Department of Pharmacy Services
PGY1 Pharmacy Residency Program
(Ambulatory Care Settings)
Residency Manual

ashp®
Accredited

Table of Contents

I. Introduction 3
II. Bayhealth's Mission, Vision, and Values 5
Our Promise 5
Our Mission 5
Our Vision 5
III. Bayhealth PGY1 Pharmacy Diversity, Equity, and Inclusion 6
IV. General Program Information 7
V. Residency Program Purpose Statement 8
VI. Program Governance 8
VII. Program Goals and Objectives 9
VIII. Resident Appointment 12
IX. Resident Selection Process 13
X. Pre-employment Requirements 15
XI. Pharmacy License Verification 16
XII. Residency Learning Experiences 17
XIII. Resident Evaluation and Assessment 2
XIV. Requirements for Successful Completion of Residency 5
XV. Required Meetings 6
XVI. General Employee Information 6
XVII. Continuous Residency Program Improvement 10
XVIII. Corrective Action 11
XIX. Department and Program Leadership Contact Information 16
Appendicies 17
APPENDIX A 17
APPENDIX B 20
APPENDIX C 22
APPENDIX D 23

I. Introduction

Welcome to Bayhealth! We are pleased that you have chosen to participate in our PGY1 residency program.

We pride ourselves on providing a unique and innovative experience, where all our pharmacists participate in the resident's education. Patient care is our primary focus and we strive to establish excellent pharmacist-patient relationships for improving patient outcomes. You will find all our pharmacists and technical staff are committed to providing quality customer service for every one of our patients.

For the PGY1 resident, we offer opportunities to participate in a number of clinical settings within pharmacy practice. These include inpatient pharmacy and a wide variety of outpatient, ambulatory care clinics. Our medical teaching environment allows the PGY1 resident to develop strong teaching skills and learn how to operate within interdisciplinary team settings.

Every member of our team is fully committed to supporting the pharmacy residency program and assisting the PGY1 resident throughout their residency year. This is a year for tremendous professional and personal growth and we hope you find your time with us truly rewarding.

We look forward to your many contributions to our program, Bayhealth, and our beloved community!

Keena Smith, PharmD, MBA, BCPS
Residency Program Director
(Ambulatory Care Settings)

Cheri R. Briggs, PharmD, MBA, FACHE
Senior Director of Pharmacy Services

As central and southern Delaware's largest healthcare system, Bayhealth is comprised of Bayhealth Hospital (Kent Campus) and Bayhealth Hospital (Sussex Campus), the freestanding Emergency Department in Smyrna, as well as numerous satellite facilities and employed physician practices encompassing a variety of specialties. Bayhealth is a technologically advanced, not-for-profit healthcare system with more than 4,000 employees and a medical staff of more than 400 physicians. Bayhealth is an affiliate of Penn Medicine for Heart and Vascular, Oncology, and Orthopedics.

Bayhealth Family Medicine, Dover

Bayhealth Hospital, Kent Campus

Bayhealth Hospital, Sussex Campus

II. Bayhealth's Mission, Vision, and Values

Our Promise

We are driven to bring the nation's best healthcare to our communities here at home.

Our Mission

To strengthen the health of our community, one life at a time.

Our Vision

To deliver the nation's best healthcare to our communities here at home.

Our Values

Compassion: We are kind and caring to everyone we encounter.

Accountability: Each of us is responsible for our words, our actions, and our results.

Respect: We value everyone and treat people with dignity and professionalism.

Integrity: We build trust through responsible actions and honest relationships.

Teamwork: We achieve more when we collaborate and all work together.

III. Bayhealth PGY1 Pharmacy Diversity, Equity, and Inclusion

- Bayhealth's PGY1 Pharmacy Residency Program follows the Bayhealth institution's initiative towards Diversity, Equity, and Inclusion in the selection of applicants for the program. The current initiative, led by our Human Resources department and Organizational Development team, assists to infuse diversity, equity, and inclusion into all aspects of our organization and culture.

- Bayhealth believes that a diversified workforce, one which welcomes, values, appreciates different backgrounds, levels of experience, each other's strengths and uniqueness, is crucial to enhance creativity, drive innovation, and ensure we are delivering upon our vision of delivering the nation's best healthcare to our communities.

- Promoting inclusion assists us to create a collaborative, supportive, and respectful environment that increases the participation and contribution of every single employee. It allows for everyone to have a sense of belonging, be recognized, and work together. Inclusion comes from teams that collaborate across disciplines, identities, and cultures from around the globe. Facilitating a culture of respect, civility, tolerance, and improved cultural competency by creating an infrastructure for diversity awareness and ongoing cultural competency training.

- The commitment to equality and diversity is embedded in Bayhealth's Code of Conduct, which describes zero-tolerance for any form of discrimination, harassment, or retaliation. This commitment is strongly evident in Bayhealth's mission, vision, and values. Bayhealth will continue to strive to build a workforce culture that is welcoming, inspires innovation, professional growth, and respect for all.

IV. General Program Information

The Bayhealth Postgraduate Year One (PGY1) Residency Program is a 52-week training program with additional learning experiences in the ambulatory care setting, to focus on pharmacy's expanding role in outpatient practice. The PGY1 resident will receive extensive education and training on treating patients through guided practice from experienced preceptors. The PGY1 residency program promotes experiences with patient interaction, interdisciplinary collaboration, project management, teaching, and development of oral and written communication skills. Also, the program is tailored to meet the needs and interests of individual residents.The variety of practice settings, along with the residency activities, help the PGY1 resident to be well rounded and prepared to apply for positions suited to their interests.

During the program, the PGY1 resident will participate in all aspects of our comprehensive pharmacy services. Learning experiences in family medicine, anticoagulation, diabetes management, research, and population health are offered. As a vital member of the healthcare team, the PGY1 resident will have the opportunity to enhance practice skills that are necessary to evaluate a patient's medication regimen. Throughout the one-year program, the PGY1 resident will have numerous opportunities to provide education to patients and other health care professionals. The knowledge gained over the course of the program will enable the PGY1 resident to competently conduct a research project. Opportunities for teaching pharmacy students, medical residents, and earning a teaching certificate are available.

The PGY1 resident will acquire foundational skills needed to become a competent and confident clinical practitioner and future leader in pharmacy practice. Also, the PGY1 resident will gain experience in collaborative relationships with health care team members through proactive recommendations in the ambulatory care setting.

At completion of the Bayhealth PGY1 Residency Program, the resident will be able to:

a) Provide quality patient care through collaboration with other members of the healthcare team
b) Design, recommend, and monitor patient-specific treatment regimens
c) Deliver concise, comprehensive, applicable, and timely responses to requests for drug information
d) Provide effective education to healthcare professionals, patients, and their caregivers.
e) Demonstrate a high-level of professionalism, leadership skills, responsibility, and ethical conduct.
f) Identify medication safety issues to improve medication systems and maximize patient safety.

V. Residency Program Purpose Statement

The purpose of the Bayhealth PGY1 residency program is to build upon the Doctor of Pharmacy (PharmD) education and contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions. Also, the program will assist the resident with becoming eligible for postgraduate year two (PGY2) pharmacy residency training, board certification, or fulfilling clinical positions in an ambulatory care setting after successfully completing the residency year.

