

**GEISINGER MEDICAL CENTER  
ENTERPRISE PHARMACY  
PGY2 CRITICAL CARE PHARMACY RESIDENT AGREEMENT**

This Enterprise Pharmacy Resident Agreement (“Agreement”) is dated this (day) in (month), (year), by and between Geisinger Medical Center, Danville, Pennsylvania (hereinafter “Geisinger”), an entity of Geisinger Health, and (resident legal name) (hereinafter “Resident”) currently residing at (insert address).

**RECITALS**

- A. Geisinger offers a PGY2 Critical Care Pharmacy Residency Program (“Residency Program”) accredited by the American Society of Health-System Pharmacists (“ASHP”).
- B. Geisinger has offered a position in the Residency Program to Resident, and Resident has agreed to accept the position, on the terms and conditions set forth in this Agreement.
- C. In consideration of the mutual promises contained in this Agreement and intending to be legally bound, Geisinger and Resident agree that Resident shall assume a position in the Residency Program on the terms and conditions set forth below.

**OPERATIVE PROVISIONS**

**1. Acceptance of Position**

Resident accepts the position in the Residency Program for the period of one (1) year beginning (month) (day), (year) through (month) (day), (year). During the term of this Agreement, Resident agrees to perform such duties of the Geisinger and its affiliated institutions which are part of the Residency Program, conscientiously, to the best of the Resident’s ability, and under the highest standard of professional ethics.

**2. Program Overview**

**2.1 Mission, Vision and Purpose Statements:**

*Enterprise Pharmacy Mission:* To work collaboratively with healthcare professionals across Geisinger Health and the communities it services to provide safe, cost-effective, evidence-based pharmaceutical care, striving to enhance the lives and health of our patients, system and region.

*Enterprise Pharmacy Vision:* To be recognized as a National Model for: Health Management, Leading Innovative and Evidence-Based programs of Care Delivery, Research and Education and be the Premier Steward and innovator for all Medication-Related Needs of the Organization

*Purpose Statement:* PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in advanced or specialized

practice. PGY2 residencies provide Residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care that improves medication therapy. Residents who successfully complete an accredited PGY2 pharmacy residency should possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area (when board certification for the practice area exists).

*PGY2 Critical Care Mission Statement:* To cultivate the clinical knowledge, skills, attitudes and leadership capabilities necessary to train clinical experts in patient-centered Critical Care pharmacy practice

## **2.2 ASHP Residency Accreditation**

The Geisinger PGY2 Critical Care Pharmacy Residency Program is in the American Society of Health-System Pharmacists (“ASHP”) Pre-Candidate status.

## **2.3 Program Design and Conduct:**

The Geisinger PGY2 Critical Care Residency Program was designed to cultivate competent and innovative practitioners who provide comprehensive pharmaceutical care services across the continuum of Critical Care. The structure and areas of emphasis are based on the Resident’s entering level of knowledge, skills, and career aspirations. The program has been developed to meet all pharmacy practice and accreditation standards established by ASHP.

Residency Program Director (RPD) is responsible to facilitate the overall coordination of the Residency Program, act as the direct supervisor to the Residents, organize recruitment of new Residents and coordinate the implementation of the residency program activities and quality improvement of the residency program in accordance with PGY2 standards for ASHP accreditation. The RPD is responsible for ensuring that overall program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each learning experience is provided, and Resident evaluations are routinely conducted.

Residency Preceptors are individuals assigned to educate, train and evaluate the Resident within their practice area or area of expertise. Each Resident will have a primary preceptor(s) for each learning experience including longitudinal experiences. The preceptor may ask for feedback on Resident performance from other pharmacists working with the Resident during the learning experience. The preceptor will be responsible for ensuring all Resident evaluations are completed.

The Residency Mentor will serve as a professional and/or personal mentor to the Resident. The mentor will be available to assist the Resident with concerns during the residency program as well as foster professional and personal growth. The mentor will actively participate in the development of the Resident Development Plan.

Critical Care Pharmacy Residency Advisory Committee's (RAC) purpose is to provide oversight for the Geisinger PGY2 Critical Care Residency Program. The RAC membership consists of all preceptors and the PGY2 pharmacy Residents. The primary goals of the RAC are to review Residents' progress toward completion of goals and Resident Development Plans; to maintain and assure compliance with ASHP accreditation standards; to assure an on-going process of assessment of the residency programs, including all aspects of program design.

Geisinger PGY1 & PGY2 Leadership Committee's purpose is to provide leadership support for the residency process across the health system and is comprised of all Residency Program Directors, Directors and Assistant Directors of Pharmacy, System Director of Acute Disease Management, Director of the Center for Pharmacy Innovations and Outcomes, System Director of Ambulatory Disease Management, Associate Vice President of Clinical Informatics, and the System Director of Knowledge Management. Provides a means to affect change at the system level such as program development, curriculum, preceptor development and pharmacy operations.

## **2.4 Orientation**

A formal orientation program for all Residents is scheduled in the beginning of each Resident year and will last approximately 4 weeks. Residents are expected to complete all aspects of the orientation program and submit the completed orientation manual checklist to the RPD by the end of the orientation period. The orientation program consists of but is not limited to hospital orientation, Enterprise Pharmacy orientation, policy and procedure review, EPIC training, code, stroke, pharmacokinetic and anticoagulation certifications and research training. Orientation to the ASHP Accreditation Standards for PGY2 Pharmacy Residency Programs including the competencies, goals and objectives and a review of all residency requirements will be completed. Advanced Resident and Fellow Orientation is (insert date). Release from previous residency program will be discussed with current RPD upon match.

## **2.5 Learning Experiences**

Learning experiences include both required core learning experiences to develop the core knowledge skills and attitude of a competent critical care clinical pharmacy practitioner and elective learning experiences to allow the Residents to tailor their areas of interest. Resident schedules are designed to ensure that the

Resident gains experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient programs. Resident's learning experience schedules will be designed to assure that the Residents spends at least two thirds of their time in direct patient care activities. The Resident is encouraged to select elective experiences to provide a breadth of experience; therefore, a maximum of three learning experiences will be allowed within a specific patient population or practice area. A full description of the required core, required longitudinal and elective learning experiences are found in Exhibit C.

