

**GEISINGER MEDICAL CENTER  
ENTERPRISE PHARMACY  
PGY1 PHARMACY RESIDENT AGREEMENT**

This Enterprise Pharmacy Resident Agreement (“Agreement”) is dated July 1, 2018, by and between Geisinger Medical Center, Danville, Pennsylvania (hereinafter “Medical Center”), an entity of the Geisinger Health System Foundation, and \_\_\_\_\_ (hereinafter “Resident”) currently residing at \_\_\_\_\_.

**RECITALS**

- A. Medical Center offers a PGY1 Pharmacy Residency Program (“Residency Program”) accredited by the American Society of Health-System Pharmacists (“ASHP”).
- B. Medical Center has offered a position in the Residency Program to the Resident, and the 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, Medical Center 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 July 1, 2018 through June 30, 2019. During the term of this Agreement, Resident agrees to perform such duties of the Medical Center 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 community 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 to be the premier steward and innovator for all medication-related needs of the organization

*Purpose Statement:* PGY1 pharmacy residency programs build on Doctor of Pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range

of conditions, eligible for board certification, and eligible for PGY2 residency training.

## **2.2 ASHP Residency Accreditation**

The Geisinger Medical Center PGY1 Residency Program is accredited by the American Society of Health-System Pharmacists.

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

The Geisinger Medical Center PGY1 Residency Program was designed to cultivate competent and innovative practitioners who provide comprehensive pharmaceutical care services across the continuum of healthcare. 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 PGY1 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.

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.

Residency Advisory Committee's (RAC) purpose is to provide oversight for the Geisinger Medical Center Residency Program. The RAC membership consists of all preceptors and the PGY1 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 program, including all aspects of program design.

Geisinger's Pharmacy Residency Continuous Quality Improvement 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 of Pharmacy, Director of Acute Care Clinical Programs, Director of the Center for Pharmacy Innovations and Outcomes, Director of Ambulatory Care Clinical Programs, Associate Vice President Enterprise Pharmacy Acute Care, Associate Vice President Clinical Informatics, and the Chief Pharmacy Officer. It provides a means to affect change at the system level such as program development, curricular development, 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, pharmacokinetic and anticoagulation certifications and research training. Orientation to the ASHP Accreditation Standards for PGY1 Pharmacy Residency Programs including the competencies, goals and objectives and a review of all residency requirements will be completed.

## **2.5 Learning Experiences**

Learning experiences include both required core learning experiences to develop the core knowledge skills and attitudes of a competent 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 resident 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 Appendix 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.

## **2.6 Research 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, preparing a platform presentation for the Eastern States Residency Conference, submitting an abstract for the Geisinger Resident and Fellow Scholarship Days and a formal manuscript. The resident will additionally present a poster of their completed Medication Utilization Evaluation Research at the ASHP Midyear Clinical Meeting (ASHP Midyear). The resident will have access to institutional resources for biostatistician analysis, poster printing, and data reports, among other resources. Travel to ASHP Midyear and Eastern States Residency 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.

### **Research Project Timeline:**

#### **July**

- Complete CITI training and IRB/Research training sessions
- Select a research project, meet with the project team and submit draft proposal to the project team
- Select an MUE project topic and present an MUE proposal at the MUE Committee Meeting

#### **August**

- Project summary submitted to RAC; project summary should meet format expectations for Eastern States Residency Conference

#### **September**

- IRB Protocol and waivers submitted to IRB by deadline for presentation at October meeting for both research project and MUE project

#### **October**

- Data collection tool submitted to research team
- If applicable, request for data completed
- Quarterly update presented at RAC meeting; project summary should meet format expectations for Eastern States Residency Conference

### **November**

- MUE Poster submission completed 4 weeks prior to ASHP Midyear Clinical meeting
- MUE final report presented to MUE Committee

### **December**

- MUE Poster presentation at ASHP Midyear Clinical meeting

### **January**

- Background and Methods sections of manuscript due to research team
- Determine deadlines for platform presentation abstract submission at Eastern States Residency Conference and Geisinger Resident and Fellow Scholarship Days
- Quarterly update presented at RAC meeting; project summary should meet format expectations for the Eastern States Residency Conference

### **March**

- Quarterly update presented at RAC meeting; project summary should meet format expectations for the Eastern States Residency Conference

### **April**

- Quarterly update presented at RAC meeting; project summary should meet format expectations for Eastern States Residency Conference
- Practice Presentations of Eastern States Platform presentation to the Pharmacy Department

### **May**

- Platform presentation completed for Eastern States Residency Conference
- Poster or platform presentation at GHS Resident and Fellow Scholarship Days if abstract accepted.

### **June**

- **June 4** Draft of manuscript to research team
- **June 11** Research team deadline to provide feedback to resident
- **June 18** Final manuscript to RPD, project team and RAC

## **2.7 Pharmacy Staffing Experience**

The goal for the pharmacy staffing experience is to provide the resident experience 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 pharmacy. The residents will learn the process of patient profile review, order verification, medication preparation, checking, and distribution through mentorship by the pharmacists and technicians in the different areas of the 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 main inpatient pharmacy for 8 hours on both Saturday and Sunday every 3 weeks and for 4 hours on second shift once weekly. The weekday second shift staffing will start after all patient care responsibilities have been completed; no later than 1800. Scheduling and schedule changes will be coordinated through the Residency Program Director along with the Pharmacy Directors and Resident. 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 Medical Center 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 after. 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 in March of the Residency year via the Care Conversations Tool in compliance with departmental evaluation procedures. Evaluations must be completed by the date assigned by the Clinical Coordinator.