VI. Program Governance

Residency Steering Committee

The Residency Steering Committee (RSC) governs the residency program. The committee consists of all active preceptors and preceptors-in-training and pharmacy leadership. The committee is chaired by the RPD and is scheduled to meet monthly for leadership and quarterly for all preceptors and preceptors-in-training to discuss and monitor the progress of the PGY1 residents. Residents are responsible for documenting their personal progress, upcoming deadlines, and other information as requested by the committee. The committee will approve all policies and procedures, and will advise the RPD and designees on teach and evaluate objectives, general residency format, and modifications to residents training as necessary. The duties of a RSC member include, but are not limited to:

- Act as an advocate for the resident
- Provide expertise for the residency project and other research
- Provide feedback and suggestions on improving existing learning experiences
- Identification of new or expanded learning experience opportunities
- Provide feedback and suggestions on the current structure of the residency program
- Offer guidance on the future direction of the residency

Ambulatory Care Pharmacy Research Council

To ensure successful completion of resident research projects, the Ambulatory Care Pharmacy Research Council oversees all ambulatory care resident research project activities throughout the year. The council will provide support to the resident including: adhering to project timelines; assisting with project idea generation and selection; reviewing project proposals; providing IRB guidance; supporting data acquisition; delivering instruction in statistical analysis and manuscript writing; reviewing poster and platform presentations; and overseeing project implementation.

VII. Program Goals and Objectives

Competency Area R1: Patient Care

Goal R1.1: Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)

- Objective R1.1.1: (Analyzing) Collect relevant subjective and objective information about the patient.
- Objective R1.1.2: (Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.
- Objective R1.1.3: (Creating) Develop evidence-based, cost effective, and comprehensive patientcentered care plans.
- Objective R1.1.4: (Applying) Implement care plans.
- Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
- Objective R1.1.6: (Analyzing) Identify and address medication-related needs of individual patients experiencing care transitions regarding physical location, level of care, providers, or access to medications

Goal R1.2: Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.

- Objective R1.2.1: (Applying) Collaborate and communicate with healthcare team members.
- Objective R1.2.2: (Applying) Communicate effectively with patients and caregivers.
- Objective R1.2.3: (Applying) Document patient care activities in the medical record or where appropriate.

Goal R1.3: Promote safe and effective access to medication therapy.

- Objective R1.3.1: (Applying) Facilitate the medication-use process related to formulary management or medication access.
- Objective R1.3.2: (Applying) Participate in medication event reporting.
- Objective R1.3.3: (Evaluating) Manage the process for preparing, dispensing, and administering (when appropriate) medications.

Goal R1.4: Participate in the identification and implementation of medication-related interventions for a patient population (population health management).

- Objective R1.4.1: (Applying) Deliver and/or enhance a population health service, program, or process to improve medication-related quality measures.
- Objective R1.4.2: (Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.

Competency Area R2: Practice Advancement

Goal R2.1: Conduct practice advancement projects.

- Objective R2.1.1: (Analyzing) Identify a project topic, or demonstrate understanding of an assigned project, to improve pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or investigate gaps in knowledge related to patient care.
- Objective R2.1.2: (Creating) Develop a project plan.
- Objective R2.1.3: (Applying) Implement project plan.
- Objective R2.1.4: (Analyzing) Analyze project results.
- Objective R2.1.5: (Evaluating) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
- Objective R2.1.6: (Creating) Develop and present a final report.

Competency Area R3: Leadership

Goal R3.1: Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.

- Objective R3.1.1: (Understanding) Explain factors that influence current pharmacy needs and future planning.
- Objective R3.1.2: (Understanding) Describe external factors that influence the pharmacy and its role in the larger healthcare environment.

Goal R3.2: Demonstrate leadership skills that foster personal growth and professional engagement.

- Objective R3.2.1: (Applying) Apply a process of ongoing self-assessment and personal performance improvement.
- Objective R3.2.2: (Applying) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
- Objective R3.2.3: (Applying) Demonstrate responsibility and professional behaviors.
- Objective R3.2.4: (Applying) Demonstrate engagement in the pharmacy profession and/or the population served.

Competency Area R4: Teaching and Education

Goal R4.1: Provide effective medication and practice-related education.

- Objective R4.1.1: (Creating) Construct educational activities for the target audience.
- Objective R4.1.2: (Creating) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

- Objective R4.1.3: (Creating) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
- Objective R4.1.4: (Evaluating) Assess effectiveness of educational activities for the intended audience.

Goal R4.2: Provide professional and practice-related training to meet learners' educational needs.

- Objective R4.2.1: (Evaluating) Employ appropriate preceptor role for a learning scenario.

Competency Area E1: Pharmacy Research

Goal E1.1 Conduct and analyze results of pharmacy research.

- Objective E1.1.1 (Creating) Design, execute, and report results of investigations of pharmacy-related issues.

Competency Area E5: Management of Medical Emergencies

Goal E5.1 Participate in the management of medical emergencies.

- Objective E5.1.1 (Applying) Exercise skill as a team member in the management of medical emergencies according to the organization's policies and procedures.

Competency Area E6: Teaching and Learning

Goal E6.1 Demonstrate foundational knowledge of teaching, learning, and assessment in healthcare education.

- Objective E6.1.1 (Understanding) Explain strategies and interventions for teaching, learning, and assessment in healthcare education.

Goal E6.2 Develops and practices a philosophy of teaching.

- Objective E6.2.1 (Creating) Develop a teaching philosophy statement.
- Objective E6.2.2 (Creating) Prepare a practice-based teaching activity.
- Objective E6.2.3 (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.
- Objective E6.2.4 (Creating) Effectively document one's teaching philosophy, skills, and experiences in a teaching portfolio.

VIII. Resident Appointment

Bayhealth PGY1 Pharmacy Residency Applicant Screening and Ranking Process

Bayhealth Department of Pharmacy Services establishes and applies eligibility criteria in the recruitment of residents. Eligible applicants for PGY1 residency positions must demonstrate completion or anticipated completion of required post-secondary education specific to the practice of pharmacy.

Resident Qualifications

To be eligible, applicants must meet the following:

- Ability to fulfill essential job functions of the position.
- Graduation or graduating from an Accreditations Council for Pharmacy Education (ACPE) accredited degree program with the Doctor of Pharmacy degree or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP).
- Current GPA of >/= 3.0 on the standardized GPA scale or a "Pass" grade on each class and rotation if from a "Pass/Fail" program. "If Pass/Fail" program will assign point total equivalent to GPA 3.0 for purposes of scoring rubric.
- United States Citizen or have an acceptable VISA for residency training within Bayhealth.
- Licensed pharmacist in the state of Delaware or be eligible for pharmacy licensure in the state of Delaware by September 1 of the beginning of the residency.
- Registered for the ASHP "Match" program.

Application Requirements

- Applications for the PGY1 Pharmacy Residency positions at Bayhealth will be accepted via the American Society of Health-System Pharmacists (ASHP) Pharmacy Online Residency Centralized Application Services (PhORCAS)
- Deadline for receipt of application will be the second Friday of January annually. All applications for residency positions must be complete. Submission of application materials through PhORCAS must include:
    - Personal Statement/Letter of intent
    - Three letters of recommendation
    - Updated Curriculum Vitae (CV)
    - Academic transcripts from College of Pharmacy

Timeline of Selection Process

- **September:** RPD to register site for upcoming Match: *http://natmatch.com/ashprmp/programs/index.html*
- **October:** RPD will update ASHP's Residency site to include changes and deadlines to upcoming selection: *http://accreditation.ashp.org/*

- **November:** RPD will log in to PhORCAS to make updates or criteria changes
- **December:** RPD will submit scoring of candidates from the Resident Applicant Evaluation tool to the Resident Applicant Selection Committee for review
- **January:** RPD will invite selected candidates for interview (virtual or on-site)
- **February:** Interviews (virtual or on-site)
- **March:** Ranking submitted to Match program

Residency Advertisement

- In the Fall each year, the RPD will review the residency brochure and all residency websites for accuracy and continuity. Included in residency materials will be a statement "*This residency site agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant".* The RPD and current PGY1 residents will attend various Residency Showcases in the local area. Recruitment efforts to promote diversity and inclusion are implemented annually as our residency program participates in contacting HBCU's pharmacy schools to provide information to applicants.