The learning experiences are designed to allow the Resident to complete all of the required competency areas, including all of the goals and objectives under them. The required competency areas are R1: Patient Care, R2: Advancing Practice and Improving Patient Care, R3: Leadership and Management, R4: Teaching, Education and Dissemination of Knowledge. There are no elective goals chosen for this residency year.

## **2.6 Research & Medication Use Evaluation Project**

Residents are required to complete a research project over the course of the residency year. The purpose is to provide the Resident with experience in designing, managing, analyzing, and presenting a major project with the intent of contributing to current knowledge. Each residency project will be overseen by a residency preceptor. The Resident is responsible for developing and adhering to a timeline for project completion. The Resident will also be responsible for project design, IRB protocol submission, and preparing a poster for the Society of Critical Care Medicine (SCCM) Annual Conference, and a formal manuscript. Additionally, the Resident is required to complete a medication use evaluation (MUE) project with the aim of providing with experience in designing, managing, analyzing, and presenting with the intent of improving a patient care process. Additionally, the Resident will present the results as a poster presentation at the ASHP Midyear Clinical Meeting. The Resident will have access to institutional resources for biostatistician analysis, poster printing, and data reports, among other resources.

Travel to ASHP Midyear and SCCM Annual Conferences is expected unless approved by the RPD due to an unforeseen emergent circumstance; in the event attendance is not possible, a plan will be developed in conjunction with the RPD and project preceptor.

A research project timeline will be provided as part of the Resident's involvement with the Residency Research Committee.

## **2.7 Critical Care Pharmacy Staffing Experience**

The goal for the pharmacy staffing experience is to provide the Resident Critical Care Pharmacy related experiences within the medication distribution process and clinical pharmacy practice within the pharmacy department. Residents will be responsible for the provision of various clinical services and/or distributive services provided in the critical care units, emergency room, and pharmacy. The Residents will learn the process of patient profile review, order verification, rounding, emergency bedside response, pharmacy consultations, medication preparation, checking, and distribution through mentorship by the pharmacists and technicians in the critical care units, emergency department and centralized pharmacy. The Resident will be responsible for answering the phone and responding to drug information questions from health care providers. The Resident will be required to staff in the critical care unit on Saturday and Sunday every 3 weeks. The Resident will also staff one four hour second shift each week.

The weekday second shift staffing will start after all patient care responsibilities have been completed; no later than 160. Scheduling and schedule changes will be coordinated through the Residency Program Director along with the Pharmacy Directors and Resident. The Residents will only be able to switch staffing weekends with other staff members. This must be communicated with the scheduler as well as the RPD. The Resident will be required to work one department holiday.

In order to ensure competence in this role, Residents will be working under the supervision of another pharmacist during the orientation period. After the orientation period, Resident's staffing competency will be assessed and signed off. If a Resident does not display the necessary skills to practice as an independent pharmacist by October 1<sup>st</sup>, a Performance Improvement Plan will be developed for the Resident as per Geisinger policy. The Resident, preceptor, RPD and Pharmacy Director will develop, review, implement and complete the required follow-up for the Performance Improvement Plan.

## **2.8 Teaching Activities**

Residents are required to prepare and present an ACPE/CME accredited continuing education program to health professional at a Geisinger conference. The topic will be selected by the Resident with guidance from at least one residency preceptor. The presentation should be approximately 50 minutes in length with 10 minutes to review assessment questions, must meet all ACPE requirements and will consist of a PowerPoint presentation.

Residents will serve as a liaison to other departments within the health-system to provide education on pharmacy services, initiatives or drug information when appropriate. Each learning experience may have teaching responsibilities as designated by the preceptor at the beginning of the experience. Examples include: providing in-services to medical staff, participation in patient education programs, developing education materials for other departments and co-precepting pharmacy students on IPPE or APPE rotations. The Resident should take an active role in seeking opportunities to participate in teaching activities. Residents shall also actively attend scheduled preceptor development sessions.

## **2.9 Evaluations**

Evaluations are essential tools used during the residency year to aid the Resident in their development as well as to identify areas for preceptor and program improvement. Under the direction of the preceptors and the RPD, the evaluation process is designed to assess Resident's progress in achieving the goals and objectives of the Program, as well as the Resident's knowledge, skills, clinical competence, professional conduct, and interpersonal skills. The process will, to the extent reasonably possible, provide early identification of deficiencies in Resident's knowledge, skills or professional character, and to the extent reasonably possible allow remedial action to enable a Resident to satisfactorily complete the requirements of the Residency Program.

At the beginning of each learning experience, the preceptor will orient the Resident using the learning experience description which includes the specific competencies, goals, objectives and activities for the experience, the responsibilities and schedule. The process for evaluation will also be reviewed at the beginning of each experience. The Resident is expected to maintain an updated electronic portfolio of all completed projects in PharmAcademic.

It is the Residents' responsibility to meet with all preceptors to discuss the evaluations at the end of the learning experience or at least quarterly for experiences that are longer than 12 weeks in length. Residents are required to attend transition meetings at the end of the learning experience along with the RPD and preceptor(s). Summative evaluations, the learning experience evaluation, and preceptor evaluations should be submitted in PharmAcademic ideally within 3 days of the end of the learning experience and no more than seven days. Summative evaluations should be discussed in person either prior to or at the time of submission to PharmAcademic.

The Resident is required to complete a Performance Appraisal evaluation on an annual basis via the care conversations tool along with all employed pharmacists.

Compliance with this evaluation process is essential for the professional maturation of the Resident and the residency program. Failure to comply with the policy will be addressed by the RPD.

### **Resident Evaluations:**

The primary preceptor will complete the summative evaluation of the resident's performance for each experience by the end of the learning experience or quarterly for longitudinal experiences. The preceptor may elect to provide written formative feedback using PharmAcademic. All evaluations of the Resident's performance, both formative and summative, will be completed using PharmAcademic.

### **Preceptor and Learning Experience Evaluations**

The Resident will complete the preceptor and learning experience evaluations in PharmAcademic. The Resident will complete and discuss the Resident's evaluation of preceptor and learning experience at the end of each learning experience or quarterly for longitudinal experiences. The preceptor evaluation will be completed for each preceptor during the learning experience.