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. Residents will receive written formative feedback following all case presentations from each pharmacy staff members in attendance. All summative evaluations of the resident's performance, will be completed by residency preceptors 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 weaknesses. 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 issues 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 weakness. 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**

Medical Center agrees to compensate Resident at an annualized rate of \$47,476 to be paid in twenty-six (26) equal bi-weekly installments.



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

The Medical Center 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 Medical Center. Medical Center 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 Medical Center 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 Medical Center or Resident to terms and conditions of amounts of insurance coverage other than that expressly set forth in the respective insurance policies and Medical Center Policies which may be in effect from time to time.

### **3.3 Liability Insurance**

Medical Center 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 Medical Center will provide access and financial support to attend educational opportunities including ASHP Midyear Clinical Meeting and Eastern States Pharmacy Residency Conference with a stipend of \$1500 per residency year. The intent of this stipend is for \$1000 to be designated for the ASHP Midyear Clinical Meeting and \$500 to be designated for the Eastern States Pharmacy Residency Conference and will be paid in accordance with Geisinger Health System Travel Policy 01.100. Attendance at the conferences will only be eligible for residents who meet all project deadlines. While at the conferences, the resident is expected to conduct him 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 Medical Center 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 (including 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 tetanus, hepatitis B, and influenza. A 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 State of Pennsylvania by September 30<sup>th</sup> of the residency year. Failure to obtain a valid pharmacist license by September 30<sup>th</sup> 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 Medical Center 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. Medical Center 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 Medical Center with a copy of any pharmacist license issued by another state and also agrees to provide Medical Center 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.

Medical Center 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 (<http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx>). 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 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 Geisinger Enterprise Pharmacy Department 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 ([http://www.ashp.org/DocLibrary/Residents/ Pharmacy-Specific-Duty-Hours.aspx](http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx)).

**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 Medical Center's institutional programs and activities involving the pharmacy staff and follow all practices, procedures and policies of Medical Center. Resident agrees to abide by all rules and regulations of Medical Center 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 Medical Center such as books, equipment, etc., and having settled any other professional or financial obligations to the Medical Center. 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.
- Successful completion of core learning experiences and required longitudinal learning experiences as defined in the learning experience descriptions
- 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 50% 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 major project, which includes meeting all project deadlines and submission of written manuscript of completed project to the RAC.
- Assigned projects (MUE, drug review, 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 Health System and Geisinger Medical Center. A performance improvement plan will be developed per 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 Geisinger Health and Geisinger Medical Center

#### **Sexual Harassment**

It is the policy of Medical Center 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 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.

**8. Acknowledgment**

Resident acknowledges reading this Agreement prior to signing.

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed as of the date first above written.

**“MEDICAL CENTER”  
“GEISINGER MEDICAL CENTER”**

\_\_\_\_\_  
**WITNESS**

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

**“RESIDENT”**

\_\_\_\_\_  
**WITNESS**

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

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

Date \_\_\_\_\_

## **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 System Foundation, 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 three groups of providers: Geisinger providers, Partner providers (members of the Keystone ACO, Hershey Medical Center, Mount Nittany Medical Center, and Family Practice Center providers) 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.thehealthplan.com](http://www.thehealthplan.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://employeewellness.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 2019.

- 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 have to register and meet your goals by September 2018 to receive a discount on your health benefit contributions in 2019.

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

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

### **Eye**

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.

### **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 at [https://geisinger.sharepoint.com/sites/ourGeisinger/Departments/hr3/HRDocuments/Benefits/Zero\\_Drug\\_Flyer\\_Geisinger.pdf](https://geisinger.sharepoint.com/sites/ourGeisinger/Departments/hr3/HRDocuments/Benefits/Zero_Drug_Flyer_Geisinger.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.

## **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® 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 Health System 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 Health System. 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 2018 for health

care or dependent day care will be in accordance with national guidelines. Our plan limits for 2018 are \$2,600 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**

### **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. 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 PGY1 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 will accommodate requested leaves and requirements for

additional training whenever possible. If a leave of absence is longer than 3 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 PGY1 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**

#### **MyWork-Life 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.***

## **EXHIBIT B**

### **Geisinger Health System 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 Medical Center (GMC) 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 check.
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 by September 30 of the residency year. Failure to obtain a valid pharmacist license is grounds for rescission of this contract by September 30th 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 Medical Center 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 Health or Geisinger Medical Center.

**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 medical center 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 Medical Center 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 GHS 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 medical center 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 Health and Geisinger Medical Center.

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

**Required Core Learning Experiences:** Traditionally 4 weeks in length; length may be modified based on resident interest and preceptor availability except orientation.

- Ambulatory Care Medication Therapy Disease State Management
- Orientation
- Cardiology
- Critical Care
- Infectious Disease
- Internal Medicine
- Nephrology
- Pediatrics

**Required Longitudinal Learning Experiences:**

- Major Research Project: 12-month experience
- Pharmacy Administration: 6-month experience
- Formulary Management and Medication Safety: 9-month experience
- Staffing: every 3<sup>rd</sup> weekend and 4 hours per week evening shift: 12-month experience

**Elective Learning Experiences:** Traditionally 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. Any core learning experience may be repeated as an advanced elective learning experience.

- Advanced Ambulatory Care Medication Therapy Disease State Management
- Advanced Cardiology
- Advanced Critical Care
- Advanced Infectious Disease
- Advanced Internal Medicine
- Advanced Nephrology
- Advanced Pediatrics
- Anticoagulation (ambulatory care)
- Emergency Medicine
- Heart Failure Transitions of Care (ambulatory care)
- Hematology
- Hepatology
- Medical Missions to Underserved Countries
- Neonatal Intensive Care
- Nutrition support
- Pain Management (ambulatory care)
- Pediatric Critical Care
- Pharmacy Leadership (management)

## Pharmacy Resident Agreement

- Teaching
- Trauma

Revised 4/2018