Pharmacy Residency Program Manual

Standards, responsibilities, and guidelines for resident training and development

A copy of the resident's manual shall be provided to each residency candidate outlining the requirements of the residency program. Residents must make themselves knowledgeable of all program requirements. Residents must be aware of and meet expectations and important dates and deadlines identified in the program manual.

Contents

Missouri Baptist Medical Center
BJC HealthCare

Program mission and purpose statement

Missouri Baptist Medical Center (MBMC) PGY1 Pharmacy Residency Program Purpose: The PGY1 Pharmacy Residency Program builds on the Doctor of Pharmacy (PharmD) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Outcomes of residency program

Upon completion of this program, the resident will be proficient in:

- Providing patient-specific medication management services to promote compassionate, ethical, and positive patient outcomes
- Medication management of a variety of disease states
- Mastering current and future marketable job skills, including organizational and time management skills and computer literacy
- Drug information systems, formulary management, and medication use evaluations
- Effectively educating health care professionals, patients, and students on drug related topics
- Developing and applying problem-solving skills to actual experiences. Self-education and development of a working professional career plan

Practice responsibilities

The resident provides complete pharmacy services in coordination and cooperation with Pharmacy Service professional and support staff, consistent with policies and procedures for operations and clinical practice, meeting all the requirements and obligations of pharmacists on staff.

The resident shall actively participate in rotation activities including: team meetings, rounds, and other interdisciplinary conferences that occur during their rotations. The rotation preceptor shall be responsible for identifying these opportunities and committing the resident to effectively participate.

The resident shall identify therapeutic issues and problems and develop and present in-services to the medical, nursing, and pharmacy staffs addressing those issues. The resident is encouraged to seek opportunities to educate other ancillary health care practitioners, such as physician assistants, nurse practitioners, and physical therapists, on subjects relating to pharmacology and drug usage.

Practice experiences

Missouri Baptist PGY1 residents are required to complete 12 months of practice experience rotations during their residency. Approximately 10 of the twelve months of practice experience must be completed at Missouri Baptist. Length of rotation may vary depending on the needs and interests of the resident. Additional rotations may be taken at affiliated institutions to meet specific skill needs and interests of each resident if approved by the program director.

Rotation structure

Missouri Baptist Medical Center PGY1 Pharmacy Residency Program includes seven required rotation learning experiences and numerous electives to choose from. There are five required longitudinal learning experiences.

Learning experience	Duration	Designation	Sequence during residency year
Orientation	4–5 weeks	Required	July
Internal Medicine I	5 weeks	Required	First half preferred
Critical Care	5 weeks	Required	First or second half
Ambulatory Care	5 weeks	Required	First or second half
Cardiology	5 weeks	Required	First or second half
Cardiovascular Recovery Unit	5 weeks	Required	First or second half
Antimicrobial Stewardship/ Infectious Disease	5 weeks	Required	First or second half
Ambulatory Care II Emergency Medicine Internal Medicine II Critical Care II Oncology	4–5 weeks	Elective	Second half preferred
Pharmacy Leadership	Longitudinal, 52 weeks. Residents receive dedicated four, one-week experience spread throughout the residency year.	Required	Experience spread throughout the residency year
Resident Education Academy	Longitudinal, 52 weeks (about one hour per week)	Required	See Resident Education Academy schedule for details
Research Project	Longitudinal, 52 weeks. Residents may receive dedicated research days throughout year dependent on individual preceptor preference. Estimated time commitment two to four hours per week.	Required	See research timeline for details
Heart Failure Clinic	Longitudinal, 52 weeks. Every other Monday for four hours (noon to 4 p.m.).	Required	See Heart Failure Clinic schedule for details
Staffing, Quarterly Evaluation/ Self-Evaluation, Committee involvement	Longitudinal, 52 weeks. Staffing: Two weeknight staffing shifts (six hours total), one holiday (eight hours) one minor holiday (eight hours), and one weekend (eight hours) shift every fourth week. Evaluations and self-evaluations completed every quarter for the residency year.	Required	Schedules for each element will be distributed during orientation. The following minimum requirements exist for successful completion of the residency: • Weeknight staffing shifts: 92 (three hours) • Holiday staffing shifts: Two (eight hours) • Weekend staffing shift: 11 (eight hours)

Note: These estimates are approximate and may vary based on a number of committee and resident factors. Additional time outside of a normal workday may be required.

Resident evaluation

The resident meets with the residency program director and their assigned mentor at the beginning of the program to evaluate their skills and knowledge and to develop an individualized plan based on the resident's previous preparation and professional practice goals. The evaluation and planning process shall be documented on the Resident Evaluation/ Questionnaire and Planning Form. The resident shall meet with the residency program director quarterly afterward.

The resident must be evaluated at the end of each rotation by their preceptor. Three categories of documented evaluations are required.

1. Preceptor's evaluation of the resident

The preceptor must evaluate the resident's attainment of the learning goals and objectives for the rotation. This evaluation will determine when a resident has achieved an objective and describe the behaviors, attributes, and skills of the resident during and on completion of the rotation. In addition, this evaluation is used to improve the quality of future learning and practice experiences for the resident.

2. Resident's evaluation of learning experience

The resident must evaluate the quality of each learning experience, including the preceptor's performance as a teacher and mentor. The resident's evaluation provides useful information to the program director regarding the resident's evaluation of the strengths and weaknesses of the rotations, the preceptors, and the residency program. We encourage residents to provide at least one suggestion for improvement for each learning experience in their evaluations.

3. Resident self-evaluation

Residents must evaluate their own performance. The resident's self-evaluation will enhance the resident's awareness of the importance of self-evaluation throughout his or her career. The residency program director will assist in developing quarterly evaluations and career goals and objectives.

All these evaluations must be completed and a face-to-face discussion held between the resident and preceptor within one week of the completion of each residency experience. It is important to complete the evaluations in a timely manner to assure that the information contained in the evaluation is current and accurate.

Midpoint self-evaluations and snapshots are also encouraged.

Completed evaluations must be returned to the residency program director. If the an evaluation is delayed to allow completion of requirements or scheduling, please communicate this to the program director.