IX. Resident Selection Process

Resident Applicant Selection Committee

- The Resident Applicant Selection Committee is responsible for interviewing and reviewing application materials of each residency candidate. There are approximately 10 pharmacists (2 PGY1 Residency Program Directors, Senior Director of Pharmacy Services, Pharmacy Manager, and 6 selected pharmacists) and 3 co-residents who participate on the Resident Applicant Selection Committee.

Resident Application Selection Process

- Once an application is received in PhORCAS, it is reviewed for completeness, by a member of the Resident Applicant Selection Committee. In order to be reviewed, all PGY1 Pharmacy applications and special requirements for acceptance must be received by the application deadline. Candidates must be eligible for pharmacist licensure in the State of Delaware to apply, and must be licensed by September 1 after beginning of residency.
- Each PGY1 applicant packet is screened and scored by a member of the Resident Applicant Selection Committee utilizing the *Resident Application Evaluation and Selection tool* **(Appendix A).** Each resident candidate will receive a score between 0 and 50 points. This will be the pre-interview score. The top candidates based on pre-interview scores will be invited for an interview, either virtual or on-site. In addition to the pre-interview score for each applicant, will be the option for the reviewer to add qualitative comments based on their impression from reviewing the candidate's application. There will be the opportunity to enter ("strongly agree to interview") or ("strongly suggest not to interview") comment regardless of the applicant's score. The ("strongly suggest to interview") is included for cases where an applicant with a lower score was thought to be deserving of an interview.

The ("strongly suggest not to interview") is included as an option for an applicant who scored high, but is believed to not be a good fit for the program. The following will be assessed:

- Communication skills
- Clinical experience (breadth, performance, scope of activity)
- Personal/environmental factors (maturity, confidence, motivation, and adaptability
- Work experience, aggregate letters of recommendation
- Leadership/initiative
- Teaching (interest and/or experience)
- Research (interest and/or experience)
- Academic performance

- Each residency candidate granted an interview, will be asked a series of questions from the interview panel. The interview panel will be utilizing the (*Bayhealth Interview Evaluation form)* in which each resident candidate will receive a score between 0 and 50. **(Appendix B).** Each response is rated on verbal communication skills, poise and personal presentation, leadership abilities, professional competence, and degree of match between the resident applicant needs and that of the program.

Interview Process

- No less than 3 interviews will be offered for each available residency position. Interviews are scheduled on pre-determined dates in February. Interviews will be either virtual or on-site.
- The interview process consists of one 45 minute Personal interview, one 30 minute Clinical panel interview, a 30 minute question and answer session where the applicant can ask questions to the current pharmacy residents.
- The Personal interview is with the two PGY1 Pharmacy Residency Program Directors, Senior Director of Pharmacy Services and the Clinical Manager. The Clinical interview is with 9 panel members (6 selected preceptors, and three PGY1 co-residents in the current class. The *Bayhealth Interview Evaluation form* will be utilized for the interview process **(Appendix B).** Questions are standardized for both interviews and assess overall fit with the PGY1 residency program based on personal career goals, ability to discuss information presented in the applicant's curriculum vitae, ability to answer clinical and non-clinical questions, oral communication skills, and interpersonal skills. The applicant receives a tour of the facility (if on-site interview) with the current PGY1 residents, followed by final wrap-up session with the Residency Program Director for any remaining questions about the program. If virtual interview, the wrap-up session will be with the Residency Program Director after the resident applicant meets with the current PGY1 residents.

Candidate Ranking

- After the interviews are completed, there will be a Resident Applicant Selection Committee meeting to discuss the rankings. The initial rank score of each applicant going into the meeting will be the sum of the pre-interview and interview scores. Based on the group discussion, a candidate may move up or down in the rank order no more than two positions. The Resident Applicant Selection Committee approves the final rank order list before submission to the Residency Program Director for final review prior to submission to the National Matching Services.
- The Resident Applicant Selection Committee reserves the right to decline ranking an individual if a candidate is deemed unfit for the residency program. If a consensus is not able to be reached by the Resident Applicant Selection Committee, the RPD will finalize the Rank Order List and submit to the National Matching Services by the established deadline.

Post-Match Process

- In the event no match is made in Phase 1, an expedited applicant and candidate assessment will be applied and the program will participate in Phase II Match Process and/or Scramble if necessary. The process as described in the above interview process will remain, other than timelines. Interviews will either virtual or via telephone. The program seeks to fill all open residency positions each year.
- Visit: *http://natmatch.com/ashprmp/schedule.html* for more information on the Phase II match timeline and process.

Acknowledgement of Residency Match

- Residents matched to the Bayhealth PGY1 Pharmacy Residency Program will receive an acceptance letter acknowledging the results and delineating the general terms and conditions of residency within 30 days or by the established deadline listed on the ASHP Match Schedule of Dates published annually on the National Matching Services website.
- Acknowledgement in writing by the PGY1 resident will constitute acceptance of the match, agreement to fulfill the duties of the residency position for the upcoming year and confirmation that the PGY1 resident has received the residency manual and residency appointment agreement, and understands the requirements for completion of the program. This must be documented within 14 days from the start of residency.

X. Pre-employment Requirements

- Following confirmation of the match results, PGY1 residents will receive communication from Bayhealth Human Resources regarding pre-employment requirements and

orientation. Pre-employment requirements include: physical examinations including occupational health appointment where a urinalysis drug testing, and immunization evaluation will be performed, criminal history background check, Office of the Inspector General Sanction Check, and Adult/Sex/Child Abuse Registry checks N-95 fit testing, and parking registration. If results have not yet been obtained at the time of the residency start-date, the PGY1 resident may begin the Program conditionally.

- In the event of unfavorable results of the foregoing the PGY1 resident shall be immediately terminated. Pharmacy residents participate in hospital orientation in mid-June.

XI. Pharmacy License Verification

- Participation in the Bayhealth PGY1 Pharmacy Residency Program is contingent on securing and maintaining a license without restriction in the State of Delaware (DE). It is the expectation that the PGY1 resident will complete these license requirements by September 1 after the beginning of residency.
- The PGY1 resident will provide the Residency Program Director confirmation of an Authorization to Test (ATT) from the National Association of Boards of Pharmacy (NABP), via **email**, that:
    - The NAPLEX/MPJE is scheduled or already taken
        - **MPJE must be scheduled no later than 7/9/27**
        - **NAPLEX must be scheduled no later than 7/23/27**
    - The MPJE will be taken upon transfer of NAPLEX scores from another state
    - The PGY1 resident already has a valid DE license
    - Upon notification of completion of the licensure requirements, the PGY1 resident will provide documentation of licensure to the Residency Program Director
    - Please note: Upon receiving approval to schedule exams, the PGY1 resident will need to show available exam dates to the RPD prior to scheduling. Exam locations are not restricted to DE. The PGY1 resident will have to secure an exam date at a test site on the East Coast, if dates are not available in DE, in order to be in compliance with the deadlines set.