### **Resident Development Plan**

At the beginning of the residency year, Residents are required to submit both a Pre-Residency Evaluation Form and a Goal-Based Entering Interest Self-Evaluation evaluating their baseline skills, knowledge base, and experience. In addition the Resident will be asked to document their personal goals for the residency year, their areas of interest, personal strengths and opportunities for improvement. All of the pre-residency self-assessments will be used to develop the Resident's Resident Development Plan for the residency year.

The Resident is required to participate in the review and update of their quarterly Resident Development Plan in conjunction with the RPD and Resident Mentor. The Resident will meet with the RPD and Mentor within 7 days of the completion of the quarter to discuss their development, attainment of goals/objectives, evaluations, and any issue pertaining to the residency program. Modifications may be made to accommodate potential career plans or area of interest changes for the Resident as well as to address any areas of opportunity for improvement. Modifications may include more or less time in a required learning experience, changing of elective learning experiences, increasing or decreasing longitudinal activities etc.

The RPD will maintain close communication throughout the quarter with each Resident's mentor and all preceptors for learning experiences completed that quarter, including longitudinal experiences. The Resident Development Plan will be presented to the RAC quarterly and feedback on the overall progress of the Resident will be discussed. Any concerns with the Residents' progress can be brought to this meeting or brought to the attention of the RPD at any time during the residency year.

The quarterly Resident Development Plan will be finalized by the RPD and will be uploaded into PharmAcademic following the completion of the quarter.

The Resident will complete a quarterly self-assessment of all goals and objectives for the residency program. The Resident is expected to complete all assigned summative self-assessments in PharmAcademic by the due date prior to reviewing the preceptor's evaluation. This concept is vital to the Resident in their professional development. The Resident's self-assessment will be reviewed in conjunction with the revision of the quarterly Resident Development Plan.

### **3. Responsibilities of the Program to the Resident**

#### **3.1 Stipend**

Geisinger agrees to compensate Resident at an annualized rate of \$50,273, to be paid in twenty-six (26) equal bi-weekly installments.

#### **3.2 Benefits and Supportive Services**

The Geisinger agrees to provide Resident with certain benefits and supportive services outlined in the Pharmacy Resident Benefit Summary, attached hereto and incorporated herein as Exhibit A. Exhibit A is subject to change from time to time at the discretion of Geisinger. Geisinger will use its best efforts to notify Resident of significant changes as they occur with respect to such benefits and support services and will provide more detailed information upon request. It is understood and agreed by Resident that due to the need for brevity and the fact that certain benefits and support services are provided through contracts of insurance containing detailed descriptions of the benefits and through Geisinger Policies which are subject to change from time to time, the Resident Benefit Summary shall be construed as a brief summary of some of the elements of the various fringe benefits provided, and will not be construed as binding Geisinger or Resident to terms and conditions of amounts of insurance coverage other than that expressly set forth in the respective insurance policies and Geisinger Policies which may be in effect from time to time.

#### **3.3 Liability Insurance**

Geisinger and its affiliated institutions shall provide Resident with professional liability insurance coverage as required by Pennsylvania Law.

#### **3.4 Financial Support for Educational Programs**

The Geisinger will provide access and financial support to attend the ASHP Midyear Clinical Meeting and SCCM Annual Conference at a total stipend of \$1500 per residency year. Attendance at the conferences will only be eligible to Residents who meet all project deadlines. While at the conferences, the Resident is expected to conduct himself or herself in a professional manner and attend the scheduled educational activities. Attendance and financial support for additional



professional meetings or workshops will be reviewed on an individual basis by the RPD and System Director of Pharmacy Services.

#### **4. Resident Responsibilities**

- 4.1** The Resident has accepted and committed to the pharmacy residency program at Geisinger and will not pursue a position elsewhere or sign a contract with another program.

The Resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values. The Residents' primary professional commitment must be to the residency program.

**4.2 Code of Conduct**

Resident shall agree to adhere to the Geisinger Code of Conduct by signing and returning a written copy to the Program Director.

**4.3 Pre-Employment Requirements**

**Drug and Alcohol Policy**

Appointment is conditional requiring successful completion (no presence of drugs) of a pre-appointment drug screening process per the Geisinger Policy.

**Background Checks**

Appointment is conditional upon completion of background checks required by Geisinger (including, but not limited to, PA Child Abuse History Clearance and a finger-print-based Federal Criminal History Record check) which are satisfactory and acceptable to Geisinger.

**Health Screening**

Resident will complete a health inventory to be evaluated by Employee Health. This inventory will include medical history and documentation of specific infections and immunizations to include: varicella titer or vaccine if no history of chicken pox after the age of 1 year; history of measles or of MMR series; and history of immunization to Tdap, hepatitis B, and annual influenza. If influenza is declined, Resident will be required to wear a mask when within six feet of another person as required by Geisinger policy. A two-step tuberculin skin test is required. A chest radiograph should be done in the event of a positive tuberculin test. Employee Health will assist in administering any necessary required vaccines. All health documentation shall be forwarded to the Program Director prior to assuming duties. To be in compliance, the Resident must participate in any recommendations emanating from Employee Health.

**4.4 Licensure to Practice Pharmacy**

Resident shall maintain throughout duration of this Agreement, a valid pharmacist license from the Pennsylvania State Board of Pharmacy. The NAPLEX and

Jurisprudence exams should be taken prior to starting the Program, or within the first month of the start of the Program. Resident must complete the licensure process and be officially licensed to practice pharmacy in the Commonwealth of Pennsylvania within 90 days of their first day employed as a pharmacy Resident with Geisinger. Failure to obtain a valid pharmacist license within 90 days shall result in initiation of performance improvement plan per Policy 04.305 Employee Performance Improvement & General Standards of Conduct (Exhibit D). Licensure is required to complete the pharmacy practice experience requirements of our program. The Resident will be expected to continue training and upon licensure may be required to work additional days to make up for missed requirements. Failure to pass the licensure exam by October 31<sup>st</sup> will result in immediate termination of the residency program for the Resident (termination of employment).

Resident agrees to provide Geisinger with immediate written notification of any action which is taken, or which is contemplated to be taken against the pharmacist license issued by the Commonwealth of Pennsylvania, including but not limited to: disciplinary action such as suspension, revocation, limitation or other restrictions. Geisinger shall have the option to terminate this Agreement or suspend its obligations under this Agreement pending the outcome of any such disciplinary proceeding. Furthermore Resident agrees to provide Geisinger with a copy of any pharmacist license issued by another state and also agrees to provide Geisinger with immediate written notification of any action which is taken, has been taken, or is contemplated to be taken against any such pharmacist license from any state, including, but not limited to, disciplinary action such as suspension, revocation, limitation or other restrictions.

