Trinity Health Grand Rapids

Postgraduate Year One (PGY1) Pharmacy Residency

Residency Manual

PGY-1 PHARMACY RESIDENCY PROGRAM

Residency Manual

Updated November 3, 2023

Trinity Health Grand Rapids
Pharmacy Department
200 Jefferson Avenue SE
Grand Rapids, MI 49503

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Preface

The Trinity Health Grand Rapids (THGR) residency program is designed to help you transition from student to practitioner. Our goal is to provide excellent preparation for your career in pharmacy. This Residency Handbook has been compiled as a convenient reference for general information regarding the residency program's major policies and expectations.

It is your responsibility to become familiar with the material in this handbook. The information provided is current at the time of publication but may be subject to change. Every effort will be made to ensure that you are notified of policy changes in a timely fashion. If you have questions regarding the information contained in this handbook, please contact the Residency Program Director.

Chapter

1

Hospital Information

Welcome to Trinity Health Grand Rapids!

Trinity Health Grand Rapids (THGR) is a Joint Commission-accredited teaching hospital that encompasses The Lacks Cancer Center, the area's only dedicated cancer hospital, the Hauenstein Neuroscience Center, housing the area's most comprehensive neuroscience program and state-of-the-art Emergency and Trauma services, an Orthopedic Center of Excellence, and the Wege Center for Health and Learning. Trinity Health Medical Group West Michigan provides primary and specialty care for all stages of life and employs more than 2600 physicians and advanced practice professionals in Grand Rapids, Muskegon, Holland and the Lakeshore.

Trinity Health Grand Rapids is a member of Trinity Health, the second largest Catholic health care system in the country.

Mission, Vision and Core Values

At Trinity Health Grand Rapids, everything we do is rooted in our heritage as a faith-based organization and our strong commitment to bettering the communities we serve.

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Vision

As a mission-driven regional health ministry, we will become the recognized leader in improving the health of our communities and each person we serve. We will be known as the most trusted health partner for life.

Core Values

- *Reverence* – We honor the sacredness and dignity of every person.
- *Commitment to those experiencing poverty* – We stand with and serve those who are experiencing poverty, especially those most vulnerable.
- *Justice* – We foster right relationships to promote the common good, including sustainability of Earth.
- *Stewardship* – We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- *Integrity* – We are faithful to who we say we are.
- *Safety – We embrace a culture that prevents harm and nurtures a healing, safe environment for all.*

Dress and Appearance Policy

All THGR employees are expected to maintain a professional image consistent with Trinity Health's Dress and Appearance Policy (see Appendix I).

