPS, BCCCP	Associate RPD Infectious Disease Pharmacist	Infectious Diseases
Molly Murtaugh, PharmD	Transitions of Care Pharmacist	Transitions of Care
Natalie Nichols, PharmD, BCPS	Clinical Pharmacist	Internal Medicine
Amber Rutherford, PharmD, BCPS	Informatics Pharmacist	Informatics (2°) Teaching & Learning (2°)
Marina Shcherbakova, PharmD, BCPS	Emergency Medicine Pharmacist	Emergency Medicine
Cory Smith, PharmD, BCPS, CDE	Controlled Substance Pharmacist	Endocrinology Research
Beth Willoughby, PharmD, BCPS	Informatics Pharmacist	Informatics

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 12 months 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 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 (6 months): This six-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 (5 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.
- Cardiovascular Surgery (5 weeks): The pharmacy resident will be responsible for managing complex disease states of the Cardiovascular Critical Care Unit (CVCU) 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 CVCU 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 preceptors 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.
 - The same is done on a quarterly basis for all longitudinal rotations.
- 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 end of the first quarter 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 must also be performed at least once per quarter.
 - In addition to the quarterly summative evaluations, the preceptor will complete a final summative evaluation in which they assign a final scoring to each objective evaluating the resident's performance across the entirety of the rotation. Only this final rating will be considered when counting the number of objectives marked as NI for the purpose of evaluating residency completion requirements.
- Formative evaluations
 - Each preceptor should provide periodic opportunities for the residents to receive and/or practice 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 will 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 ASHP Entering Interests Form and Entering Objective-Based Self-Evaluation 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 resident's development plan will be reviewed and updated quarterly. The RPD will evaluate the resident based upon the resident's progress toward achieving the criteria-based residency program goals and objectives; individualized goals established by the resident, RPD, and residency mentor; and overall resident performance. The RPD is ultimately responsible but may delegate the evaluation process to a preceptor.
 - There must be at least, but not limited to, three goals included in the resident's development plan. Goals should be specific and have a plan that includes activities that will be used to accomplish resident goals.
 - The resident, RPD, and residency mentor must sign the development plan. The development plan will be shared with all preceptors.
 - 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 hand-off for the next learning experience and modifications to the developmental plan will take place as necessary.

Residency evaluation scale

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.
 - Preceptors must provide comments on objectives scored "NI" in summative evaluations.
 - Preceptors of longitudinal rotations must provide rationale for their scoring in the final summative for any objectives that had previously been scored as "NI" during that rotation, regardless of the final score.
- **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.
 - Preceptor must provide comments supporting their decision to score an objective "ACH", unless the objective has already been scored ACHR. (For longitudinal rotations, this is only required for the *first* time an objective has been scored "ACH".)
- **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 activities as described for the rotation-specific objective in the syllabus.

Receiving a rating of NI on three or more objectives on any final summative evaluation will result in automatic failure of the resident to complete the rotation. Failing a rotation for other reasons requires consensus agreement by the learning experience preceptor(s), resident's mentor,

RPD, and Pharmacy Management. A failed core rotation must be repeated in order to complete the residency program. Failed elective rotations may or may not require repeating to completion, as determined by the aforementioned group.

Program completion requirements

Residents are expected to complete all required activities and satisfactorily receive “Achieved for Residency” for at least 80% objectives of the program with no more than three active “Needs Improvement”. 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 review process. 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. Upon successful completion of the program, a resident graduation ceremony will be held where the resident shall receive the residency program graduation certificate.