- The PGY1 resident will provide the department with the licensure certificate to remain on file during the resident's year at Bayhealth by **September 1st of the program year**. **If licensure is not obtained by September 1, the PGY1 resident will be dismissed from the program.** Residents should contact the Residency Program Director, **in writing**, should any issue arise with licensure; individual circumstances will be reviewed on a case by case basis with consideration given for extenuating circumstances (For example: delays related to State Board of Pharmacy processing or scheduling of test dates).
- If extenuating circumstances are deemed appropriate by the RPD, preventing licensure by the September 1st deadline, the resident will have until October 1st to obtain

licensure. **If deadline is extended with RPDs approval, the PGY1 resident will be dismissed from the program if licensure is not obtained by October 1st of the program year.**

XII. Residency Learning Experiences

The PGY1 Pharmacy Residency program's structure is indicated in the table below. Learning experiences are scheduled in such a way that the PGY1 resident will have learning opportunities to assist them in determining their interest areas. The learning experiences may change throughout the course of the residency year as long as it is in the best interest of the PGY1 resident and the program.

Core Learning Experiences	
• General Orientation (5 weeks) • Family Medicine (5 weeks) • Pharmacy Systems (5 weeks) • Anticoagulation (5 weeks) • Population Health (5 weeks)	• Walk-In/Acute Care (4 weeks) • Diabetes Management (4 weeks) • Pain Management (4 weeks) • Outpatient Oncology (4 weeks)

Elective Learning Experiences (Each 4-week Block, Select 2)
• Cardiology (inpatient) • Specialty Pharmacy • Infectious Disease • Heart Failure Clinic

Longitudinal Learning Experiences	
• Family Medicine • Pharmacy Systems • Anticoagulation • Population Health	• Drug Information • Research • Leadership/Practice Management • Teaching Certificate (optional)

NOTE: The learning experience schedule is subject to change by the Residency Program Director. Elective rotations are to be scheduled in the second half of the residency year.

The PGY1 resident will be required to travel to the Bayhealth Sussex Campus for learning experiences, as applicable, and to various outpatient clinics for Anticoagulation (Milford, Harrington, and Smyrna).

ASHP Midyear Clinical Meeting

Attendance at the ASHP Midyear Clinical Meeting is optional and organizational reimbursement is reserved for residents actively pursing a PGY2 training and is subject to budget availability.

Midyear serves as the primary venue for the residency showcase,PGY2 recruitment activities, and professional development. Residents who choose to attend ASHP Midyear are required to present their residency research project as a poster at the meeting. Additionally, upon return, residents must complete a formal Midyear presentation summarizing key takeaways and practice applications. Other ASHP Midyear eligibility requirements, for organizational reimbursement include:

1. Submit a Request to Attend Seminar Form to Pharmacy Director
2. Remain in good standing with the residency program and meet residency project milestones
3. Actively participate in Midyear-related activities
    a. Attend Residency showcase
    b. Attend educational sessions relevant to career goals
    c. Participate in PPS
    d. Assist with residency recruitment efforts, if requested
4. Provide post-conference deliverables such as presentation to pharmacy department

Repeating a Learning Experience

If a PGY1 resident chooses to repeat an already-completed learning experience as an elective, the second experience will be at a markedly advanced level and focus extensively on independent practice (as opposed to the mentoring and coaching that are often the hallmarks of learning experiences, especially early in the residency year). Whenever possible, a PGY1 resident who is repeating a learning experience as an elective will be assigned extensive precepting responsibilities for students, practice at an advanced level of pharmaceutical care, and assume clinical specialist roles as feasible.

Residents and preceptors will meet with the RPD before repeating a learning experience as an elective to determine if the learning experience is set up to meet this expectation. The program is designed to be flexible and the RPD will review all requests in an attempt to meet the residents' requests while meeting the standards of accreditation set forth by ASHP. Options may change depending on preceptor availability.

Research/Project Month

Research and Project Month occurs during December and provides dedicated time for residents to advance longitudinal residency requirements, including their research project, medication use evaluation, presentations, teaching certificate activities, drug monograph, policy and other residency deliberables. Residents are expected to maintain a standard on-site residency work schedule, report to the pharmacy department during normal business hours, 8am-4:30pm, unless otherwise approved by the RPD, remain available for meetings and communications, and demonstrate self-directed learning and professional accountability. Residents will meet regularly with the RPD to review progress and are expected to complete designated project milestones and deliverables by the end of the month. Bayhealth has not established remote work (i.e. remote EPIC access) as an approved component of the residency program.

XIII. Resident Evaluation and Assessment

Evaluations are performed throughout the residency year to provide feedback and guidance regarding the resident's performance and the effectiveness of training. All evaluations are based upon the Residency Program Goals and Objectives. Written evaluations are managed via PharmAcademic, with the functionality to document verbal feedback. The Evaluation process is a key component to assess the residents' progress throughout the year and area of improvement that may need to be addressed prior to entering the next learning experience.

Formative Assessment/Feedback

- Preceptors provide feedback to the PGY1 residents about how they are progressing and how they can improve. Ongoing verbal feedback to the PGY1 resident is expected to be frequent, specific, and constructive. The frequency of ongoing feedback varies based on residents' progress and time of the year.
- Residents who are not progressing according to expectations receive more frequent formative feedback. Specific recommendations for improvement and achievement of objectives are documented (e.g., feedback functionality in PharmAcademic). Preceptors are encouraged to provide feedback on a consistent basis.
- Preceptors make appropriate adjustments to learning expectations based on the PGY1 residents' progression. Examples of adjustments in expectations include adjusting the number of patients assigned, expectations for projects and presentations, and expectations for resident check-in with the preceptor.

Core Learning Experiences

Summative Preceptor Evaluation of Resident

- Preceptors for the learning experience document a summative evaluation of the resident in PharmAcademic by the end of each learning experience. The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned

objectives based on a defined rating scale (See Grading Criteria: Resident Evaluation Scale).

- The preceptor documents qualitative, written comments that 1) are specific and actionable, 2) use criteria related to specific educational objectives, 3) recognize residents' skill development, and 4) focus on how residents' may improve their performance.
- The Preceptor and PGY1 resident are to discuss each summative evaluation no later than seven (7) days from the end of the learning experience. The PGY1 resident is responsible for scheduling time with the preceptor to discuss the summative evaluations and the discussion will be documented in the comments section of PharmAcademic. Summative evaluations are then forwarded to the RPD for review, comment, and co-signature. Any summative evaluations that are past due may prevent the PGY1 resident from advancing to the next learning experience until which time the evaluations are completed.

Resident Self-Evaluation

- The PGY1 resident completes a summative self-evaluation at the end of each required learning experience and reviews this with the preceptor. Additional self-evaluations may be assigned as necessary. All evaluations are reviewed by the Residency Program Director for comments and co-signature.

Resident's Evaluation of Preceptor and Learning Experience

- Each PGY1 resident will complete an evaluation of the preceptor and learning experience at the end of each learning experience in PharmAcademic. The PGY1 resident evaluation of the preceptor and learning experience should be saved in PharmAcademic and discussed with the preceptor during the meeting to be discussed during the summative evaluations. These evaluations should then be submitted within 7 days of the end of the learning experience and signed off by the preceptor in PharmAcademic. These evaluations will then be forwarded to the RPD for comment, review, and co-signature.

Longitudinal Learning Experiences

Summative Preceptor Evaluation of Resident

- Longitudinal experiences, learning experiences greater than 12 weeks, require summative evaluations to be completed at least quarterly or evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations.
- The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined rating scale (See Grading Criteria: Resident Evaluation Scale, pg 23).
- The preceptor documents qualitative, written comments that 1) are specific and actionable, 2) use criteria related to specific educational objectives, 3) recognize residents' skill development, and 4) focus on how residents' may improve their performance.