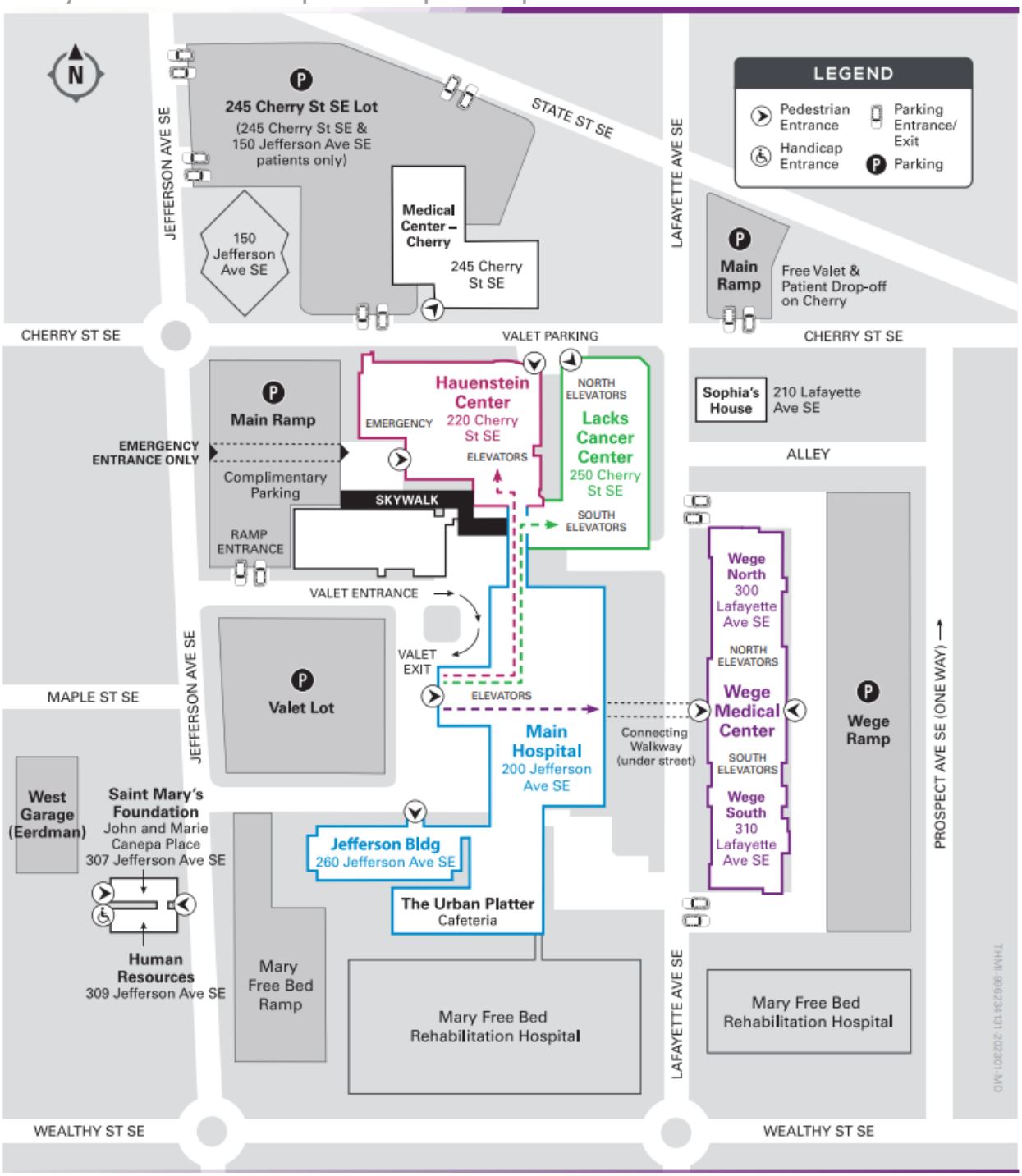
Tobacco Free Campus Policy

THGR is a tobacco-free institution in accordance with Tobacco Free Environment policy (see Appendix II).

Hospital Address

Trinity Health Grand Rapids
200 Jefferson Avenue SE
Grand Rapids, MI 49503

Trinity Health Grand Rapids Campus Map



Chapter 2

Applying to the Program

Eligibility

Only graduates from ACPE accredited pharmacy programs may apply to the Trinity Health Grand Rapids residency program. Foreign pharmacy graduates may apply to the residency program after successfully passing the Test of English as Foreign Language (TOEFL) and Foreign Pharmacy Graduate Equivalence Exam (FPGEE). All candidates must be eligible for licensure to practice pharmacy in the United States prior to appointment. The residency program at THGR cannot be used to collect hours to sit for the NAPLEX.

Application Process

THGR utilizes the Pharmacy Online Residency Centralized Application Service (PhORCAS). Applicants must submit the following materials to initiate the application process:

- Official transcript from the school/college of pharmacy attended
- Curriculum vitae
- Letter of intent, including a personal statement regarding career goals and how residency training will help to achieve them
- Three letters of recommendation from professional references

Applications will not be considered until all materials have been received. The deadline to submit applications is the January 2nd of the year of the start of the program.

All complete applications will be reviewed. Candidates whose applications meet the following criteria will be evaluated for a possible onsite interview:

- Transcripts showing passing accolades and showing stability or a trend toward improvement during clinical rotations
- Positive letters of recommendation
- Complete CV and letter of intent
- Effective interpersonal communication skills to date with the RPD, current residents, and/or preceptors (via phone, face-to-face, virtual, email, and/or regular mail).

Interviews

Candidates must participate in a phone, virtual and/or onsite interviews. Virtual interviews may be conducted in place of onsite interviews. Most interviews are scheduled in late January or February. During the onsite interview, the candidate will meet with the RPD and as many of those involved with the residency program as possible (e.g. Director of Pharmacy, current residents, and preceptors).

The Match

The THGR residency program participates in and follows the rules of the ASHP National Matching Service (https://www.natmatch.com/ashprmp/). After the completion of all onsite and/or virtual interviews, candidates whose application and interview suggest they would be acceptable for inclusion in the program will be ranked. The rank order list will be submitted to the Match prior to the deadline. Criteria used for ranking include:

- Application materials
- Quality of answers provided during the interview
- Interpersonal communication exhibited during the interview
- Results of the interview evaluation tool compared to other candidates

In the event that any of the residency positions are not filled in Phase I of the Match, remaining positions will be offered to applicants in Phase II of the Match. Phase II candidates must meet all of the same criteria as Phase I candidates, except that onsite interviews may not be required.