#### **4.5 Assigned Duties and Duty Hours**

Resident shall be present and available for duties assigned to Resident by the Program Director, including night, weekend or any special duty assignment which Resident may be given at the discretion of the Program Director. The Program Director is responsible for the appropriate scheduling of duty time, including provision of adequate off-duty hours.

A pharmacy residency is a full-time obligation; therefore the Resident will manage activities external to the residency so as not to interfere with the goals and objectives of the program. The primary purpose of the residency is education. To successfully garner the full benefit of learning opportunities afforded, it is expected that the Resident will be actively engaged in pharmacy practice for hours beyond that of a traditional clinical staff pharmacist. Fluctuations in workload, cross-coverage, change of service, unusual service demands or patient loads, etc. may all dictate the hours of Resident service.

Geisinger shall, however, maintain an environment conducive to the health and well-being of the Resident. The customary and usual schedule for Resident

pharmacists on the service to which the Resident is assigned shall adhere to duty hour's requirements of ASHP. Duty hours must be limited to 80 hours per week, averaged over a four-week period. Residents must have a minimum of one day in seven days free of duty when averaged over four weeks. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods. The Resident is responsible to track all duty hours utilizing the monthly time sheet.

#### **4.6 Professional Practice Outside the Residency Program**

Residents are not permitted to work outside the Geisinger for remuneration outside the scope of the educational activities and regularly assigned duties of this Agreement. Residents may assume additional duties for remuneration within the Enterprise Pharmacy Department of Geisinger at the discretion of the Residency Program Director. The Resident must have achieved satisfactory progress on all goals and objectives as well as met all project deadlines to be considered for additional duties. Any additional duties outside of the residency program will be included in the total duty hours as described in section 4.5 and will be in accordance with duty hours consistent with the standards of ASHP (<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>).

#### **4.7 Patient Care**

Resident shall participate in safe, effective, and compassionate patient care, under supervision, commensurate with Resident's level of advancement and responsibility.

#### **4.8 Educational Activities**

Resident shall participate fully in the educational activities of the Residency Program and, as required, assume responsibility of teaching and supervising pharmacy students. Residents are expected to fulfill the goals and objectives of ASHP accreditation standards.

#### **4.9 Professional Conduct**

Resident shall participate in Geisinger's institutional programs and activities involving the pharmacy staff and follow all practices, procedures and policies of Geisinger. Resident agrees to abide by all rules and regulations of Geisinger and its affiliated institutions to which Resident may be assigned from time to time, and Resident agrees to render all services under the direction of the Program Director and/or the director or coordinator of the service to which the Resident is assigned.

#### **4.10 Committee Participation**

Resident shall participate, when invited, in institutional committee councils, especially those that relate to patient care review and healthcare professional activities.

## **5. Certification of Completion**

Certification of completion of the program will be contingent upon Resident successfully completing the core requirements of the Program, returning all property of the Geisinger such as books, equipment, etc., and having settled any other professional or financial obligations to the Geisinger. The certificate will be issued in accordance with the provisions of the ASHP Regulations on Accreditation of Pharmacy Residencies and signed by the RPD and the chief executive officer of the organization. A certificate will not be issued to anyone who does not complete the program's requirements.

Core requirements to successfully complete the program include:

- Possess a valid pharmacist license from the Pennsylvania State Board of Pharmacy by October 31<sup>st</sup> of the residency year.
- Completion of all R1 goals/objectives with a status of achieved by the end of the residency. Completion of 100% of the remaining goals/objectives for the program with at least 75% of the objectives having a status as achieved. All objectives must have a minimum status of satisfactory progress.
- All evaluations must be completed in accordance with ASHP Accreditation Standard as outlined in the Resident Agreement
- Completion of pharmacokinetic certification by October 31 of residency year
- Completion of inpatient anticoagulation certification by October 31 of residency year.
- Completion of stroke and code certification by October 31 of the residency year.
- Completion of major project, which includes meeting all project deadlines and submission of written manuscript of completed project to the RAC.
- Assigned projects (MUE, 2 drug reviews, class review, and management project) have been completed
- Presentation of at least one major CME program.
- Completion of minimum staffing requirements as described in section 2.7
- Adherence to the organization's attendance standards and as described in this document under Exhibit A.

## **6. Suspension, Dismissal or Disciplinary Action**

Suspension, dismissal or disciplinary action will be pursuant to Section V of the CSEDR, attached hereto as Exhibit B and Human Resources policies established by Geisinger. A performance improvement plan will be developed per the Performance Improvement & General Standards of Conduct Policy 04.305.

### **Grievance Procedures**

Resident is encouraged to seek resolution of grievances relating to duties pursuant to Human Resources policies including the Complaint Resolution Procedure (04.180) established by the Geisinger

### **Sexual Harassment**

It is the policy of Geisinger that sexual harassment will not be tolerated. Complaints or concerns regarding sexual harassment will be handled in accordance with Geisinger's Sexual Harassment Policy. Conduct by a Resident which constitutes sexual harassment shall be grounds for dismissal and/or other disciplinary action.

### **Enforcement of Security Measures**

Resident acknowledges his or her obligation under HIPAA and HITECH to maintain the confidentiality and security of protected health information of Geisinger's patients. The Resident is expected to follow all Geisinger's policies and procedures to safeguard the confidentiality and security of protected health information.

### **Patient Confidentiality**

Resident agrees to abide by any applicable laws and regulations relating to the release or disclosure of medical records and/or other information, and said records and/or other information shall be disclosed only when authorized in writing by the patient or as required by law or court order.

### **Applicable Law**

This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania. Venue shall be in Montour County.

### **Waiver of Breach**

The waiver of either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

### **Severability**

In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect and enforceable in accordance with its terms.

## **7. Entire Agreement**

This Agreement constitutes the entire Agreement between the parties and supersedes all prior understandings. Any changes or alterations to this Agreement must be in writing and signed by both parties. This Agreement may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

## **8. Acknowledgment**

Resident acknowledges reading this Agreement prior to signing.