The Preceptor and PGY1 resident are to discuss each summative evaluation no later than seven (7) days from the end of the learning experience. The PGY1 resident is responsible for scheduling time with the preceptor to discuss the summative evaluations. The discussion will be documented in the comments section of PharmAcademic. Summative evaluations are then forwarded to the RPD for review, comment, and co-signature.

Resident Self-Evaluation

- The PGY1 resident completes a summative self-evaluation at the midpoint and end of the longitudinal learning experience and reviews this with the preceptor. Additional self-evaluations may be assigned as necessary. All evaluations are reviewed by the Residency Program Director for comments and co-signature.

Resident's Evaluation of Preceptor and Learning Experience

- Each PGY1 resident will complete an evaluation of the learning experience at the midpoint and end of the longitudinal learning experience in PharmAcademic. Each PGY1 resident will also complete an evaluation of the preceptor at the end of the longitudinal learning experience in PharmAcademic. The PGY1 resident evaluation of the preceptor and learning experience should be saved in PharmAcademic and discussed with the preceptor during the meeting to be discussed during the summative evaluations. These evaluations should then be submitted within 7 days of the end of the learning experience and signed off by the preceptor in PharmAcademic. These evaluations will then be forwarded to the RPD for comment, review, and co-signature.

Resident Evaluation Criteria

All progress will be monitored based upon meeting expectations of the learning experience utilizing the Residents Evaluation Scale. Expectations will be outlined through the activities listed in each objective for the learning experience. Progress will be tracked based on the percentage of time that the PGY1 resident meets these activities throughout the learning experience.

Rating	Definition
Needs Improvement (NI)	The resident's performance could potentially result in patient harm; may unfavorably influence the reputation of the pharmacy profession and/or institution; and/or does not meet the requirements of "Satisfactory Progress," "Achieved," or "Achieved for Residency."
Satisfactory Progress (SP)	The resident's performance is adequate; however, he/she requires additional experience to perform the objective independently.

Achieved (ACH)	The resident's performance is adequate and he/she can perform the objective independently.
Not Applicable (N/A)	The specific objective is unable to be evaluated at the specified time on the learning experience (consider removing objective if continually N/A).

Achieved for Residency (ACH-R)	ACH-R is defined as two Achieved in two different learning experiences (unless it is an objective that is only evaluated once) or as determined by the Residency Program Director. ACH-R can only be assigned by the Residency Program Director and not by any individual preceptor.

Resident Development Plan

- The PGY1 resident and Residency Program Director will meet quarterly to review the resident's progress using the Resident Development Plan. The plan includes:
  - Goals
  - Strengths
  - Areas of Improvement
  - Program Modifications
  - Progress towards improvement and completion of goals and objectives ACHR
  - Progress towards completion of assigned projects
- The Resident Development Plan will be reviewed during the resident program orientation and quarterly and communicated to preceptors in addition to discussion at the RSC meetings.

XIV. Requirements for Successful Completion of Residency

- Obtain "Achieved for Residency" for 85% of ASHP required goals and objectives, without consistent evaluations with documentation noting "Needs Improvement."
- Provide all required presentations, as assigned, including but not limited to: Bayhealth Pharmacy CE, Preceptor Development CE, Pharmacy Technician Pearl(s), Resident Journal Club, Medication Use Evaluation, Drug Monograph, and Drug Class Review, Research project.
- Maintain compliance with all learning experience expectations, which includes meeting with preceptors at the beginning of each learning experience to define individual goals and objectives
- Satisfy all organizational requirements, including but not limited to: High Reliability Training, EPIC Training, IRB CITI training modules.

- Submit all assigned evaluations in PharmAcademic.
- Attend monthly P&T meetings and maintain meeting minutes, as assigned.
- Submit the following projects, on behalf of Bayhealth Pharmacy, to the Pharmacy and Therapeutics (P&T) Committee: Medication Use Evaluation (MUE), Drug Class Review, Drug Monograph, Policy/Procedure Update.
- Maintain active membership in the American Society of Health-System Pharmacists (ASHP).
- Complete a major residency project, which includes meeting all required deadlines, giving a podium presentation of final results at Eastern States Residency Conference, and submitting a publishable manuscript.
- Participate in ≥ 2 community service events.
- Provide pharmacy staffing coverage, including distributive pharmacist functions, for all day/evening, holiday, and weekend shifts assigned. Resident must work a minimum of 8 hours per day and maintain compliance with ASHP Duty Hour requirements.
- Maintain BLS Certification and ACLS/PALS Certification (ACLS/PALS only required if taking Emergency Medicine or critical care elective).

*****Note: A resident will receive a certificate of completion from Bayhealth Hospital PGY1 Pharmacy Residency Program by completing the listed activities satisfactorily as decided by the Residency Program Director (RPD). The official Bayhealth PGY1 Pharmacy Residency Certificate will be withheld until all requirements are fulfilled.**

XV. Required Meetings

- P&T Committee
- Residency Steering Committee
- Meetings with RPD

XVI. General Employee Information

Residency Start Date

- The Pharmacy resident's start date at Bayhealth for the 2027-2028 PGY1 residency year is **June 14, 2027** and will be completed on **June 23, 2028**. The residency appointment term is for 52 weeks.

Compensation and Benefits

- Pharmacy resident shall receive an annual salary of at least $57,000, payable every (2) weeks, less customary withholdings (applicable taxes, benefits, etc.), in accordance with Bayhealth's general payroll policies and government regulations.
- Pharmacy Resident shall be entitled to standard employee benefits in accordance with Bayhealth's employee policies to include health insurance, (including hospitalization), comprehensive medical, dental, and vision coverage eligible the first full month after hire date.
- Additional benefits information: (*https://www.bayhealth.org/careers/benefits)*

Resident Financial Support

- Financial support may be provided for select professional meetings (e.g. ASHP Clinical Midyear Meeting, Eastern States Residency Conference), pending Finance approval.
- Payment of Professional liability insurance:
    - Bayhealth shall provide Pharmacy Resident with professional liability insurance as required by Delaware law during the term of this Agreement is $1,000,000/$3,000,000. The resident will be covered for malpractice liability at all times while performing duties and responsibilities in the program. The policy provides a minimum of $1,000,000 / $600,000 per occurrence and the coverage will extend beyond the time in residency from incidents that occurred during their training (i.e., "tail coverage"). Insurance may be provided under a plan of self-insurance.

Vacation (PTO) and Personal Leave

- Vacation and personal days must be scheduled and approved at least 30 days in advance whenever possible. Requests may be denied or modified based on rotation requirements, staffing needs, residency obligations, scheduled presentations, conferences, or other program commitments.
- 15 days of paid time off (PTO) which includes sick leave, vacation leave, and paid holidays. **Please note that Bayhealth has six paid holidays and any holiday not worked will be subtracted from the 15 days of paid time off.**

Bereavement

- Resident will be granted (3) days scheduled working shift with pay of bereavement leave for the death of an immediate family member. Resident will be granted (1) day scheduled working shift with pay of bereavement leave for the death of an extended family member. Bereavement pay is separate from Paid Time Off. Residents will not receive an unscheduled absence for use of bereavement leave.

Professional Leave

- Professional leave is permitted for attendance to selected professional meetings or interviewing for a position. Attendance for professional meetings and recruitment are administrative time off and will not affect PTO. Leave taken for interviewing for a PGY2 or employment will be counted towards PTO. This leave must be approved by the Residency Program Director.