In the event that one or more residency positions remain unfilled after Phase II of the Match, the RPD will attempt to find qualified candidates from among those candidates who were not successful in the Match or who opted not to participate in the Match. Post-Match candidates must meet all of the same criteria as pre-Match candidates, except that onsite interviews may not be required. If an acceptable candidate is identified, the RPD will attempt to fill open residency positions. If no acceptable candidates are identified, the residency position(s) should remain open for the year rather than fill an open position with an unqualified/unacceptable candidate.

Acceptance into the Program

The RPD will send an acceptance letter within 30 days to the candidates who have matched with the program, or who have been selected to fill unmatched openings. The acceptance letter will outline the terms and conditions of the one-year residency program. The letter must be signed and returned to the RPD before the start of the residency.

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Chapter

3

Program Goals & Objectives

The postgraduate year one pharmacy residency is an organized, directed, accredited training program that centers on development of the knowledge, attitudes, and skills needed to provide team-based pharmaceutical care.

Residency Mission & Purpose Statement

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) 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, Goal statement and Objectives

Outcome R1: Patient Care

Goal R1.1: In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.

- OBJ R1.1.1 Interact effectively with healthcare teams to manage patients' medication therapy.
- OBJ R1.1.2 Interact effectively with patients, family members, and caregivers.
- OBJ R1.1.3 Collect information on which to base safe and effective medication therapy.
- OBJ R1.1.4 Analyze and assess information on which to base safe and effective medication therapy.
- OBJ R1.1.5 Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
- OBJ R1.1.6 Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
- OBJ R1.1.7 Document direct patient care activities appropriately in the medical record or where appropriate.
- OBJ R1.1.8 Demonstrate responsibility to patients.

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

- OBJ R1.2.1 Manage transitions of care effectively.

Goal R1.3: Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.

- OBJ R1.3.1 Prepare and dispense medications following best practices and the organization's policies and procedures.
- OBJ R1.3.2 Manage aspects of the medication-use process related to formulary management.
- OBJ R1.3.3 Manage aspects of the medication-use process related to oversight of dispensing.

Outcome R2: Advancing Practice and Improving Care

Goal R2.1: Demonstrate ability to manage formulary and medication-use processes, as applicable to the organization.

- OBJ R2.1.1 Prepare a drug class review, monograph, treatment guideline, or protocol.
- OBJ R2.1.2 Participate in a medication-use evaluation.
- OBJ R2.1.3 Identify opportunities for improvement of the medication-use system.
- OBJ R2.1.4 Participate in medication event reporting and monitoring.

Goal R2.2: Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care and/or the medication-use system.

- OBJ R2.2.1 Identify changes needed to improve patient care and/or the medication-use system.
- OBJ R2.2.2 Develop a plan to improve the patient care and/or the medication-use system.
- OBJ R2.2.3 Implement changes to improve patient care and/or the medication-use system.
- OBJ R2.2.4 Assess changes made to improve patient care or the medication-use system.
- OBJ R2.2.5 Effectively develop and present, orally and in writing, a final project report.

Outcome R3: Leadership and Management

Goal R3.1: Demonstrate leadership skills.

- OBJ R3.1.1 Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.
- OBJ R3.1.2 Apply a process of on-going self-evaluation and personal performance improvement.

Goal R3.2: Demonstrate management skills.

- OBJ R3.2.1 Explain factors that influence departmental planning.
- OBJ R3.2.2 Explain the elements of the pharmacy enterprise and their relationship to the health care system.
- OBJ R3.2.3 Contribute to departmental management.
- OBJ R3.2.4 Manages one's own practice effectively.

Outcome R4: Teaching, Education, and Dissemination of Knowledge

Goal R4.1: Provide effective medication and practice-related education to patients, caregivers, health care professionals, students, and the public (individuals and groups).

- OBJ R4.1.1 Design effective educational activities.
- OBJ R4.1.2 Use effective presentation and teaching skills to deliver education.
- OBJ R4.1.3 Use effective written communication to disseminate knowledge.
- OBJ R4.1.4 Appropriately assess effectiveness of education.

Goal R4.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians or fellow health care professionals.

- OBJ R4.2.1 When engaged in teaching, select a preceptor role that meets learners' educational needs.
- OBJ R4.2.2 Effectively employ preceptor roles, as appropriate.

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Chapter

4

Program Definitions

RESIDENCY PROGRAM DIRECTOR designates the individual who is responsible for coordinating the activities of the PGY1 pharmacy residency program. The Residency Program Director (RPD) is responsible for coordinating the central documentation of all residency activities and evaluation files sufficient for program operation and accreditation, which includes working with preceptors to develop learning activities that match the goals and objectives of the residency program. The RPD will review and respond to directives from the American Society of Health-Systems Pharmacists concerning the residency program. The RPD will address any performance deficits or disciplinary issues related to the residency.