Ratings scale terminology	Definition
Needs Improvement (NI)	• Resident is unable to perform the goal/objective without significant assistance from the preceptor and/ or show improvement over the evaluation period. • Deficient in knowledge/skills in this area – Often requires assistance to complete the objective – Unable to ask appropriate questions to supplement learning – Requires majority of preceptor time (greater than 50%) in direct instruction and modeling
Satisfactory Progress (SP)	• Adequate knowledge/skills in this area – Often requires assistance to complete the objective – Unable to ask appropriate questions to supplement learning – Requires majority of preceptor time (greater than 50%) in direct instruction and modeling • Satisfactory progress ratings also need to be considered in the context of the year; for example, independence on 25% of issues in the first quarter, 50% in the second, 75% in the third and >75%, but not complete independence in the fourth.
Achieved (ACH)	• Resident has repeatedly demonstrated independent (without assistance or further instruction) mastery of all facets of the learning activity to obtain "Achieved" for indicated objective. • Less than 5% of time in modeling or instructing and resident operates autonomously or nearly with some input from preceptor (coaching) if needed by resident • Resident has repeatedly demonstrated independent (without assistance or further instruction) mastery of all evaluable objectives to obtain "Achieved" for indicated goal.
Achieved for Residency (ACHR)	• Resident consistently performs objective at Achieved level, as defined above, for the residency.

Pharmacy service and hospital orientation

The first four to six weeks of each new PGY1 Pharmacy Residency Program are allocated to orientation to the mission, policies, procedures, and general activities of the pharmacy service of Missouri Baptist.

The orientation includes the following:

1. Hospital orientation

Human Resources presents a basic hospital orientation. This program introduces the resident to Missouri Baptist's mission and philosophy, policies and procedures, benefits, and other general information. It also provides basic health and safety information required by state and federal law. This program is generally completed over the first two days of employment.

2. Patient care, pharmacy, general computer training

During the remainder of the first week, the residents are instructed in the use of the patient care computer system. Computer training emphasizes information organization, medication order review and entry, patient information access, database management, and communications.

3. Pharmacy practice duties

During the second week of orientation, the resident is assigned to work in the general pharmacy practice area to gain practical experience in different areas of the pharmacy. This is also an opportunity to get acquainted with the pharmacy staff.

4. Coverage

Beginning in the second month, residents are assigned to regular pharmacy practice coverage. Residents will staff two, three-hour evening shifts a week along with one eight-hour weekend pharmacokinetics (PKS) shift every fourth week. Residents who have received their Missouri pharmacist license will work independently. Residents who have not yet received a Missouri pharmacist license will have limited responsibilities as described in the Pending Licensure section.

5. Start dates and calendar

The 2026–2027 class starts the PGY1 Residency Program on June 29, 2026. A detailed orientation schedule will be mailed to residents prior to arrival. During trips to secure housing in May or June, we encourage residents to arrange time to visit the pharmacy.

Residency portfolio

Each resident must maintain a residency portfolio as a complete record of the their program activities. The resident should begin to keep this ongoing notebook of activities on first day of the program. At the end of the residency training program, the program director retains the original portfolio. Completion of this record is a requirement for completion of the program.

The residency portfolio shall include the following items:

- A copy of their curriculum vitae
- The completed Resident Evaluation/Questionnaire and Planning Form (PharmAcademic)
- All quarterly evaluations (PharmAcademic)
- Preceptor evaluations of all rotations (PharmAcademic)
- Resident self-evaluation of all rotations (PharmAcademic)
- Resident evaluation of all rotations (PharmAcademic)
- All journal clubs and cases presented during each rotation
- A record of all in-service education or seminars given
  - Outlines used
  - Evaluations
- Residency Project
  - Project proposal
  - Grant or funding proposal (if applicable)
  - Final manuscript
- UHSP Seminar Presentation materials
- UHSP Residency Education Academy materials

Requirements to complete residency

The following items must be completed and marked achieved by the residency director before the conclusion of the PGY1 residency program.

See table on page 6.

If any of the items in the table on page 6 have not been marked complete by the residency director by the end of the residency year, the resident will not receive a certificate of completion and will therefore have not completed the residency program.

Requirements to complete residency
1. Obtain license as a registered pharmacist in the state of Missouri within 120 days of the start of residency
2. Obtain medication therapy services (MTS) certification through the Missouri Board of Pharmacy within 120 days of the start of residency
3. Complete all rotations a. Orientation b. Internal Medicine I c. Critical Care d. Nephrology e. Cardiology f. Cardiovascular Recovery Unit g. Antimicrobial Stewardship/Infectious Disease h. Elective(s) i. Pharmacy Leadership (longitudinal) j. Research project (longitudinal) k. Resident Education Academy (longitudinal) l. Heart Failure Clinic (longitudinal) m. Staffing, Quarterly Evaluation/Self-Evaluation, Committee involvement (longitudinal)
4. Achieve a minimum of 80% of the required objectives for PGY1 pharmacy residencies and no more than two "Needs Improvement" on any objective for any goal not "Achieved"
5. Complete all assigned PharmAcademic evaluations
6. Obtain or hold an active certification from the American Heart Association (AHA) as an Advanced Cardiovascular Life Support (ACLS) Provider
7. Present and discuss assigned journal clubs, cases, and in-services
8. Participate in at least one hospital committee (not including P&T)
9. Write a drug formulary review and present at P&T meeting
10. Perform a medication utilization evaluation and present at P&T meeting
11. Design, execute, and report results of pharmacy practice research
12. Submit complete manuscript of practice-related project
13. Participate in Gateway College of Clinical Pharmacy (GCCP) Fall Resident Research Symposium (Handout)
14. Present at University of Health Sciences and Pharmacy Resident Seminar (PowerPoint)
15. Complete and present a midyear poster on Medication Use Evaluation (MUE)
16. Present resident research project overview and results in formal setting (PowerPoint)
17. Complete Resident Education Academy Teaching Certificate Program
18. Attend at least one local or state pharmacy organization meeting
19. Complete all service commitment requirements of the residency program: a. Scheduled staffing shifts as delineated on the weeknight staffing shift schedule (minimum of 92 three-hour shifts per residency year) b. Scheduled staffing shifts as delineated on the holiday staffing shift schedule (minimum of one major and one minor holiday shift per residency year) c. Scheduled staffing shifts as delineated on the weekend staffing schedule (minimum of 11 eight-hour weekend shifts per residency year)

Completion of all scheduled PGY1 rotations

For a resident to complete all scheduled rotations, the resident must:

- Receive a minimum of 80% "Achieved" for all educational objectives evaluated for the residency program by the end of the residency year and cannot receive more than two "Needs Improvement" on any objective for any goal not achieved.
- If the resident does not receive a minimum of 80% "Achieved" or has two "Needs Improvements" on the final quarterly evaluation, the resident will not have completed the program and will not receive a certificate of completion.

