Baptist Health Floyd
PGY1 Pharmacy Residency Manual and Training Agreement

Department of Pharmacy

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Program Director, PGY1 Pharmacy Residency Program
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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 PGY-1 Pharmacy Residency Program at Baptist Health Floyd is accredited by the American Society of Health-System Pharmacists (ASHP) and designed to expand on the education provided by a Doctor of Pharmacy (PharmD) education and prepare its graduates for positions in clinical pharmacy practice or to continue on into specialty residency training.

The 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 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Rotation offered</th>
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<tbody>
<tr>
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Program structure

This PGY1 program is based at Baptist Health Floyd in New Albany, Indiana. This program was granted accreditation status as a pharmacy practice residency with ASHP in 2014. This residency will be helping to design experiences and activities that follow the ASHP learning goals 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 as well as opportunities with faculty at Sullivan University College of Pharmacy (SUCOP). This program consists of a minimum of 12 months of residency training. Upon successful completion of this program the resident will receive a certificate.

Core rotations
- **Critical care** – The Critical Care rotation is a 4-6 week learning experience that will provide an opportunity for the resident to develop practice skills in both a medicine intensive care unit and a cardiovascular care unit. The pharmacy resident will be responsible for managing the drug therapy of the patients within both units. Core 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 provision of inpatient medication counselling. The resident will gain
broad exposure in critical care medicine through both independent practice and structured learning experiences.

- **Infectious diseases** – Infectious Diseases (ID 1) is a required 4-6 week learning experience designed to further develop the knowledge base, competencies, and clinical skills of the resident pharmacist in the provision of pharmaceutical care for the treatment of infectious diseases. This rotation will require the resident to actively promote antibiotic stewardship by providing consultation on antibiotic selection for diagnosed infections identified by physicians, clinical associates, and clinical pharmacists. The resident is expected to understand pharmacotherapy to design and implement a pharmacotherapy plan to treat and monitor the infectious disease of each patient assigned to resident.

- **Internal medicine** – The internal medicine rotation is a 4-6 week learning experience that centers around the in-patient pharmacy model of patient-centered care, with an emphasis on a team-based approach. The pharmacy resident will be responsible for overseeing and managing medication therapy for all patients on either the progressive care unit or medical inpatient services from admission to transfer/discharge. 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 multidisciplinary rounds, medication reconciliation, and medication and discharge counseling.

- **Orientation** – Orientation to Baptist Health Floyd PGY1 residency is the first 5-6 weeks of residency. During this time the resident will be oriented to Baptist Health Floyd, the Pharmacy Department, and active policies, procedures, and processes therein. The purpose of this month 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. Additionally, the resident will discuss his/her goals for the following year and schedules will be planned to meet these goals.

- **Practice management** – The Practice Management rotation is a 4-6 week learning experience during which the resident will gain experience with administrative activities. The resident will become familiar with some or all of the following concepts: policy development and review, 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.

**Longitudinal rotations**

- **Drug information** – The longitudinal drug information rotation is an opportunity for the resident to develop his/her drug literature evaluation skills, cultivate proficiency in providing comprehensive, unbiased, evidence-based drug information in both oral and written formats, and understand the role and value of the pharmacist as a drug information provider.

- **Operations and staffing** – The operations and staffing rotation is longitudinal opportunity for the resident to develop foundational practice skills in hospital pharmacy practice and show their continuous professional development. The resident will hone their prioritization and multi-tasking skills as they manage the daily activities in central
pharmacy. As a part of the operations and staffing rotation the resident will participate in creating personal development and customized plans including scheduled quarterly meetings with selected residency mentor throughout the year.

- Research – The research longitudinal experience will involve the completion of research project or a major clinical service during the course of the residency year. The resident should select (or will be assigned) a mentor that has a vested interest in the project. The resident will be responsible for managing the project details such as Institutional Review Board (IRB) approval, study design, endpoints, data collection and analysis with support from the research preceptor, mentor, and research committee. The resident will present the results of the project in poster format at the American Society of Health Systems Pharmacists (ASHP) Mid-Year Clinical Meeting, which is held in December each year. The results will also be presented using a PowerPoint presentation at the Great Lakes Pharmacy Residency Conference held in the spring of each year. As part of the research project, the resident is also responsible for preparing a manuscript that would be suitable for publication in a peer-reviewed biomedical journal. A residency certificate will not be awarded until all the components of the project are complete.