Sick Leave

- Weekday: Sick days must be reported to Residency Program Director and preceptor as soon as possible and prior to scheduled start time of the learning experience/staffing.
- Weekend staffing: If the resident is going to be out sick for a weekend staffing shift, they must contact the Pharmacist in Charge and Pharmacy Operations Manager at least two hours prior to the start of shift when possible. The resident is required to make up the shift at a later date, as outlined in the Department Policies and Procedures. It is the responsibility of the resident to coordinate with the preceptor for the current learning experience and make up any associated missed work. Illnesses greater than 1 days will follow Bayhealth's extended sick policy.
- The RPD must be notified via email of all sick leave and abscenses.

Personal/Extended Medical/Maternity/Paternity Leave

- Personal/Extended Medical leave: In extraordinary circumstances, a leave of absence may be requested for illness or personal reasons. Any disability or incapacitating illness rendering the Pharmacy Resident unable to perform his/her assigned duties for a period in excess of twenty-nine (29) days in a year, Bayhealth will terminate the Resident Appointment Agreement upon seven (7) day notice of its intention to do so, and will result in resident dismissal from the program. The resident will be required to "make-up" time missed in accordance with Residency Program Requirements for leave not greater than the 29 days. Compensation will only continue for the period during which the resident is actively participating in the Program.
- Maternity/Paternity Leave May be taken as sick leave and/or vacation time up to a total of twenty-nine (29) days per twelve (12) months of employment. The duration of total maternity/paternity leave must be approved by the Residency Program Director. The resident will be required to "make-up" time missed in accordance with Residency Program Requirements. Compensation will only continue for the period during which the resident is actively participating in the Program.
- Residents are not eligible for FMLA. In certain cases, a resident's medical absence may jeopardize completion of the program's requirements, goals, and objectives according to the original timeline. In such cases, following the use of available extended sick leave and PTO, and leave did not exceed 29 days, the resident will be required to make-up missed time in lieu of scheduled electives.

Staffing Responsibilities

- The PGY1 resident will demonstrate proficiency as a well-rounded, clinical pharmacist through various weekday, staffing responsibilities in inpatient and outpatient settings:
    - Family Medicine
    - Pharmacy Systems
    - Anticoagulation
    - Population Health
- The resident will be required to serve as a Patient Care Pharmacist every third weekend (one Saturday and one Sunday for shift assigned), as well as one (1) Summer and one (1) Winter holiday. All staffing will be completed at the Bayhealth Hospital, Kent Campus. The resident's staffing schedule is subject to change by the Residency Program Director and/or Senior Operations Manager.

Duty Hours

- Bayhealth will adhere to the ASHP Duty-Hour requirements for Pharmacy Residencies. Residents will attest to compliance with Duty-Hours policy monthly in PharmAcademic.
- Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting (if applicable) https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx
- Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the Residency Program Director or Preceptor.

Well-Being

- The Residency Program Director, PGY1 resident, and Preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The Residency Program Director (RPD) must ensure that there is not excessive reliance on PGY1 residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing PGY1 residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Well-being resources are available at: https://wellbeing.ashp.org/Resources?loginreturnUrl=SSOCheckOnly
- Residents will be required to complete an ASHP CE on Well-Being and Resilience during the orientation period of their residency.

Moonlighting

- Moonlighting is defined as voluntary, compensated, pharmacy-related work performed outside of the organization or within the organization, or any of its related participating sites where the resident is training. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- Pharmacy Resident shall not become engaged in any outside professional pursuits, irrespective of whether the Pharmacy Resident receives compensation, or other work for which the Pharmacy Resident receives compensation, unless the Residency Program Director approves such pursuit in writing. Failure to obtain approval from the Residency Program Director, will result in dismissal from the program.
- If such outside work is permitted, the Residency Program Director shall periodically review the activity to either approve or reject its continuation. The PGY1 resident will only be allowed to moonlight up to a maximum of 10 hours per week. Moonlighting is prohibited during resident duty hours. Moonlighting will be added to the duty-hour limits and the resident hours must remain in compliance with the ASHP Duty-Hour requirements for Pharmacy Residencies.
- Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Pharmacy Resident duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. All duty and moonlighting (if applicable) hours must be logged on an Excel spreadsheet titled "Appendix B" in the resident portfolio by the Pharmacy Resident which will be reviewed weekly by the Program Director.
- Residents will attest to compliance with moonlighting at the beginning of residency **(Appendix C).**

XVII. Continuous Residency Program Improvement

The Residency Program Director, Residency Steering Committee, Pharmacy leadership, Preceptors, and PGY1 residents engage in an ongoing process of assessment of the residency program. The program conducts a formal program evaluation annually that includes:

- Assessment of methods for recruitment, including recruitment of a diverse and inclusive applicant pool.
    - Review of the applicant pool to determine increased variety of applicants from:
        - Different geographic locations around the country
        - Variety of colleges and schools of pharmacy, including HBCUs and those with higher percentages of underrepresented individuals in the profession of pharmacy
    - Review of advertising and marketing of the residency program. Examples include, but not limited to:

        - Attendance at residency showcases hosted by HBCUs or colleges/schools of pharmacy with a higher percentage of individuals underrepresented in the profession of pharmacy
        - Inclusion of images in promotional materials and/or the program website, that reflect diversity of past residency classes and/or the department of pharmacy
    - Review of screening tools and rubrics used in the selection and ranking process for elimination of bias
- End-of-the year input from PGY1 residents who complete the program (Exit interview w/Senior Director of Pharmacy)
- Input from PGY1 residents' evaluations of preceptors and learning experiences.
- Input from Preceptors related to continuous program improvement.
- Documentation of program improvement opportunities and plans for changes to the program.

Examples of ongoing program assessment may include ongoing discussion of program improvement opportunities at Residency Steering Committee, discussion of applicant selection process outcomes, ongoing review of learning experiences, and review of residents' evaluations of preceptors and learning experiences. The Residency Program Director implements program improvement activities in response to the results of the assessment of the PGY1 Pharmacy Residency program.

XVIII. Corrective Action

Resident Corrective Action – Discipline and Failure to Progress (EXHIBIT A-I, pg 34)

Bayhealth reserves the right to discipline the Pharmacy Resident and/or take corrective action against the Pharmacy Resident in accordance with established Bayhealth policies and Exhibit "A" attached hereto and incorporated herein. Discipline is intended to be positive with the major emphasis on correction, not punishment. The PGY1 Pharmacy Residency Program reserves the right to immediately to terminate the resident appointment and dismiss the Pharmacy Resident at any time upon written notice thereof for proper cause for serious conduct violations or actions that place patients, staff or the public at risk or that substantially disrupt the Program.

Discipline

- When an "organizational offense" is identified, it should be brought to the Pharmacy
- Resident's attention by the Residency Program Director and/or Senior Director of Pharmacy.
- An "organizational offense" includes, but is not limited to, problems of performance and/or conduct which do not satisfy organizational standards, as outlined in Bayhealth Corrective Action Policy B9065.18.
- There are three categories of "organizational offense." Corrective action is in

accordance with the level of the "organizational offense."

- Application of corrective action for an "organizational offense" may include coaching/ counseling, verbal warning, written warning, suspension, and termination as per Bayhealth Corrective Action policy B9065.18. Certain "organizational offenses" may be so serious that steps in the progressive corrective process are bypassed.