Required activities

- **Successful completion of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) curriculum**
 - Each resident is expected to successfully complete the BLS training prior to the end of their Orientation experience.
 - ACLS must be successfully completed within 3 months of starting residency.
- **Completion of residency research project**
 - The resident must select a longitudinal research project to be completed during the residency year. The resident will be responsible for managing the project details such as IRB approval, study design, endpoints, data collection and analysis with support from the research preceptor, mentor and research committee.
- **Poster presentation at the ASHP Midyear Clinical Meeting**
 - Each resident will present a poster at the annual ASHP Midyear Clinical Meeting. The poster will describe their research project design.
- **Presentation at Great Lakes Pharmacy Residency Conference**
 - Each resident will make a presentation on their research project, which will be evaluated by preceptors and residents attending the conference. The resident will participate in a practice session with preceptors prior to Great Lakes Residency Conference attendance.
- **Submission of a manuscript to a peer-reviewed journal**
 - All residents must write a manuscript suitable for publication and submit to a peer-reviewed biomedical journal for consideration for publication. The manuscript must be a report of the PGY1 resident's practice-related research project. Editorial assistance by a preceptor is required. The resident must be first author and be responsible for submission and revisions to a journal.
- **Continuing Education Presentation**
 - Each resident will deliver a presentation approved for continuing education credit for healthcare professionals.
- **Completion of four journal club presentations**

- Residents will present a current journal article review at least once a quarter. A minimum of three of these must be presented at the weekly departmental Round Table.
- Completion of a medication use evaluation (MUE)
 - The resident must complete an MUE as part of the department's ongoing process to analyze the impact of pharmacy services and medication therapy on patient outcomes. The results and conclusions of the MUE must be presented to relevant stakeholders (e.g. Pharmacy Department Management, P&T) as determined by the project mentor.
- Completion of a quality improvement project
 - The resident must participate in a project to improve an aspect of the medication-use system. Successful completion of this project will be determined by the drug information preceptor and other project mentors as appropriate.
- Present to Pharmacy and Therapeutics (P&T) Committee or Antimicrobial Stewardship Committee (AMS)
 - The resident must complete and present an MUE, drug monograph, formulary class review, or new policy/procedure at a local P&T or AMS meeting at least one time and at system P&T or AMS as applicable.
- Completion of Teaching and Learning Curriculum
 - The resident must complete all of the requirements associated with the Sullivan University Teaching and Learning Curriculum.
- Participation in recruitment efforts
 - Each resident will assist with the recruitment efforts of the program. Residents are expected to attend ASHP Midyear Clinical Meeting and staff the residency showcase. Residents will be required to help with the interview and selection process during incoming residency recruitment. Residents may be required to complete other recruitment tasks as deemed necessary by RPD.
- Residency portfolio
 - Residents will be assigned a location on the W:\ drive to compile their electronic residency portfolio. Documentation of progress on and completion of various projects and activities should be loaded into this portfolio.
 - The electronic residency portfolio will be reviewed quarterly with RPD for completeness and appropriateness. Resident will not receive Certificate of Completion without a complete residency portfolio. The portfolio will be left with the program once the resident has graduated.

Resident expectations

Staffing requirements

- The residents will be required to staff every third weekend. Staffing requirements may be subject to change based on competency and experience.
 - 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.
- 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.

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 and the Commonwealth of Kentucky within 90 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 31 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 121 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).
 - If the resident fails to obtain Kentucky licensure (but is able to obtain Indiana licensure) by the agreed upon date, it will be at the discretion of the RPD, Pharmacy Management, and RAC to determine whether or not the resident will be allowed to remain in the program.
- Residents should schedule their licensure exams around rotations as much as possible. Residents are granted two days 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 and elective 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 and resident self-assessment within 7 days of the due date in

PharmAcademic. Meetings for the first and last quarter must also include discussion of preceptor and rotation evaluations.

- **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 an average of two educational sessions per day at ASHP Midyear, Great Lakes Residency Conference, and other professional meetings attended. 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. The Operations Manager or Director of Pharmacy will also document the warning in the facility's personnel management software.
- 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 more than 12 months 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. The resident will not be paid out for this time off if these days are not used.
- 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).
- In addition to ATO, residents are allotted paid education days reserved for travel to/from and attendance at ASHP Midyear Meeting, Great Lakes Pharmacy Residency Conference, Eskenazi Precepting Conference, and other professional meetings.

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.

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 12-month experience and program requirements.



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: _____