- Teaching and learning – The Teaching and Learning longitudinal rotation provides an opportunity for pharmacy residents to develop and refine teaching skills through the completion of a teaching certificate program sponsored by Sullivan University College of Pharmacy (SUCOP). In addition to meeting the requirements of the teaching certificate program, residents will be challenged to create a diverse teaching portfolio throughout the course of residency year that showcases numerous teaching experiences to a wide variety of audiences (patients, pharmacists, student pharmacists, nurses, and various healthcare providers).

Elective rotations

- Advanced infectious diseases – Advanced Infectious Diseases (ID2) is a 4-6 week learning experience at Baptist Health Floyd. 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 (ID1) rotation. The ID2 rotation will require the resident pharmacist to establish a professional relationship with the Infectious Disease (ID) physician and work collaboratively in prioritizing the delivery of care to individuals with an infectious disease.

- Advanced internal medicine and leadership – The Advanced Internal Medicine and Leadership rotation is a 4-6 week clinical rotation offered in the last 6 months of residency by the department of pharmacy at Baptist Health Floyd. The goal of this rotation is for residents to further build on skills developed in the Internal Medicine rotation including: identifying and resolving medication therapy issues for patients, developing pharmaceutical care plans for patients, performing pharmacokinetic assessments, and serving as a drug information resource for the team. The resident will be responsible for co-precepting an Advanced Pharmacy Practice Experience (APPE) Adult Internal Medicine student, coordinating topic discussions, and assisting in evaluating the student.
- **Ambulatory care** – Ambulatory Care is a 4-6 week learning experience at Baptist Health Floyd that gives the resident the opportunity to develop skills in an ambulatory clinic setting. The resident will work in the Pharmacy Services Outpatient Clinic and will focus on mainly on anticoagulation therapy management, as well as patient/caregiver communication and education. The resident will also learn how to work within a collaborative practice agreement ensuring 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.

- **Emergency medicine** – The Emergency Medicine rotation is a 4-6 week specialty elective clinical rotation, offered year round by the Baptist Health Floyd Department of Pharmacy. The average ED daily census is 150-200 patients, with annual visits exceeding 50,000 patients. The Baptist Health Floyd Emergency Department (ED) is a 41 bed unit with 4 resuscitation rooms, 25 general beds, 7 fast track beds and 5 rooms with a clinical decision unit. 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 seen in outpatient and ambulatory care settings to the acute management of critically ill patients requiring an immediate and high level of care. Residents will actively take part in: patient interviewing and counseling, patient assessment, evidence-based prospective pharmacotherapy recommendations, participation in cardiopulmonary resuscitations, respiratory arrests, and stroke response team, response to Code Stroke and “Code 4”, operate effectively with the team during resuscitations to optimize medication indication, safety, and administration, and retrospectively researching drug information questions.

- **Endocrinology** – Diabetes/Endocrinology is an elective 4-6 week learning experience designed to develop practice skills in inpatient and outpatient diabetes care. 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, as an elective experience. 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 both medical and nursing staff, and provision of both inpatient and outpatient patient education.

- **Informatics** – The informatics rotation is a 4-6 week integrated, specialty rotation to enable the resident to become an active participant in health care informatics. 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 be able to identify challenges and opportunities for improvement in our clinical information systems. The resident is encouraged to take initiative to direct the learning experience to optimize personal and professional development.
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.

- Resident’s evaluation of preceptor and rotation experience
  - Each resident will complete an evaluation of the preceptor and rotation experience within 7 days of the end of each rotation, and on a quarterly basis for longitudinal rotations. Residents will submit their evaluations of the rotation and preceptor via PharmAcademic for preceptor review prior to the completion of the preceptor’s resident evaluation and prior to an evaluation meeting.