**The undersigned** represent that they are duly authorized to execute this Agreement on behalf of the party for whom they sign; and such party shall be bound by the terms of this Agreement.

**“GEISINGER”**

**“GEISINGER MEDICAL CENTER”**

\_\_\_\_\_  
Michael A. Evans  
Vice President, Enterprise Pharmacy  
Chief Pharmacy Officer  
Authorized Signer

**“RESIDENT”**

\_\_\_\_\_  
Resident Signature

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Revised: 03/2020

DRAFT

## **EXHIBIT A**

### **GEISINGER MEDICAL CENTER PHARMACY RESIDENT BENEFITS SUMMARY**

Geisinger System Services on behalf of its affiliate entities under the common corporate control of the Geisinger Health, (collectively referred to as “Geisinger”), provides various levels of benefits to full-time Pharmacy Residents. Geisinger’s comprehensive program includes opportunities for education and development, competitive compensation and benefits, and supports work life balance. Geisinger offers a flexible benefit plan where the costs are shared between the employer and the Resident.

#### **HEALTH INSURANCE**

##### **Medical**

Residents may choose between the Provider Choice & PPO plans. Each plan provides immediate coverage with no pre-existing condition clause. Residents will be responsible for a contribution to participate in the medical coverage. The Provider Choice plan covers one extensive network that includes two groups of providers: Geisinger and Partner providers (members of the Keystone ACO, Evangelical Community Hospital, Hershey Medical Center, Mount Nittany Medical Center, St. Luke’s University Health Network and Wellspan) and Participating providers in the GHP network. You will pay varying copays and other out-of-pocket costs depending on where you receive care. Find out who participates at [www.geisingerhealthplan.com](http://www.geisingerhealthplan.com).

With the PPO plan, members are not required to designate a single primary care physician. You have the freedom of choice to use physicians and hospitals within the Geisinger Health Plan (GHP) provider network, or to go outside of the network to use the services of other physicians and hospitals. However, when you access providers outside the GHP network, the financial costs for which you will be responsible will be much higher than using the providers in the GHP network. See the Benefits Guide for details.

##### **MyHealth Rewards Program**

MyHealthRewards Program is designed to encourage and support employees to identify and follow a pathway to better health for themselves and their families. Key elements of the program include:

- Enroll in this incentive-based program by visiting <https://employee wellness.thehealthplan.com> to register.
- Take the health assessment (HA) by the established due date. This HA provides you with a broad snapshot of your current health and will determine if you are at risk for certain health conditions.
- Attend one of many health screenings that will be held conveniently throughout the health system. You will be screened for body mass index,

blood pressure, cholesterol and blood glucose levels. You will also be asked if you are “tobacco-free.”

- If you met all the predetermined health goals (based on national standards), you will receive a reduction in your health benefit contributions in 2021.
- If you did not meet your measure(s), you will be referred to a health coach, who will help you meet your goals by September. The Employee Wellness team will provide additional assistance and support to all employees, whether they are maintaining or trying to meet their goals.
- If you indicated you were not tobacco-free, you will be directed to participate in a free tobacco cessation program through Geisinger that will be open to employees and spouses/domestic partners.
- You must register and meet your goals by September 2020 to receive a discount on your health benefit contributions in 2021.

### **Mental Health and Substance Abuse**

GHP manages behavioral health services for participants of Provider Choice and PPO. For pre-authorization, please call GHP at (888) 839-7972.

### **Prescription**

When a Resident chooses Health Insurance through Geisinger they are automatically enrolled in the prescription drug plan. If you waive medical coverage, you are not eligible to participate in the Prescription Drug Plan. Once you pay the deductible per calendar year, you are responsible for a co-pay per prescription. The amount you pay depends on whether the drug is a generic, preferred brand name, or non-preferred brand name.

Several important points to note about the prescription drug plan are listed below:

The pharmacy network includes contracted pharmacies and retail pharmacy chains at convenient locations; the copay varies depending on pharmacy location. A mail order prescription drug program is available for individuals taking medications on a regular basis for conditions such as high blood pressure, diabetes, depression and cholesterol. Diabetic supplies (test strips and syringes) are covered without a prescription. Diabetic supplies are free at Geisinger Pharmacies under the free medication program. Cosmetic drugs are not covered.

Free medications for hypertension, high cholesterol, and diabetes: After meeting the standard deductible for the coverage selected, Health Plan members can obtain free medications from a list of nearly 200 generic and brand name drugs used to control hypertension, cholesterol, and diabetes. View the list of approved medications on-line via the Free Drug List for Geisinger employees:

<https://geisinger.sharepoint.com/sites/ourGeisinger/Departments/hr3/HRDocuments/Benefits2020/zero%20drug%20flyer%20%20GEISINGER%202019%201.3.19.pdf>. These medications are available only through Geisinger Pharmacies and are subject to GHP formulary rules.

### **DENTAL PLAN**



Geisinger offers two comprehensive dental plans through Delta Dental. The Basic Plan provides coverage for regular dental exams, x-rays, cleanings, fillings and other services. The Enhanced Plan has the same benefits as the Basic Plan but includes orthodontia coverage for dependent children up to age 19. All covered dental procedures, except diagnostic and preventive services, are subject to an annual per person deductible, with a family limitation for In-Network and Out-of-Network dentists. There is an annual maximum per person for services provided by Delta Dental PPO and Premier participating dentists and an annual maximum per person for services provided by non-participating dentists.

### **VISION**

Geisinger provides an eye care plan through VSP (Vision Service Plan). Coverage is available for routine vision exams, glasses and/or contact lenses and laser vision correction discounts.

### **GROUP TERM LIFE INSURANCE**

House staff members have the opportunity to elect Group Term Life Insurance. Included are Basic Life Insurance coverage and Accidental Death and Dismemberment (AD&D) coverage. Accidental death coverage is an additional amount of life insurance coverage, and dismemberment coverage provides financial protection if an employee suffers the loss of a limb, eyesight, etc. You may elect to purchase optional Life Insurance coverage to a specified maximum.

### **BUSINESS TRAVEL ACCIDENT INSURANCE**

As a Geisinger employee, you are automatically covered for Business Travel Accident Insurance, including Life Flight<sup>®</sup> coverage.