Research project

The resident shall develop and complete a residency research project. Topic and mentor selection shall be made at the beginning of the residency program. Each resident will be assigned a project mentor or mentors based on the research topic selected. The resident's mentor will serve as a guide in meeting the requirements for completion of the residency project.

The research project must be approved by Missouri Baptist's Institutional Review Board. The research project methodology must be presented at Gateway College of Clinical Pharmacy (GCCP). The resident will present either the completed research or research in progress at the St. Louis Area Resident Research Conference. The presentation of completed research is encouraged. The oral presentation is 20 minutes followed by a five-minute question-and-answer period. All participants are given feedback on their presentations by a panel of judges. The conference is held in April or May. The presentation of completed research at another local or regional meeting is also encouraged.

The resident must also report the results of the research project in an accepted manuscript style ready for publication prior to completion of the residency year. The project shall be written using format and style consistent with publication in a professional journal, including project subject, background, methods, results, and conclusions. The manuscript must be completed and approved by the residency director no later than the last day of residency.

University of Health Sciences & Pharmacy seminar

A formal presentation at the St. Louis College of Pharmacy Resident Seminar series is required during the residency. The resident may choose any clinical or professional practice topic. Select a topic of personal interest, preferably a clinical area in which a current issue exists. The formal seminar is an opportunity to develop speaking skills and to author a presentation to use in job interviews.

The seminar presentation must be 45 minutes in length followed by a 10–15 minute period of questions and answers. Prepared outlines, handouts, and slides are required.

Allow appropriate time for the following:

- Selection of seminar topic
- Literature search
- Composition of learning objectives and presentation outline
- Creation of handout and PowerPoint slides

One to two weeks prior to the scheduled presentation date, the resident must present the formal seminar to the Residency Committee for constructive criticism. We require two practice sessions for the clinical staff before the seminar.

University of Health Sciences & Pharmacy Residency Education Academy

Missouri Baptist PGY1 residents are required to participate in resident teaching workshops at the St. Louis College of Pharmacy. Residents from all St. Louis-area sites meet for approximately 10 sessions to discuss abilities-based education. The purpose of the workshops is to understand the knowledge, skills, and attitudes necessary to promote student-centered, assessment-driven learning, as well as to use abilities-based education to achieve desired ability outcomes. Residents will lecture in the elective class the following spring.

Residency program certificate

Upon completion of all program requirements and compliance with all conditions of the residency program, Missouri Baptist will award the resident a certificate indicating completion of the PGY1 Pharmacy Residency. Residents who fail to complete all program requirements and comply with all conditions of the residency program shall not be awarded a certificate of completion. Certificates will be presented at a banquet to honor all residents in the St. Louis area.

Benefits

Residents are provided the standard BJC HealthCare benefits described below and in the summary plan descriptions on myBJCnet. The resident program director can also provide them. For more, please email Laura Hamann at Laura.Hamann@bjc.org.

It's the resident's responsibility to enroll in benefits and verify that deductions are made from their paycheck for benefits.

Vacation and leave

Residents receive a total of 23 paid workdays off. For the purposes of this policy, a workday is defined as Monday—Friday. Eighteen of those days are defined as vacation and personal days. Vacation and personal days should be scheduled in advance and may be taken at any time during the year with the approval of the program director and the rotation preceptor.

The other five days are used as time off for holidays. There are six recognized holidays. Residents are required to work one major holiday and one minor holiday (eight-hour days). The resident is responsible for arranging coverage of other responsibilities, including staffing, during any period of absence for vacation, educational meetings, or authorized absence. The exceptions are urgent personal leave, such as sick days or funeral leave, or events attended by all residents including the American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting & Exhibition.

In the case of illness, residents should refer to BJC's policies on paid time off (PTO), Family and Medical Leave Act (FMLA), and non-FMLA leave. Total absence from any rotation for any reason, including sick days, holidays, vacation, and approved absence, should not exceed 20% of a rotation.

Paid time off does not carry over from year to year and there is no payment for any days that are not used upon leaving employment with BJC HealthCare. For purposes of this policy, the year begins on June 29, 2026. Additional unpaid leave may be available in certain circumstances, with the approval of the program director. Additional leave may require extension of the training program depending on the completion of the standards and requirements as set by ASHP, residency program, and the determination of the program director. Leave must be requested in advance of the actual leave. Additional documentation may be required by the awarding training program to suspend the award or accrual of service in order to calculate the time away from the training program. To obtain further information regarding how a leave relates to ASHP standards and residency requirements, contact the residency program director.

Leaves of absence for personal, family, and medical reasons will be granted in accordance with the BJC policies appended thereto. Please refer to these policies for more information regarding leaves of absence. Additional training after a leave of absence may be needed for completion of program requirements. The amount of sick leave, leave of absence, or disability time that will necessitate prolongation of the training time for the residents shall be determined by the residency program director and the requirements of the pertinent program standards through ASHP and the residency program.

The hospital does not provide living quarters for the residents or their families during the training year.

Free parking is provided as assigned by Missouri Baptist security. Permits are available in the security office free of charge. Permits and maps will be made available during your orientation session. The make and model of your car as well as the license plate number is required for a parking permit.