- 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 within 7 days of the end of the rotation.
    - For longitudinal rotations, this must also be performed at least once per quarter. The evaluations must be completed within 7 days of the end of the quarter.
    - For each core and elective rotation, a midpoint evaluation must be completed. The resident and preceptor will schedule a time to provide the resident with generalized feedback approximately halfway through the rotation experience. The same will be done on a quarterly basis for longitudinal rotations. Specific, criteria-based feedback that can be used to improve performance during the rest of the rotation will be provided to the resident during this evaluation. The resident must also complete the self-evaluation in PharmAcademic prior to this meeting.

- 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: snapshots, written feedback on notes, and feedback on in-services/presentations. When completed, the resident/preceptor will submit the evaluation via PharmAcademic and file it in their residency binder.

- Resident self-evaluations
  - Residents are expected to practice continual self-reflection and self-assessment.
    - 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 by July 31st or as assigned by the RPD, and will be discussed during the first quarterly customized plan review with the RPD.
    - On a quarterly basis, each resident will perform an independent self-evaluation and program-assessment via a pre-built PharmAcademic evaluation.
• **Resident customized plan**
  - 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 Customized Development Plan will be reviewed and updated by 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 and RPD, 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 customized 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 customized plan. The customized 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 binder**
  - Residents will be assigned a location on the W:\ drive to compile their electronic residency portfolio. All relevant documents demonstrating objective completion should be uploaded to the residency portfolio for each learning experience. Documentation of progress on various projects and activities should also 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 an acceptable residency portfolio. The binder will be left with the program once the resident has graduated.

**Program completion requirements**

Residents are expected to completed all required activities and satisfactorily achieve at least 80% objectives of the program with no 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 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. 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 directed questioning or 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. 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 in this particular scope of practice. 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.

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**

- **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 presentation will be regarding either their research project, medication use evaluation or a separate quality improvement (QI) project the resident has implemented.

- **Presentation at Great Lakes Pharmacy Residency Conference**
  - Each resident will make a brief presentation on their project which will be evaluated by preceptors and residents attending the conference. The resident
will participate in a practice session with preceptor, residents and SUCOP faculty prior to Great Lakes Residency Conference attendance.

- **Preparation of a manuscript acceptable for publication**
  - All residents must write a manuscript suitable for publication in a peer-reviewed biomedical journal. The manuscript must be a report of the PGY 1 resident’s practice related project. Additional manuscript submissions may include a drug monograph, journal article, case report, etc. Editorial assistance by a preceptor is required. The resident must be first author and be responsible for submission and revisions to a journal.

- **Presentation at Grand Rounds**
  - Each resident will present one Accreditation Council for Pharmacy Education (ACPE) approved continuing education grand rounds during the residency program. A presentation schedule will be developed and approved by the Director of the Office of Lifelong Professional Development at SUCOP.

- **Participation in recruitment efforts**
  - Each resident will assist with the recruitment efforts of the program. Residents are required 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.

- **Present at both system and local Pharmacy and Therapeutics (P&T) at least 1 time**
  - The resident must present a Medication Use Evaluation (MUE), drug monograph or new policy/procedure at both a system and local P&T meeting. Satisfactory completion of this activity will be determined by the preceptor for the Drug information preceptor and/or the preceptor involved in creating the policy/procedure.

- **Successful completion of Teaching and Learning Certificate curriculum**
  - The resident must successfully complete all of the requirements associated with the curriculum set forth in the Sullivan University Teaching and Learning Certificate program. Please refer to the learning experience description/rubric for the required activities and meetings for this program.
  - Event dates/times and requests to participate in events are requested in as much advanced notice as possible. Residents are to communicate their participation in college events with their rotation preceptor, RPD, any other appropriate site-specific personnel and/or faculty members, as well as the SUCOP Residency Coordinator at the beginning of the rotation or as soon as the date of the event is known.