Failure to Progress

- When an "academic problem" is identified, it should be brought to the Pharmacy Resident's attention by the Preceptor.
- An "academic problem" is defined as "not adequate" or "needs improvement" performance for the majority of learning experience objectives at the midpoint and/or summary evaluations.
- When an "academic problem" is identified at the midpoint or a quarterly evaluation, "an Action Plan" **(see Appendix D)** for the PGY1 resident will be written by the Preceptor and discussed between the Preceptor and the Pharmacy Resident with the RPD present.
- Failure to improve performance as specified by the written "Action Plan" may lead to continuation of the "academic problem" and failure of the learning experience. A learning experience is defined as "failed" after select Residency Steering Committee members (Residency Program Director, Senior Director of Pharmacy, Operations Managers, & Clinical Manager) hear arguments from the Preceptor and Pharmacy Resident concerning the "academic problem", and vote that the learning experience is "failed." Any Committee members involved in earlier actions concerning the "academic problem" are excluded from voting; usually this would apply to the Residency Program Director.
- A "failed" learning experience shall be repeated. An elective learning experience will be utilized when a learning experience is repeated. One learning experience will be scheduled between the "failed" learning experience and the repeat of the "failed" learning experience. If an "academic problem" persists and the learning experience is "failed" a second time, written notification of termination will be given to the Pharmacy Resident. Written notification of termination may be appealed by following the Appeal Procedure outlined in Exhibit "B".
- If a second learning experience is "failed" later in the residency year, written notification of termination will be given to the Pharmacy Resident. Written notification of termination may be appealed by following the Appeal Procedure outlined in Exhibit B.

<u>Grounds for Dismissal/Termination from the Program</u>

Just cause for dismissal includes failure to perform the normal and customary duties of a Pharmacy resident, substantial or repetitive conduct considered unprofessional or ethically unacceptable or which is disruptive of the normal and orderly function of the organization. Specific concerns, behaviors or actions fulfilling these requirements are listed below:

- Any behavior or conduct inconsistent with Bayhealth Code of Conduct.

- Any failure to comply with any of the rules or regulations of Bayhealth as may be from time to time promulgated or failure of the Pharmacy Resident to meet Bayhealth's standards set for patient care, academic development or appropriate progress in the program of study
- The PGY1 resident knowingly or due to negligence of action places a patient, employee or any other person in danger.
- The PGY1 resident acts violently or threatens violence toward any other person including aggressive behavior or stalking.
- The PGY1 resident is found to be using alcohol, illegal substances or other recreational substance at any time during work and non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible, and safe fashion.
- The PGY1 resident is found to carry, possess or use any weapon on the organization's property.
- The PGY1 resident falsifies information on a document.
- The PGY1 resident commits plagiarism determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of the RPD, Senior Director of Pharmacy Services, and others as deemed appropriate by the Residency Steering Committee.
- Excessive absences from the program (in excess of the 15 days PTO granted annually) and an unwillingness to make up this time on a voluntary basis.
- The PGY1 resident sexually harasses a member, employee or any other person while in performance of their duties as a resident.
- The PGY1 resident commits an act of vandalism or theft on the organization's property.
- Any failure to meet expectations and exhibit proper progression in the program.
- Any failure to notify Residency Program Director to obtain approval to work moonlighting hours.
- Any disability or incapacitating illness rendering the Pharmacy Resident unable to perform his/her assigned duties for a period in excess of twenty-nine (29) days in a year.
- Any failure to obtain and maintain appropriate licensure the term of this Agreement; the Resident must obtain Delaware licensure no later than September 1st of the residency year. If extenuating circumstances beyond the resident's control, (deemed appropriate and approved by the Residency Program Director) where licensure is not obtained by September 1st, failure by the resident to obtain licensure by October 1st, will result in dismissal from the program.
- In the event of termination, Pharmacy Resident shall be compensated for hours of service performed up through the date of termination. The Pharmacy Resident shall be compensated for any vacation accrued up to and including the date of the receipt of the termination notice.
- Bayhealth will not terminate the resident appointment agreement without providing the PGY1 resident with written notice and an opportunity to discuss with the Residency Program Director the reasons for termination.

Resident Withdrawal

- A resident may voluntarily withdraw from the residency program. The resident will inform the Residency Program director of the intent to withdraw in writing. The resident should provide at least two weeks' notice to the Residency Program Director prior to withdrawal to ensure continuity in the provision of pharmaceutical care. Residents who withdraw will not receive a certificate of completion.

Formal Appeals Process

The PGY1 resident may request an appeal of the termination/discharge in accordance with Exhibit "A". The intent of this policy is to provide the Pharmacy Resident with notice and the opportunity to correct his/her actions.

(EXHIBIT A-I)
APPEAL PROCEDURE FOR PHARMACY RESIDENT TERMINATION / SUSPENSION
ACADEMIC PROVISIONS

The purpose of this procedure is to inform the Pharmacy Resident of the process by which they may request an informal hearing or subsequent appeal of a proposed suspension and/or termination.

(A) The written notification of suspension and/or termination shall include an explanation from the Program Director or his designee of the reason(s) for such suspension and/or termination. The written notification also shall advise the Pharmacy Resident of the right to request an informal hearing pursuant to this procedure.

(B) Within three (3) business days of receipt of written notification of suspension and/or termination, a Pharmacy Resident may request an informal hearing before a committee, as more fully described below. The Pharmacy Resident's request shall be in writing and submitted to the Residency Program Director. Failure to request a hearing within three (3) days constitutes waiver of all rights to appeal.

(C) Any hearing pursuant to the above paragraph (B) shall be conducted by an Ad Hoc Residency Program Committee. This committee will be appointed by the Senior Director of Pharmacy Services and shall consist of at least two (2) members/ Preceptors from the Pharmacy Department and the Vice President of Patient Care Services. The Committee shall elect a member from the group to act as chairperson.

(D) The Committee shall convene the hearing within ten (10) business days of the Pharmacy Resident's written request and shall notify the Pharmacy Resident in writing of the date, time, and place for the hearing as soon as reasonably possible, but not less than seventy-two (72) hours in advance of the hearing.

(E) The Pharmacy Resident and the Residency Program Director or his/her designee shall be present at the hearing and each shall present such information or materials (oral or written) as they wish to support their case. Any written material must be submitted in duplicate to the Committee, and each party shall be permitted to review all materials.

(F) A majority vote of the Committee shall decide the issue(s) before it. The Committee shall render a decision affirming, reversing, or modifying the proposed suspension/termination.

(G) The Residency Program Director or his/her designee shall not be allowed to vote or to participate in the Committee's deliberations.

(H) Regardless of the outcome of the hearing, the Committee will provide the Pharmacy Resident and the Residency Program Director with a written statement of its decision and the reason(s) for such decision within ten (10) business days from the date of the conclusion of the hearing. The Committee may append submitted written materials to its report.

(II) No attorney shall be permitted to attend the appeal procedure

Resident Signature: _____ Date: _____

Printed Name: _____

XIX. Department and Program Leadership Contact Information

Keena Smith, PharmD, MBA, BCPS PGY1 Residency Program Director (Ambulatory Care Settings)	**Phone:** 302-744-6554 **Email:** keena_smith@bayhealth.org
Celeste Williams, PharmD, BCPS Residency Pharmacy Program Coordinator PGY1 Residency Program Director (Inpatient)	**Phone:** 302-744-7517 **Email:** celeste_williams@bayhealth.org
Cheri R. Briggs, BS, PharmD, MBA, SSGB Senior Director of Pharmacy Services	**Phone:** 302-744-7020 **Email:** cheri_briggs@bayhealth.org
Carl Popelas, PharmD, BCOP Clinical Pharmacy Manager	**Phone:** 302-430-5447 **Email:** carl_popelas@bayhealth.org
Bao Huynh, PharmD, MBA Pharmacy Operations Manager, Kent	**Phone:** 302-744-6103 **Email:** bao_huynh@bayhealth.org
Tamanna Patel, PharmD Pharmacy Operations Manager, Sussex	**Phone:** 302-430-5563 **Email:** tamanna_patel@bayhealth.org
Kidane Geda, PharmD, MBA Pharmacy Business Manager	**Phone:** 302-744-6753 **Email:** kidane_geda@bayhealth.org

Note The Bayhealth PGY1 Residency Program reserves the right to revise, update, or modify the residency manual at any time to reflect changes in accreditation standards, institutional policies, regulatory requirements, or program needs. Residents are responsible for adhering to the most current version of the residency manual in effect during the residency term.