### **LONG TERM DISABILITY (LTD)**

Long-Term Disability (LTD) Insurance is available to full-time employees. Long-Term Disability coverage is designed to cover any lengthy disability that continues for more than six months. A pre-existing condition limitation applies to newly hired employees. A pre-existing condition limitation applies to newly hired Residents.

### **LIABILITY INSURANCE**

The Geisinger pays the full premium to provide commercial insurance for professional liability. The system also pays the full premium for extended coverage under the Catastrophic Loss Fund of Pennsylvania. Being named in a lawsuit or identified as a witness and called as a deponent in a lawsuit is not grounds for adverse action in regard to your position with the Geisinger. It is understood that professional liability lawsuits occur and that individuals involved in providing care may be named in lawsuits or drawn into lawsuits as witnesses.

### **FLEXIBLE SPENDING ACCOUNT (FLEX)**

This benefit offers you the option to redirect a portion of your pay, through payroll deduction, into Flexible Spending Accounts (FSAs). The money that is deposited into your FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated).

Because you do not pay taxes on the money that is contributed to an FSA, you decrease your taxable income and potentially increase your take-home pay. The plan limits for health care or dependent day care will be in accordance with national guidelines. Our plan limits for 2020 are \$2,700 for the healthcare FSA and \$5,000 for the dependent care FSA.

The following summarizes other benefits and human resources programs available to Residents:

## **RETIREMENT PROGRAMS**

All employees are immediately eligible to make voluntary contributions and participate in Geisinger Retirement Plans. The amount contributed to your retirement account by Geisinger is specific to your work location and is explained in the Retirement Benefits Insert. The maximum contribution is determined by the IRS each year.

## **TIME OFF**

Time off, both paid and unpaid, will follow the Enterprise Pharmacy Attendance, Paid Time Off, Personal Time Policy (<https://geisinger-main.policymedical.net/policymed/anonymous/docViewer?token=b56d3615-2484-49b0-9ca8-8024d9b5d6ef&dtoken=9a8aeaa2-48e3-4f29-b46b-5eea91a3680b>) unless otherwise noted by the residency manual or with approval from the residency program director and assistant director or director of pharmacy.

### **Paid Time Off (PTO):**

Residents receive 10 paid days off subject to RPD approval. PTO will be used for all absences throughout the year including but not limited to vacation days and sick days. In addition, Residents are given a day off for each Geisinger-recognized holiday. No more than 5 total PTO days may be used during any one-month learning experience period. All requests for leave must be submitted in writing using the GHS Application for Absence form and submitted to the RPD.

The residents are responsible for their assigned staffing service and are responsible for assuring that these service commitments are met in the event of an unforeseen absence. Paid time off cannot be used in place of staffing requirements. If a resident calls in sick during a scheduled staffing shift, the staffing shift must be made up.

Unused paid time off is not eligible to be carried over from year to year. Upon termination of employment, you lose the balance of paid time off.

### **Funeral Leave:**

Full-time Residents may be eligible for up to a maximum of three days paid funeral leave. Funeral leave is granted depending on your relationship to the deceased.

### **Jury Duty:**

Residents asked to serve on a jury are eligible for regular pay.

### **Sick and Family Medical Leave (FMLA):**

Because the term of the PGY2 Oncology Pharmacy Residency Program is 1 year, Residents are not eligible for FMLA. A personal leave may be granted to the resident upon review of the circumstances by the Program Director and the Director of Pharmacy. All eligible PTO must be used first. If more time is requested, the leave may be granted but without pay. All requirements for the Program must be met concerning the effect of the leave on satisfying the criteria for completion of the training program. Geisinger Health System will accommodate requested leaves and requirements for additional training whenever possible.

Requested absence for illness after all PTO has been used must be approved by both the residency program director and assistant director or director of pharmacy for the residency program. If a resident requires more than one instance of unpaid absence for illness, a note from a physician, advanced practitioner, or member of employee health will be requested when the resident returns to work.

If during the residency year a resident's cumulative leave, as defined by paid time off plus unpaid leave, is longer than 4 weeks, a Performance Improvement Plan will be developed in conjunction with the resident, RPD and resident mentor to assure that requirements for the residency are successfully met and that the individual resident and all other residents are treated fairly. The document will outline a plan for successful completion of the program. It may be determined that the resident will not be able to successfully complete the core requirements of the program. The plan will be presented to the Residency Advisory Committee for approval. The residency program cannot be extended beyond one year.

### **Non-Qualification for Unemployment Compensation**

It is understood and agreed that services performed by Resident in fulfillment of obligations in the PGY2 Oncology Pharmacy Residency Program are services performed in the hospital by an individual who has successfully completed and graduated from a pharmacy school chartered or approved pursuant to the laws of the Commonwealth of Pennsylvania and do not constitute employment as defined by the Pennsylvania Unemployment Compensation Law. Therefore, Resident further acknowledges, understands, and agrees for the above-stated reason that Resident shall neither qualify for, apply for, or be entitled to unemployment compensation benefits at the conclusion or termination, for any or no reason, of this Agreement, or any extension thereof.

## **OTHER BENEFITS/SERVICES**

### **Geisinger's Employee Assistance Program**

Geisinger offers counseling and guidance to individuals who may need confidential assistance with personal problems. Guidance Resources provides confidential, professional assistance to employees and their family and can help resolve personal situations and concerns that may affect the individual's well-being and/or job performance.

### **Direct Deposit:**

Direct deposit is the preferred method of paying compensation. Residents are paid biweekly and are strongly encouraged to enroll in direct deposit for safety, security, and dependability provided by the program.

### **Social Security:**

Monthly retirement, disability, and survivor benefits are provided, subject to Social Security requirements. Both the Residents and Geisinger pay a tax to help fund these benefits.

***For more information about residency benefits, Geisinger Human Resources at 570-808-7885.***

Revised: 03/2020

**EXHIBIT B**  
**Geisinger Medical Center**  
**Enterprise Pharmacy**  
**Policy and Procedure**

**CRITERIA FOR SELECTION, EVALUATION, AND DISMISSAL OF RESIDENTS  
(CSEDR)**

**I. Eligibility and Selection of Residents for Appointment**

It is the policy of Geisinger and its sponsored residency programs to adhere to the guidelines published by American Society of Health-System Pharmacists (“ASHP”) with respect to the eligibility and selection of Residents. Residents will be selected for the Program based upon their previous records and accomplishments. Eligible applicants will be selected on the basis of preparedness, ability, aptitude, academic credentials, communication skills, motivation and integrity. Resident applicants must participate in the ASHP Resident Matching program and meet all application deadlines. The Program does not discriminate with regard to sex, age, race, religion, color, national origin, disability, or veteran status.