- **Successful completion of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) curriculum**
  - Each resident is expected to successfully complete the BLS prior to starting residency.
  - ACLS must be successfully completed within 3 months of starting residency.
Resident responsibilities

- **Staffing requirements**
  - The residents will be required to staff the inpatient pharmacy every other weekend for the first 6 months, and then staffing requirements may be subject to change based on competency and experience.
  - The resident will be required to work one major holiday (Thanksgiving, Christmas or New Year’s Day) and one minor holiday (Fourth of July, Memorial Day, Labor Day). The holiday schedule for the resident will be decided upon by the RPD and Operations Manager.
    - An employee who is scheduled to work on a holiday, or is on a scheduled day off when a holiday is observed, will be granted equivalent time off with pay, either before or following the holiday.
    - The resident in this situation should work with his/her preceptor, RPD, and Operations Manager to arrange an alternative time off and document appropriately

- **Duty hours/Moonlighting**
  - 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. There must be a minimum of 8 hours off between duty periods; 10 hours is preferred. Resident must sign in and out each work day. This document will be reviewed monthly by the RPD or designee.
  - Internal moonlighting is not allowed. Residents may be permitted to moonlight externally at the discretion of the RPD and RAC. Any moonlighting must be approved in advance by the RPD, RAC, and affected rotation preceptor(s) prior to resident commitment to moonlighting responsibilities. The resident must be in good standing with the program and on track to complete all program requirements. Moonlighting hours must be documented and counted toward total duty hours, and must not coincide with the resident’s scheduled duty hours. If moonlighting is determined to adversely affect resident performance, moonlighting privileges may be suspended or revoked at the discretion of the RPD and RAC.

- **Licensure**
  - The resident must be licensed in the state of Indiana and the Commonwealth of Kentucky by September 1st. If the resident fails to be licensed by September 1st, it will be at the discretion of the RPD and RAC to approve a 30 day extension. Failure to obtain licensure by the agreed upon date will result in dismissal from the residency program and termination from Baptist Health Floyd.

**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. This counseling shall be documented in the resident’s personnel file by the RPD.

- **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. The warning must be signed by the resident, RPD, the resident’s residency mentor, and Director of Pharmacy. The written warning shall be shared with the RAC and placed in the resident’s personnel file.

- **Probation:** 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 probationary status. 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, RAC, and Pharmacy Management prior to implementation. The action plan must specify deficiencies, outline a detailed remedial plan, and provide a timeline for re-evaluation. At the end of this probationary period, the RPD, RAC, 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 in writing that the probationary status has been lifted.

- **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 a leave of absence for personal reasons, 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 salary, 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

- **Travel**
  - Residents receive an annual stipend to attend the ASHP Midyear Clinical Meeting, Great Lakes Pharmacy Residency Conference and additional meetings
at RPD/preceptor discretion. Requests are made using the Travel Request and Authorization Form. All sections of the form must be completed. The form should be submitted to the Director of Pharmacy and RPD for approval. All expenditures for professional leave must be verified by submission of receipts. All travel reimbursement must be submitted within 30 days of the time of travel.

- **Paid Time Off (PTO)**
  - Residents receive 15 days of PTO. However, they are only allowed to request up to 10 of these days in advance. The remaining 5 PTO days are reserved for unforeseen absences (e.g. illness) occurring beyond the permitted 10 days and will be allowed only at the discretion of the RPD, Director of Pharmacy, and/or Operations Manager. The resident will not be paid out for this time off if these days are not used.
  - All planned PTO days must be requested as far in advance as is reasonable to do so. PTO requests should be submitted no later than the quarter prior to the anticipated PTO dates(s). To request PTO time, a PTO request form must be completed and returned to the RPD. All requests must be approved by the RPD, Director of Pharmacy, Operations Manager, and relevant rotation preceptor(s). Resident may take PTO anytime during the program, except during the orientation block. Resident may not take more than 3 days’ vacation in one rotation block unless approved by the RPD, Operations Manager, and preceptor.

- **Long term leave of absence**
  - Residents are eligible to take an unpaid leave of absence for up to ninety (90) days, at the discretion of Baptist Health Floyd in conjunction with the RPD. A request must be submitted on a Leave of Absence Request Form. Once the return to work date is determined, the RPD and primary preceptor will determine if the resident is able to complete the program in the original 12 month period, or if additional training is required. If the resident will need training beyond the originally determined 12 months, the RAC will meet to determine if this is possible prior to the resident taking the leave of absence.
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: _____________________________________________