Although we endeavor to keep this Benefits Summary Section up to date, you should review the terms and conditions set forth in the applicable BJC or Missouri Baptist policies for the most up-to-date information. In the event of any conflict between the summary descriptions set forth in this document and those set forth in a BJC or Missouri Baptist policy, the information, terms, and conditions set forth in the BJC or Missouri Baptist policy shall govern and control.

Resident housing

St. Louis offers several areas where pharmacy residents may choose affordable, convenient housing. Most residents choose to live in the city of St. Louis or St. Louis County, and generally choose apartments or other rental properties located in the south or west St. Louis County along the Interstate 44, Interstate 55, or Highway 40 corridors. The Central West End, near Forest Park, or across the river in Illinois are other popular options.

Commuting in St. Louis is generally easy even during rush hour, so the choice of housing can be based on the resident's personal needs. Missouri Baptist's Human Resources can assist with finding housing. A guide will also be included with your application materials.

Preceptors and current residents can also help with selecting a community in the St. Louis area. Please ask for assistance during residency interview visits and house-hunting trips in May and June prior to starting residency.

Holidays

Missouri Baptist provides paid time off (PTO) to residents and other full-time regular employees on the following holidays:

- New Year's Day*
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day*
- Christmas Day*

* Denotes a major holiday

Residents provide practice coverage at Missouri Baptist by covering one major holiday, one minor holiday, and two, three-hour evening shifts a week, along with one, eight-hour weekend pharmacokinetics (PKS) shift every fourth week. If a holiday occurs during the week, it is the preceptor's discretion to assign the day as a holiday. Residents may trade holiday coverage with other pharmacy employees, under general scheduling rules, to secure specific days or holidays off.

Illness reporting

If a resident is unable to work because of illness, they must notify their preceptor and Missouri Baptist pharmacy leadership. Notification must be made pursuant to the hospital and pharmacy policy prior to the regular starting time.

Family and Medical Leave Act

Vacation and leave: Residents receive a total of 23 paid workdays off and for the purposes of this policy, a workday is defined as Monday–Friday. Eighteen of those days are defined as vacation or personal days. Vacation and personal days should be scheduled in advance and may be taken at any time during the year with the approval of the program director and the rotation preceptor. The other five days are used for time off for holidays. There are six recognized holidays, and you are required to staff one major and one minor holiday (eight-hour days). The resident is responsible for arranging coverage of other responsibilities, including staffing, during any period of absence for vacation, educational meetings, or authorized absence with exception of urgent personal leave (i.e., sick days, funeral leave) or events attended by all residents (including American Society of Health-System Pharmacists (ASHP) Midyear meeting and Midwest Residency Conference).

In the case of their own illness, Residents should refer to BJC HealthCare policies on Paid Time Off (PTO), FMLA, and non-FMLA leave. Total absence from any rotation for any reason, including sick days, holidays, vacation, and approved absence, should not exceed 20% of a rotation. Time away from the residency program may not exceed 37 days per 52-week program.

Paid time off does not carry over from year to year and there is no payment for any days that are not used upon leaving employment with BJC HealthCare. For purposes of this policy, the year begins on June 29, 2026. Additional unpaid leave may be available in certain circumstances, with the approval of the program director. Additional leave may require extension of the training program depending on the completion of the standards and requirements as set by ASHP, Missouri Baptist residency program, and the determination of the program director. Leave must be requested in advance of the actual leave. Additional documentation may be required by the awarding training program to suspend the award or accrual of service in order to calculate the time away from the training program. To obtain further information regarding how a leave relates to ASHP standards and Missouri Baptist residency requirements, contact the program director.

Leaves of absence for personal, family, and medical reasons will be granted in accordance with the BJC HealthCare policies appended thereto.

See attachment: "4.09 Leave of Absence Policy" and BJC Total Rewards website (https:/www.bjctotalrewards.org/Work-Life/Leave-of-Absence)

Please refer to these policies and website for more information regarding leaves of absence. Additional training after a leave of absence may be needed for successful completion of program requirements. The amount of leave

time that will necessitate prolongation of the training time for the residents shall be determined by the program director, Human Resources, pharmacy director, and the requirements of the pertinent program's standards through ASHP and the Missouri Baptist Residency program for up to 12 weeks.

- Extended leave or leave of absence pay will follow BJC policy. PTO hours will be used initially, followed by leave without pay. Upon returning to work and during the residency extension, the resident will receive regular compensation.
- If the residency needs to be extended beyond 12 weeks, the extension will be reviewed by the department and Human Resources leadership. If the program is unable to be extended, the resident will be terminated and will not receive a residency certificate.

Compensation and benefits while on leave

Employees, other than those excluded from BJC's paid time off (PTO) policy or by contract, requesting an FMLA leave of absence for the employee's own serious health condition must use 100% of their available PTO for the first five consecutive days of absence (the short-term disability, or STD, elimination period) and until the employee's STD benefit is approved. If an employee's STD approval takes longer than five consecutive days of absence, the employee's PTO will not be retroactively adjusted. Employees granted other leaves under the FMLA where STD benefits are not applicable must use 100% of their available PTO hours. Regardless of whether an employee receives paid benefit time during the leave, the full amount of leave time (paid and unpaid) will be counted toward the 12-week maximum leave available in a 12-month rolling period for family medical, employee medical, and qualifying exigency leaves and toward the 26-week maximum for military caregiver leaves and all other leaves in a single 12-month period. Intermittent leave or reduced schedules will be paid from employee's PTO only. For rules applicable to taking leave due to a worker's compensation injury, please see BJC's worker's compensation policy.

1. During any leave under this policy, an employee will continue to be covered by BJC's group health and other benefit plans.
2. Employees are required to use available PTO during the STD elimination period and to supplement their STD benefits in accordance with the then-current BJC PTO policy. While on an approved leave, PTO will automatically be applied to supplement STD until the employees PTO bank is exhausted. If an employee returns to work, but is not working their regularly scheduled hours, any difference in hours will be supplemented by the employee's available PTO.
3. During a leave, employees are responsible for paying their portion of the benefits as though the employee continued in active employment. The benefit contributions due for coverage will be collected from PTO while the employee is on leave. Once PTO is exhausted, the benefit contributions due will go into arrears and will be collected from the employee upon their return from leave to active employment by paying their current contribution due plus one extra contribution per pay period until all contributions are brought up to date. If the employee does not return all payments due, the arrears will become due and payable upon termination per BJC's employee indebtedness policy. Any remaining balances are due to BJC no later than 60 days following the termination date.