Appendicies

APPENDIX A

PGY1 Resident Applicant Evaluation and Selection Scoring Tool

Instructions: Please review application materials and provide a score for each element.

*****Minimum GPA for screening = 3.0 (pass/fail schools are assumed to meet minimum GPA)**

Summary of Scoring System:

Letters of Recommendation (10 ***points maximum if all 3 letters are outstanding***)

Each letter is scored using the following scale

3 Outstanding Letter – fantastic candidate
2 Positive Letter – good candidate
1 Neutral Letter – some reservation or traits which may hinder success
0 Negative Letter – do not consider or personality/professionalism issues

_____ **Recommendation Letter Subtotal**

Letter of intent (5 points maximum)

_____ **Introduction** (1 points maximum)
Includes why interested in residency States residency and career goals

_____ **Program Interest** (2 points maximum)
States why interested in this program
Provides examples of what we offer that meet their goals

_____ **Candidate Characteristics** (2 points maximum)
Gives experiences they have had that will help them in residency
Give traits or skills they have that will be useful in residency
Conveys preparation for residency demands
(to get maximum should have specific examples)

_____ **Creativity and Grammar** (subtract 1 point if problems)
Free from spelling and grammatical mistakes
Logical flow, clearly conveys intent and not excessively long

_____ **Letter of Intent Subtotal**

CV (35 points maximum) – Please consider items relevant to pharmacy when grading

_____ **Honors and awards** (add up total points below)
*for other awards limit to nominated/competition rather than scholarship/need based
1 pt each - PLS, Rho Chi, other local/school award
2 pts each - Local Pharmacy Competition Top 5 (Clinical Skills, Patient Counseling, etc), other state award
3 pts each - National Pharmacy Competition top 10, other national award
5 pts each – National Pharmacy Competition Winner, Board Certification

_____ **Organizations** (give highest point value)
1 pt – member
2 pt – locally active member or committee involvement
3 pt – local leadership position as committee chair or officer
4 pt – locally very active in multiple organizations, multiple officer/leadership positions
5 pt – nationally very active on committees/task force, etc
6 pt – national leadership position as committee chair or officer

_____ **Prior experience** (give highest point value)
2 pt – community experience ≥1 year
4 pt – hospital experience ≥1 year, or pharmacist in community setting
6 pt – pharmacist in hospital setting
* 2pts additional for special training program (ie VALOR, Clinical Track)

_____ **Posters (**give highest point value)
1 pt – school or hospital
2 pt – regional/state meeting
3 pt – national meeting
4 pt – multiple years of national meeting

_____ **Presentations** (give highest point value)
1 pt – school presentation or rotation in-service
2 pt – regional/state meeting oral
3 pt – national oral presentation (multiple years of state)
4 pt – national oral presentation (multiple years of national)

_____ **Publications** (give highest point value)
1 pt – local or non-peer reviewed (or peer reviewed if only submitted but not accepted)
2 pt – multiple from 1 pt category
3 pt – national or peer reviewed (accepted for publication or published)
4 pt – multiple from 3 pt category

_____ **Research activities** (Only for projects NOT included in presentations/publications)
1 pt – participated in research (research assistant, coordinator, etc)
2 pt – participated in multiple research projects

_____ **Teaching activities** (add up total points below – count no more than once per category)
1 pt – teaching elective (rotation or course) or non-pharmacy teaching
2 pt – ability lab, case facilitation
2 pt – didactic course lecture or CE presentation
2 pt – precepting experience

_____ **Community service**
1 pt – participated in community service project
2 pt – participated in several projects
3 pt – numerous projects in a variety of setting (must include non-pharmacy service

_____ **Certifications** (give highest point value)
1 pt – BLS/CPR, immunization (if both - still 1 point)
2 pt – if additional certification (ie ACLS, DM, HIV)

_____ **CV Subtotal**

TOTAL SCORE: _____/50 (maximum points)_____

COMMENTS/NOTES:

STRONGLY SUGGEST TO INTERVIEW_____

STRONGLY SUGGEST NOT TO INTERVIEW_____

APPENDIX B

Bayhealth PGY-1 Pharmacy Residency
(Interview Evaluation Form)

Applicant: _____ Date: _____

Interview Outline:
Part 1: Introduction of Applicant and Specialists
Part 2: Warm up – gauge resident's interests (specialty, career goals) and why interest in this program
Part 3: Applicant Talking – please ensure that you ***address competency areas***
Part 4: Applicant Questions and Wrap-up

Rating Range:
Excellent Response (8-10 points); Adequate Response (5-7 points); Poor Response (1-4 points); No response (0 points)

Score	Area	Comments/Notes
____ /10	**Program commitment** • What are your interest area? • Why are you interested in Bayhealth's Pharmacy residency program? • What are your goals (do they align with Bayhealth residency program)? • Shows interest based on questions	
_____ /10	**Problem Solving** • Inventive • Persistent • Thorough assessment	
_____ /10	**Management** • Timeliness • Follow up • Learning from mistakes	
_____ /10	**Teamwork/Interpersonal Skill** • Flexibility • Conflict • Resolution	
_____ /10	**Communication Style and Professionalism**	

	• Candidate answered questions with confidence and clarity • Candidate's questions are thoughtful • Demonstrated professionalism (dress code, response to questions, behavior)	
Bonus Top Candidate: +5 pts Good Candidate: +3 pts Some Reservation: 0 pts Would not consider: -5 pts	**Fit for the program (Bonus Points, see below)** • Career/training goals • Learning style	

Total Score (out of 50)

Evaluation completed by: _____

APPENDIX C

PGY1 Pharmay Residency
Moonlighting Acknowledgement

I understand Moonlighting is not recommended, that it is my responsibility to notify the Residency Program Director for approval/denial, if I request. Failure to do so, may result in my termination from the program.

_____ _____
Resident Signature Date

_____
Resident Print Name

_____
Residency Program Director Signature

APPENDIX D
Performance Evaluation Action Plan

(This plan is intended to address "not adequate" or "needs improvement" residency goals identified at the mid-point or the quarterly evaluation. The plan is intended to help ensure the Resident subsequently achieves these learning experience goals)

Name of PGY1 Resident: _____ Date of Review: _____
Name of Preceptor: _____ Learning Experience: _____

Area of Improvement Identified	**Specific Action to Address (Area of Improvement)**	**Importance of Action**

Of note, failure to correct identified areas of improvement is likely to lead to "needs improvement" for those learning experience goals at the conclusion of the learning experience. If the majority of learning experience goals are evaluated as "needs improvement," the learning experience may be designated as "failed." See Exhibit "A" of the Residency AGREEMENT.

Time Frame for Action Plan: _____

Resident Signature: _____ Date: _____
Preceptor Signature: _____ Date: _____
RPD Signature_____ Date: _____

By signing this statement, I acknowledge that I have received and read this handbook and agree to abide by the policies contained herein.

_____ _____
PGY1 Resident Signature Date