**II. Appointment Process**

**A. Conditions of Appointment**

1. Appointment is conditional upon successful completion of a pre-employment drug screening and background checks.
2. Resident shall maintain throughout duration of this Agreement, a valid pharmacist license from the Pennsylvania State Board of Pharmacy. The NAPLEX and Jurisprudence exams should be taken prior to starting the Program, or within the first month of the start of the Program. Resident must take the NAPLEX and jurisprudence exams, complete the licensure process and be officially licensed to practice pharmacy in the State of Pennsylvania within 90 days of hire into Residency. Failure to obtain a valid pharmacist license is grounds for rescission of this contract within 90 days shall result in initiation of performance improvement plan per Policy 04.305 Employee Performance Improvement & General Standards of Conduct (Exhibit D). Licensure is required to complete the pharmacy practice experience requirements of our program. The Resident will be expected to continue training and upon licensure may be required to work additional days to make up for missed requirements. Failure to pass the licensure exam by October 31<sup>st</sup> will result in immediate termination of the residency program for the Resident (termination of employment). The period of appointment shall not exceed twelve (12) months.

**B. Offer of Appointment**

This agreement will specify the conditions and terms of the appointment, the Geisinger benefits, and will include the following information:

1. The beginning date and ending date of the period of appointment.
2. The current stipend for the appointment.

**III. Evaluation Procedure**

- A. Evaluations will be conducted in accordance with section 2.9 of the Resident Agreement

**IV. Grievances Process**

- A. Grievances will be handled pursuant to the Human Resources policies established by Geisinger.

**V. Suspension, Disciplinary Action or Dismissal of Residents**

- A. A Resident may be dismissed, for cause, during an appointment period. A decision for termination will be decided upon with input gathered from the RPD, the Director of Pharmacy, the Resident's preceptors and mentor, the Residency Advisory Committee and the Human Resource. Examples of cause for dismissal include, but are not limited to, the following:
1. A violation of the policies, rules and regulations of the Geisinger or a violation of the directions of the Program Director and/or of the director or coordinator of the service to which the Resident is assigned
  2. An abuse, sexual harassment, or assault of any individual
  3. A refusal of evaluation for suspected impairment that impacts performance as described in the system physician impairment policy
  4. A refusal of rehabilitation for a diagnosed impairment that impacts performance
  5. Any conduct which is or would be detrimental to Geisinger Operations, activities, or interests
  6. Deficiencies in maintaining current medical records,
  7. Lack of evidence of continuing self-education
  8. Persistent strife in interpersonal relations in the workplace
  9. If a Resident is failing to make satisfactory progress across the continuum of the residency curriculum by January 1<sup>st</sup>, a Geisinger performance improvement plan will be initiated (per Policy 04.305). This plan will specify in detail what goals and objectives need immediate attention, what learning experiences must be repeated (if any), what the expectations are, and what actions will be taken if improvement is not seen within a specified time period.
  10. Failure to adhere to Geisinger rules and regulations pertaining to password-protected secured information, patient confidentiality, and to HIPAA regulations.
  11. Any breach on this Agreement
- B. Suspension, disciplinary action or dismissal will be handled pursuant to the Human Resources policies established by Geisinger.

**EXHIBIT C**  
**GEISINGER MEDICAL CENTER**  
**Learning Experiences**

**Required Core Learning Experiences:** Traditionally each core learning experience shall be approximately 4 weeks in length; length may be modified based on Resident interest and preceptor availability except orientation.

- Orientation
- Medical Intensive Care
- Neurologic Intensive Care
- Cardiac Intensive Care
- Trauma Intensive Care
- Pediatric Intensive Care
- Surgical Intensive Care
- Infectious Diseases
- Emergency Medicine
- Any core learning experience may be repeated as an advanced elective learning experience.

**Required Longitudinal Learning Experiences (12-Month):**

- Pharmacy Leadership
- Major Research Project
- Critical Care Pharmacy Education
- Post Intensive Care Clinic
- Critical Care Pharmacy Staffing: Every 3<sup>rd</sup> weekend (Saturday and Sunday) with one four hour evening shift per week.

**Elective Learning Experiences:** Traditionally each elective learning experience shall be approximately 4 weeks in length; length may be modified based on Resident interest and preceptor availability except where noted. The number of electives the Resident may select may vary based on modifications to the traditional experience time frame.

- Neonatal Intensive Care
- Nutrition Support
- Bone Marrow Transplant
- Nephrology/Transplant
- International Medical Missions (longitudinal elective with 1 week of concentrated international travel)

**EXHIBIT D**

	<i>Policy</i>	<i>Section</i>	<i>Title</i>
	<b>4.305</b>	<b>4.0 Management of Human Resource</b>	<b>Performance Improvement &amp; General Standards of Conduct</b>

**This document applies to:**

Geisinger Medical Center campus	Geisinger Wyoming Valley Medical Center campus
GMC Outpatient Surgery-Woodbine	Community Practice Service Line
Geisinger Community Health Services	Marworth
Geisinger Medical Laboratories	Geisinger Clinic
Geisinger System Services	Geisinger Grays Woods Outpatient Surgery & Endoscopy Center
Geisinger Health Plan	Family Health Associates of Geisinger Lewistown Hospital
ISS Solutions, Inc.	Geisinger Gastroenterology and Endoscopy Center - Lewistown
Geisinger Community Medical Center	Geisinger Bloomsburg Hospital
Geisinger Health	Geisinger Lewistown Hospital
Geisinger Holy Spirit	Geisinger Holy Spirit Medical Group
Holy Spirit Corporation	Holy Spirit Ventures, Inc.
Holy Spirit Health System	
Geisinger Commonwealth School of Medicine	Geisinger Endoscopy Montoursville
Geisinger Jersey Shore Hospital	Geisinger Jersey Shore Hospital Foundation

**PERSONS AFFECTED:**

Employees Paid Biweekly  
Administration/Professional Staff  
Residents

**POLICY:**

Geisinger Health System is committed to a fair and equitable performance improvement process which is corrective and developmental in nature rather than punitive. The Performance Improvement Plan establishes methods for progressive corrective action that can be used to provide employees with the opportunity to eliminate issues of poor or deficient performance issues.