Application for leave

Residents should work with the residency program director to contact the BJC Leave Management Center, administered by Lincoln Financial Group, at 1-800-213-1580 or via web at myLincolnPortal.com to request leave covered under FMLA. An acknowledgement of the FMLA request will be mailed to the employee's home.

For detailed information on this policy, please email Laura Hamann at Laura.Hamann@bjc.org

Leave of absence policy

Eligible employees have the ability to take a job-protected leave of absence from work if needed to care for important family and medical needs that might not be covered by FMLA.

Eligibility

- A regular full-time employee who works at least 35 hours per pay week (or 70 hours per pay period), OR
- A regular part-time employee who works at least 24 hours per week (or 48 hours per pay period)
- Employees must be employed for 90 days at the time the leave is requested
- Temporary or PRN employees are not eligible to take a leave of absence under this policy

Types of leave of absence

Personal medical leave

1. Eligible employees who have been employed for 90 days but who have not worked enough hours to qualify for FMLA may request a leave of absence for a personal medical leave for their own medical condition. Employees who have exhausted FMLA within the previous 12 months are not eligible to take personal medical leave. Employees must contact the BJC Leave Management Center, administered by Lincoln Financial Group, to request leave.
2. Employees are eligible for a total of six weeks of personal medical leave in a rolling 12-month period starting with the first day of leave. Employees are eligible for a six weeks maximum of personal leave in a rolling 12-month period, regardless of type or number of personal leaves.
3. The employee's position will be held open while an employee is out on approved personal medical leave for up to six weeks beginning with the first day absent. This type of leave can be taken as a continuous leave only and will run concurrent with other leaves under this policy.

Personal family medical leave

1. Eligible employees who have been employed for 90 days but who have not worked enough hours to qualify for FMLA or their family member as defined in our FML policy rules may request a leave of absence for a personal family medical leave to take care of a family member. Employees who have exhausted FMLA within the previous 12 months are not eligible to take personal family medical leave. Employees must contact the BJC Leave Management Center, administered by Lincoln Financial Group, to request leave.
2. Employees are eligible for a total of six weeks of personal family medical leave in a rolling 12-month period starting with the first day of leave. Personal family medical leave must be at least 14 days in length. Employees are eligible for a maximum total of six weeks of personal leave in a rolling 12-month period, regardless of type or number of personal leaves.
3. The employee's position will be held open while an employee is out on approved personal family medical leave up to six weeks beginning with the first day absent. This type of leave can be taken as a continuous leave only and will run concurrent with other leaves under this policy.

Personal leave

1. Eligible employees who have been employed for 90 days may request a personal leave from their job for any reason other than a leave for their own medical condition or a family member's medical condition. Approvals for personal leave are at the sole discretion of the employee's supervisor. Employees who have exhausted FMLA within the previous 12 months are not eligible to take personal leave. The supervisor will take into consideration departmental needs, employee's performance, work history, among other considerations when considering approval.
2. Employees are eligible for a total of six weeks of personal leave in a rolling 12-month period starting with the first day of leave. Personal leaves must be at least 14 days in length and may not exceed six weeks in duration. Employees are eligible for a maximum total of six weeks of personal leave in a rolling 12-month period, regardless of type or number of personal leaves.
3. After first verbally securing the permission for the leave from their supervisor, the employee must contact the BJC Leave Management Center, administered by Lincoln Financial Group, to complete the personal leave application process. The employee's position will be held open while an employee is out on personal leave for up to six weeks beginning with the first day absent. Supervisors should consult Human Resources when considering requests for personal leave. This type of leave can be taken as a continuous leave only and will run concurrent with other leaves under this policy.

Compensation and benefits

1. Employees must use available PTO to supplement regular compensation in accordance with BJC's PTO policy while on approved leave of absence and receiving a short-term disability (STD) or salary continuation benefit. If an employee returns to work from an approved leave on a reduced schedule, an employee's available PTO will be used to supplement their regular compensation. Employees, other than those excluded from BJC's paid time off policy or by contract, requesting a leave of absence for the employee's own serious health condition must use 100% of their available PTO for the first five consecutive days of absence (the STD elimination period) and until the employee's STD benefit is approved. If an employee's STD approval takes longer than five consecutive days of absence, the employee's PTO will not be retroactively adjusted.
2. During a leave, employees are responsible to pay their portion of the benefits as though the employee continued in active employment. The benefit contributions due for coverage will be collected from PTO while the employee is on leave. Once PTO is exhausted the benefit contributions due will go into arrears and will be collected from the employee upon their return from leave to active employment by paying their current contribution due plus one extra contribution per pay period until all contributions are brought up to date. If the employee does not return all payments due, the arrears will become due and payable upon termination per BJC's employee indebtedness policy. Any remaining balances are due to BJC no later than 60 days following the termination date.

Work assignments while awaiting Missouri licensure

A resident who is a graduate of an approved college of pharmacy, but has not yet received a Missouri pharmacist license, may perform only work assignments not restricted by statute or regulation. The list below outlines the work assignments that a resident may or may not perform. This list holds for any pharmacy graduate status while awaiting licensure, examination results, and the next available testing date for the pharmacy board examinations, or seeking a temporary license.

A resident awaiting licensure:

- May not verify physician orders in Epic.
- May not enter orders as a pharmacist in Epic.
- May not sign for controlled substance deliveries and issuance or other paperwork for scheduled drugs.
- May not check or prepare oncology chemotherapy unless they have completed the chemotherapy training class and successfully passed the chemotherapy examination.
- May not enter or check outpatient prescriptions.

Residents must be licensed to practice as pharmacists with Medication Therapy Services certification within 120 days of the start date of residency. Failure to obtain a license by this deadline will result in termination. If the resident is granted temporary leave, then the program length will be modified to ensure 52 weeks per residency year. The decision to dismiss a resident for lack of licensure is made by the residency program director and pharmacy leadership.

Duty hours

The pharmacy has adopted the American Society of Health-System Pharmacists (ASHP) policy on duty hours for pharmacy residents. Postgraduate pharmacy education, as in many specialties, requires a commitment to continuity of patient care. At the same time, patients have the right to expect their care is being delivered by alert, healthy, responsible, and responsive pharmacists. We respect that the necessary balance between patient care and education is delicate and we have endorsed the following minimal requirement for pharmacy residents. Your program director will discuss policies that apply for your ASHP-accredited program. It is your responsibility to maintain records of your hours.

Employment

Post-residency employment at Missouri Baptist

The completion of pharmacy residency training at Missouri Baptist does not automatically qualify a pharmacist for a position in the hospital. Pharmacy residents must complete an application for employment. Each application is evaluated with respect to Missouri Baptist's criteria for a pharmacist and only to the extent such positions are available.

Outside employment

Postgraduate pharmacy education at Missouri Baptist is a full-time experience. Outside employment of pharmacy residents is not required or encouraged and may adversely affect your duty hours requirement. Further, outside employment is not permitted without express written authorization of the program director. If such authorization is granted, the pharmacy resident must obtain permanent pharmacist licensure in the state of Missouri. Documentation of outside employment and the written authorization will be part of the resident's file. For purposes of this agreement, outside employment is defined as the practice of pharmacy for financial remuneration in a setting not recognized as part of the training program by the program director or hospital's director of pharmacy. A resident who violates this prohibition may be subject to disciplinary action, including termination from their respective residency training program. In addition, Missouri Baptist is not responsible for and will not defend or cover liability resulting from claims against pharmacy residents arising out of occurrences off Missouri Baptist premises or other than pursuant to the hospital's pharmacy resident appointment.

Disciplinary action, suspension, or termination

Informal procedures

Directors are encouraged to use informal efforts to resolve minor instances of poor performance or misconduct. When a pattern of poor performance has emerged, informal efforts by the program director shall include notifying the resident in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the resident to address it. If these informal efforts are unsuccessful or the performance or misconduct is of a serious nature, the pharmacy clinical manager and program director may impose formal disciplinary action.

Formal disciplinary action

Disciplinary action up to and including termination may be initiated but is not limited to the following reasons:

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient safety.
3. Conduct that is detrimental to the professional reputation of the hospital.
4. Conduct that calls into question the professional qualifications, ethics, or judgement of the resident, or that could prove detrimental to the hospital's patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the hospital, department, or training program, including violation of the responsibilities of residents set forth above.

Failure to demonstrate progression over three sequential rotations, as determined by the residency program director, in collaboration with the program preceptors or program Residency Advisory Committee, is considered insignificant progress and may trigger the institutional disciplinary policy. Failure to demonstrate progression includes, but is not limited to, the following:

- Three or more R1 (patient care) objectives rated as "Needs Improvement" on a summative evaluation after the first three rotations
- Three or more sequential ratings of "Needs Improvement" on the same objectives after the first three rotations
- Regression in performance on any objectives after ACHR
  - Regression is defined as a decrease in an objective rating of "Needs Improvement" from when it was marked as ACHR
- Missed deadlines for longitudinal projects such as the residency research project

Remediation and disciplinary policy

Purpose: To define the remediation and dismissal procedure for all Missouri Baptist pharmacy residents during PGY1 Pharmacy Residency Program who fail to meet the required standards for completion set forth by the American Society of Health-System Pharmacists (ASHP).

As with all Missouri Baptist employees, pharmacy residents are subject to the hospital's discipline policy. Violations are subject to the actions outlined therein and include immediate termination of employment. Pharmacy residents are also subject to disciplinary action up to and including dismissal from the residency program and termination of employment for failure to meet residency expectations and requirements outlined below.

To graduate and receive a pharmacy residency certificate, pharmacy residents must meet all the requirements set forth by the Pharmacy Residency Program. Residents will be evaluated according to the ASHP standards under Standard 1 (Requirements and Selection of Residents) and Standard 2 (Requirements of the Program to the Resident; specifically, 2.5, the Residency Program Director (RPD) will award a certificate of residency only to those who complete the programs requirements). Failure to meet the completion requirements will result in dismissal from the Pharmacy Residency Program.

Responsibility for judging competence and professionalism of pharmacy residents enrolled in the Missouri Baptist PGY1 Pharmacy Residency Program rests with the residency program director and director of pharmacy. These educators are guided in their judgement of resident performance by ASHP.

Policy implementation

Responsibilities

1. It is the responsibility of the resident to complete all assigned residency activities in order to receive a residency certificate. Furthermore, it is the responsibility of the resident to comply with all of the organizations policies and procedures as well as conduct oneself in an ethical and professional manner.
2. It is the responsibility of the residency program director and preceptors to monitor each resident's progress, note deficiencies, and provide structure and activities to promote growth and success. Evaluation and documentation of the resident's progress in completing requirements is done, at minimum, as part of the quarterly review process and the programs assessment and plan must be in writing.
3. If a resident is failing to make satisfactory progress in any aspect specific to the residency program, including but not limited to failure to meet their obligations and responsibilities outlined in the residency program requirements, or educational goals and objectives of the residency, or failure to adhere to organization, departmental, or residency policies, disciplinary action will follow.
4. Insignificant progress and performance deficiencies can be identified by personal interactions with the resident, by formative and summative evaluations (located in PharmAcademic), and quarterly development plans (located in PharmAcademic).
    a. Failure to demonstrate progression over three sequential rotations, as determined by the residency program director, in collaboration with the program preceptors or program Residency Advisory Committee, is considered insignificant progress and may trigger the institutional disciplinary policy. Failure to demonstrate progression includes, but is not limited to the following:

i. Three or more R1 objectives rated as "Needs Improvement" on a summative evaluation after the first three rotations
ii. Three or more sequential ratings of "Needs Improvement" on the same objectives after the first three rotations
iii. Regression in performance on any objective(s) after ACHR. Regression is defined as a decrease in an objective rating of "Needs Improvement" from when it was marked as ACHR.
iv. Persistently missed deadlines for longitudinal projects including residency research project
v. To address insignificant progress and performance deficiencies, the residency program director will conduct a verbal performance management discussion or coaching, review the resident's current performance, and work with the resident to create a plan to achieve the required standards for completion by ASHP. Verbal coaching can be conducted any time during the year, not limited to quarterly review. The resident will be told verbal coaching is occurring and the coaching will be documented in PharmAcademic.
vi. If the resident continues to not meet the required standards for completion, the residency program director will notify the director of pharmacy or pharmacy clinical coordinator.
vii. If it is determined the resident may not be able to meet the requirements to successfully complete the residency (see specific completion of residency document for the residency program), a resident performance improvement plan will be created by the residency program director and director of pharmacy or pharmacy clinical coordinator and documented in PharmAcademic.
viii. The resident performance improvement plan will identify the following:
    a. Measurable metrics, including
        1. Select objectives from the residency specific ASHP competency areas, goals, and objectives and rating of specific objective (such as 100%

direct instruction)

2. Presentation or project milestones and completion
3. Time management of work with specific dates for completion
4. Professionalism (such as arriving and leaving rotation on time, interaction with other health care professionals and patients, or plagiarism)

b. Current performance, including deficiencies or problem behaviors

c. Desired performance

d. Methods and timeframe for improvement

e. Consequences of successful and unsuccessful completion of the plan

f. The time frame of the resident performance improvement plan is typically four weeks.

g. The resident and the residency program director will sign and date the resident performance improvement plan.

ix. If the resident meets the expectations of the improvement plan, the resident must maintain consistency of the expected improvements for the remainder of the residency program without any deviation or regression from the plan. Failure to achieve expected improvements of the plan or maintaining consistency of the expected improvements for the remainder of the residency program may result in unsuccessful completion of the residency program and termination of employment.

x. If the resident does not successfully meet all the metrics of the resident performance improvement plan, but demonstrates progress, the plan may be extended with updated metrics and timeframes.

a. The time frame of a resident performance improvement plan extension is typically four weeks. Only one extension will be permitted.

xi. During the resident performance improvement period, the resident will meet with the residency program director on a regular basis, typically once a week, to review progress of the plan.

xii. If the resident is not successful in meeting the requirements outlined in the resident performance improvement plan, the resident will be terminated from the residency program.

Suspension

1. Recommendations for suspension of a resident may be proposed by residency preceptors or departmental supervisors to the residency program director. This action may be taken in any situation in which continuation of clinical activities by the resident is deemed potentially detrimental or threatening to health system operations, including but not limited to patient safety or the quality of patient care, or suspension or loss of licensure.
2. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with health system policies and procedures, or that is threatening to the well-being of patients, other residents, faculty, staff, or the resident.
3. A decision involving suspension of a resident must be approached by the director of pharmacy and Human Resources prior to action being taken. Suspensions must be reviewed within three to seven business days by the director of pharmacy to determine if the resident can return to clinical duties and whether further action is warranted. Decisions as to length of suspensions and as to whether suspensions are with or without pay are made by the director of pharmacy and follow all applicable Human Resources policies.

Dismissal

1. Just cause for immediate dismissal from the residency program includes:

a. Failure to obtain pharmacist licensure as outlined in the Pharmacy Residency Licensure Policy.

b. Absence from work more than the number of days allotted in the Pharmacy Residency Leave Policy with unwillingness or inability to make up the missed time and program requirements within 12 weeks of the end date of the residency.

c. Failure to satisfy the academic or clinical requirements of the residency program.

d. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient safety.

e. Conduct that is detrimental to the professional reputation of Missouri Baptist.

f. Conduct that calls into question the professional qualifications, ethics, or judgement of the resident, or that could prove detrimental to Missouri Baptist's patients, employees, staff, volunteers, or operations.

g. Violation of the bylaws, rules, regulations, policies, or procedures of Missouri Baptist, the department, or training program, including violation of the responsibilities of residents set forth.

Specific procedures

Formal disciplinary action includes:

- Suspension or termination
- Extension of the residency or fellowship or denial of academic credit that has the effect of extending the residency
- Denial of certification of satisfactory completion of the residency

All academic and code of conduct disciplinary action will be addressed as stated in the BJC Corrective Action Policy. A first written notice will be issued for minor disciplinary actions or failure to achieve academic competencies. A final warning up to and including termination may be issued for a second minor violation in conduct, chronic minor violations, a serious conduct violation or continued poor performance in academic responsibilities in the residency program. For detailed information on this policy, please email Laura Hamann at Laura.Hamann@bjc.org.

Reporting obligation

Section 383.133 of the Missouri revised statutes requires the chief executive officer of any hospital or ambulatory surgical center to report to the State Board of Pharmacy any disciplinary action against a pharmacist licensed in Missouri for activities that are also grounds for disciplinary action by the State Board or the voluntary resignation of any pharmacist licensed in Missouri against whom any complaints or reports have been made that might have led to such disciplinary action.

Procedure for review of academic and disciplinary decisions

The hospital recognizes that the primary responsibility for academic and disciplinary decisions relating to residents and residency programs resides within the department and the individual residency programs. Academic and performance standards and methods of resident training and evaluation are to be determined by the department.

The interests of the residents and the hospital are best served when problems are resolved as part of the regular communication between the residents and departmental officials in charge of the training program. Residents are encouraged to make every effort to resolve disagreements or disputes over academic or disciplinary decisions or evaluations by discussing the matter with the pharmacy clinical manager or program director, as appropriate. A Missouri Baptist Human Resources business partner is available to provide guidance in this effort. The resident may request a formal review by the director of pharmacy to dispute any formal disciplinary action described above. Should a resident receive 50% or more “Needs Improvement” on evaluation during any learning experience, the resident will be evaluated for possible remediation at the discretion of the Residency Advisory Committee.

The resident must submit a written appeal to the director of pharmacy within seven calendar days following the date the resident received a written corrective action for academic or disciplinary performance issues. The director of pharmacy will review the matter and send to the resident, the manager of clinical services, and the program director a written response detailing their decision within seven calendar days of receipt of the appeal.