**Performance Improvement Principles**

- Leaders are accountable for creating an environment which will promote fairness and consistency of treatment within the work group using the concepts of "Just Culture" when assessing errors and outcomes, and for promoting a culture of learning.
- Performance expectations are to be clearly communicated through an ongoing process of coaching and counseling.
- Performance Improvement Plan is a written tool for the purpose of improving the performance or behavior of an employee and/or addressing performance discrepancies identified in the performance management process.

**PERFORMANCE MANAGEMENT PROCESS:**

1. Identify the performance and/or behavior deficiency to be improved.
2. Determine the appropriate intervention to address the performance and/or behavior.



**PROCEDURE:**

When identified performance concerns and/or behaviors cannot be corrected or modified through coaching and informal counseling by a direct supervisor, additional steps in the performance improvement process may be implemented. This will include the progressive corrective action being documented on a Performance Improvement Plan (template or letter format). Such progressive corrective action may include the following actions:

1. Identify the specific performance issue or opportunity for improvement in the Performance Issue section of the Performance Improvement Plan.
  - Each performance issue or opportunity for improvement should be identified in separate statements.
  - Each statement should be supported by appropriate documentation citing specific observations, feedback and/or facts related to the performance issue.
  - List dates and summary of previous corrective actions related to this issue if applicable.
  - List any other means or resources that were previously used to correct the performance issue
2. Document the agreed upon action plan in the Action Plan section of the Performance Improvement Plan. May include Goals, expected outcomes, timeframes, and specific responsibilities.
3. Communicate the Performance Improvement Plan with the Employee
4. Consult/include Human resources in the conversation
5. Send the signed PIP to Human Resources for inclusion in the employers file.

**LEVELS OF PROGRESSIVE CORRECTIVE ACTION:**

Generally, corrective action is progressive in nature. However, some circumstances, behaviors and/or actions may warrant immediate suspension of an employee for the purpose of conducting an investigation. Other circumstances, behaviors, and/or actions may require bypassing of progressive corrective action and require or immediate termination of employment. Depending upon the seriousness of an employee's actions, any or all of the progressive disciplinary steps described below may be bypassed at the Health System's sole discretion.

**Verbal Level:**

Includes verbal counseling, verbal coaching and documented verbal discussions. This includes notation of specific performance concerns or behaviors that have been identified as needing to be corrected or modified. The supervisor will communicate the specific concern as well as the changes and outcomes with performance/behaviors to their employee. The conversation will also include a timeframe to accomplish.

**Written Level:**

Includes a clearly documented written account of the steps already taken to address the performance concern or behavior and a clearly documented written account of the current performance concern or behavior. In most instances when an employee continues to violate Geisinger policies and/or fails to adhere to already discussed expectations and the previous steps in the performance improvement process have been followed, it may be necessary to move to the written level. Certain behaviors and/or performance concerns may warrant this as the first appropriate step in the corrective action process.

**Suspension Level:**

Includes a clearly documented account of the steps already taken to address the performance concern or behavior. Includes a clearly documented account of the current performance concern or behavior. In most instances when an employee continues to violate Geisinger policies and/or fails to adhere to already discussed expectations and the previous steps in the performance improvement process have been followed, it may be necessary to move to the suspension level. Certain behaviors and/or performance concerns may warrant this as the first appropriate step in the corrective action process.

Suspensions can range from one-day to five-days or at a length of time agreed upon between Human Resources and the department leadership.

The Employee Assistance Program is used at a mandated level for suspension performance improvement plans.

**Termination Level:**

Includes a clearly documented account of previous steps taken as well as the continued performance concern or behavior that warrants termination. This has been done in consultation with Human Resources.

In most instances when an employee continues to violate or fails to adhere to already discussed expectations and

the previous steps in the performance improvement process have been followed, it may be necessary to move to the termination level. Certain behaviors and/or performance concerns may warrant this as the first appropriate step in the corrective action process.

**PROVISIONS:**

1. Human Resource Representatives will be available to assist leaders in implementing performance improvement plans. Human Resources review of the Performance Improvement Plan is required for employee suspensions or terminations prior to meeting with the employee unless circumstances require the immediate removal of the employee from the work area. Suspensions/terminations occurring without prior HR review will be escalated to the HR office leader for review and follow-up.
2. The leader is responsible for maintaining accurate documentation through all phases of the performance improvement plan and for providing a copy of such documentation to the employee.
3. An employee who receives a Performance Improvement Plan may be ineligible to transfer to another Geisinger department or entity for one (1) year from the date of the notice unless recommended otherwise by his or her respective Department Director or designated authority and approved by Human Resources or designee. An employee must talk to his or her supervisor regarding a desire to transfer to another department or corporation for full consideration of the circumstances to determine if an exception is warranted.
4. The Employee Assistance Program is available through all phases of the Performance Improvement process and may be required at the discretion of management. Performance improvement plans will be maintained in the employee's file. These plans may be removed by the mutual agreement of the employee, the employee's supervisor and Human Resources, as long as circumstances/issues which led to the development of the plan have been resolved to the leader's satisfaction. Records of corrective action involving repeated violations and/or suspensions are disregarded (not discarded) after two (2) years following the disciplinary action. All other disciplinary records are disregarded after one (1) year. Collective bargaining agreements may require different periods of record retention and/or consideration.
5. A copy of the Employee Complaint Resolution Process policy may be provided to the employee if applicable.
6. Employees who receive a Performance Improvement Plan at a written level or above may be ineligible to receive an annual performance appraisal increase. Supervisors will review an employee's overall performance and behavior once six months have passed from the issuance of the Performance Improvement Plan to determine if a prorated increase will be given based upon improved performance and/or behaviors.

Throughout this Policy the term "Geisinger" shall refer to the entire Health Care System comprised of Geisinger Health ("GH") as parent and all subsidiary corporate entities comprising the Health Care System.

**Document Information**

<i>Developed</i>	<i>Revised/Reviewed*</i>	<i>Policy Owner</i>	<i>Approved By</i>	<i>Approval Date</i>
10/01/93	02/2020	AVP, Human Resources	AVP, Human Resources	02/2020