If the matter is not resolved, either by informal or formal means, at the departmental level, and the action taken by the department involves suspension or termination; extension of the residency or denial of academic credit that has the effect of extending the residency; or denial of certification of satisfactory completion of the residency program, then the resident may request a review of the departmental decision, which will follow the procedure set forth below. Decisions or actions other than those described in the preceding sentence are not subject to review under this procedure. The availability of this procedure for review of certain kinds of decisions in no way is intended to affect the right of the department or the hospital to counsel and evaluate residents routinely on performance or progress in the normal course of the training program.

Executive over pharmacy appeal

The resident shall make the request for review in writing within seven calendar days after the departmental director’s decision to the director of Human Resources or senior Human Resources officer stating they wish to appeal the matter to the executive over the area or their designee and describing the matter in dispute and all previous attempts at resolution. The executive over the area or their designee will investigate and send a written response to Human Resources within seven days following their receipt of the appeal. Human Resources will then notify the resident and the director of pharmacy of the executive’s decision. If the issue remains unresolved, the resident will have seven calendar days to send a written appeal to the director of Human Resources or senior Human Resources officer for a hearing before the Pharmacy Residency Appeals panel.

Hearing panel

The resident shall make the request for a hearing in writing to the director of Human Resources or senior Human Resources officer within seven calendar days after receipt of the executive's decision that the matter has not been resolved. The director of Human Resources or senior Human Resources officer, who will serve as chair and a non-voting member, shall appoint a five-member hearing panel consisting of one Human Resources consultant, one pharmacy resident, one staff pharmacist, a pharmacy manager, and a clinical manager or preceptor from an outside-BJC residency program. No member who has been involved in the dispute in any way shall serve on the hearing panel.

At the hearing, both the resident and the program director may present evidence and witnesses, subject to limitations set by the chair based on relevancy or time and may examine the evidence and witnesses presented by the other. The members of the hearing panel may also ask questions and request the presence of additional witnesses if deemed necessary. The hearing shall not be construed as a formal legal proceeding, and formal rules of law or evidence shall not apply.

Subsequent to the conclusion of the hearing, the hearing panel shall deliberate in private and reach a decision as to its recommendation by majority vote. It shall make a written report and recommendation to the director of Human Resources or senior Human Resources officer. The director of Human Resources or senior Human Resources officer will forward the panel's recommendations to the executive over the area or their designee for final review. The recommendation of the hearing panel shall be accepted, rejected, or modified by the executive over the area or a designee, in writing, within seven calendar days after the date of the recommendation. The director of Human Resources or senior Human Resources officer will send a final written decision to the resident and the director of pharmacy.

The decision of the executive over the area or designee shall be final. For detailed information on this policy, please email Laura Hamann at Laura.Hamann@bjc.org.

Applicability

This procedure applies to all pharmacy residents in ASHP-accredited residency programs at Missouri Baptist.

Residency Advisory Committee members

Laura Hamann, PharmD, BCPS, Chair

Anastasia Armbruster, PharmD, FACC, BCPS, BCCP

Shane Austin, PharmD, BCPS

Naomi Barasch, PharmD, MHA, BCPS

Lisa Boone, PharmD, MS, BCPS

Sara Butler, PharmD, BCPS, BCOP, MHA

Meredith Keller, PharmD

Julie Maamari, PharmD, BCPS

Katherine Peppin, PharmD, BCPS

Kirsten Robbins, PharmD, MHA, BCPS

Emily Stephens, PharmD, BCPS

PGY1 Pharmacy Residents

Committee goals and objectives

The Residency Advisory Committee is composed of preceptors and residents. The committee is responsible for:

1. The general supervision of the residents.
2. Assuring that residents and the program meet goals and objectives.
3. Approving residency program and rotation goals and objectives.
4. Reviewing individual resident plans, goals, and rotation objectives.
5. Reviewing and approving resident research projects.
6. Recruiting residents.
7. Assuring that the program meets ASHP standards.
8. Reviewing and improving the quality of the residency program.
9. Developing new residency practice opportunities.
10. Approving preceptors and rotations.

Schedule

The committee meets quarterly, starting in July of each year.

Recruitment and selection of residents

The Missouri Baptist Medical Center PGY1 Residency participates in the Resident Matching Program of the American Society of Health-Systems Pharmacists (ASHP). Missouri Baptist recruits residents through mailings, meeting contacts, referrals, and the Residency Program Showcase at the ASHP Midyear Meeting. At the Midyear Meeting, the program director, current residents, and all preceptors in attendance participate in the recruitment of candidates for the residency program.

Residency candidates must submit a copy of their curriculum vitae and a letter requesting consideration for entrance into the program, as the initial program application.

In January, the Residency Advisory Committee ranks all candidates, and develops a list of candidates who will be offered the opportunity for on-site interviews. An appropriate number of qualified candidates are invited for a one-day interview with preceptors and managers of the pharmacy service. Interviews include a presentation to pharmacy service professional staff. Interviews are completed during January and February.

After each interview is completed, each interviewer must submit an interview evaluation form describing their evaluation of the candidate. The evaluation must be completed promptly after each interview. The scores of all evaluators are averaged to determine the initial rankings of candidates. A summary of written comments is also prepared to supplement this ranking.

Following completion of all candidate interviews, each member of the Residency Advisory Committee prepares an ordinal list of all candidates. These lists, an overall ranking based on interview scores and the Residency Advisory Committee, prepare the interview comments for review. The committee reviews, modifies, and approves the final rank listing for submission to the ASHP PGY1 Pharmacy Residency Matching Program.

Belonging and Inclusion

Our aspiration BJC will be a national health care leader where diversity, equity, and inclusion are embedded in our Values, honored in our daily practices, and experienced by everyone we serve. The purpose of the Office of Belonging and Inclusion furthers the organization's mission by advancing our culture, policies, and clinical and business practices through leveraging diversity, ensuring equity, and establishing belonging for everyone we serve. Missouri Baptist Medical Center has a robust committee (Bridges) that educates team members on bias and provides opportunities for belonging. This committee is open to all who would like to participate in furthering an inclusive workplace culture.