RESIDENT ADVISORY COMMITTEE is comprised of the RPD and other members of the pharmacy staff involved in the residency program. Residency Advisory Council (RAC) oversees all aspects of the PGY1 Pharmacy Residency including but not limited to outcomes and goals of the program and resident progress through the program. At minimum, RAC will meet quarterly throughout the residency year

PRECEPTOR designates a qualified pharmacist preceptor and are selected based on their demonstrated competence in their respective area of practice, professional education and experience, and desire and aptitude for teaching. Some preceptors have completed a Doctor of Pharmacy degree, residency programs or have obtained equivalent qualifications and experience.

MENTOR designates the pharmacist identified by the resident to serve as a longitudinal resource and advisor. The mentor and resident should meet regularly, either formally or informally, to discuss the resident's current status, progress on defined strengths or areas for improvement, work-life balance, career advice, and other questions regarding the residency. The resident and mentor will meet quarterly with the RPD to review the customized development plan and make adjustments as needed.

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Chapter 5

Program General Information

Residents are expected to abide by the same pharmacy and institutional policies as other Trinity Health Grand Rapids pharmacists.

Licensure

Residents must be eligible for licensure in the State of Michigan. Information can be obtained from the Michigan State Board of Pharmacy at the Health Professions Bureau. Prior to starting, residents must obtain a limited education license from the State of Michigan. Pharmacist licensure must be obtained within 90 days of hire. Failure to pass required boards exams within the first 90 days of the residency will result in individual review by the RPD, development of a remediation plan between the RPD and a resident, and/or dismissal from the program. The resident must be licensed for at least 2/3 of the residency year, per ASHP Residency Standards (2023).

Upon receipt of a Michigan pharmacy license, the resident must photocopy the license and provide a copy to the pharmacy administrative assistant in order to document licensure.

Rotation Scheduling

The resident's rotation preferences will be considered when making and adjusting the rotation schedule. Required learning experiences include:

Required Rotation	Duration
Orientation	6 weeks
Administration	6 weeks
Adult Inpatient Medicine_Academic Medicine	4 weeks
Adult Inpatient Medicine_Unit Based	4 weeks
Ambulatory Care	4 weeks
Infectious Diseases/Stewardship	6 weeks
Adult Critical Care or Emergency Medicine	6 weeks
Inpatient Staffing	Longitudinal
Research Project	Longitudinal
Leadership & Service	Longitudinal
Medication Use Evaluation	July – December

Elective Learning Experiences

Elective learning experiences are available in a variety of inpatient and outpatient settings that allow residents to tailor the program to their needs. Approximately 12 weeks throughout the residency year are dedicated to elective experiences. The following are elective rotations offered:

Elective Rotation	Duration
Academia	4 weeks
Anticoagulation Management Service	2 weeks
HIV Medicine	4 weeks
Inpatient Neurology	4 weeks
Inpatient Psychiatric Medicine	4 weeks
Oncology*	4 weeks
Renal Transplant*	4 weeks
*One Adult Inpatient Medicine experience must be completed prior to this rotation	

The month of December will be reserved for attending the ASHP Midyear Clinical Meeting, concentrated time for Research Project, and working on additional longitudinal rotation responsibilities.

Rotations for the year will be scheduled in July. Residents may request rotation changes at any time; the RPD and preceptors affected must approve rotation changes. Additionally, residents may be required to complete or repeat rotations at the discretion of the RAC and RPD.

Resident's Responsibilities on Rotation

- Meet with rotation preceptor to define individual and rotation goals, objectives, activities, and expectations during the first week of the rotation.
- Prioritize activities in order to meet the specific goals and patient care requirements of the rotation, while also completing other residency activities.
- Keep rotation preceptor informed of difficulties encountered in meeting goals and objectives of rotation.
- Assume practice responsibilities of rotation preceptor in his/her absence (as agreed upon by rotation preceptor and resident).
- Complete a learning experience, preceptor, and self-evaluation **within one week** of completion of the learning experience through PharmAcademic™.
- Discuss rotation evaluation with preceptor at the completion of each rotation.
- Assist with precepting students at the discretion of the preceptor.

Inpatient Staffing and Weekend Commitment

In addition to rotation responsibilities, the resident is required to staff one evening during the week and provide clinical coverage approximately every fourth weekend.

Each resident will be required to work two national holidays during the year. Residents will work either Thanksgiving or Christmas and either New Year's Day or Memorial Day. The weekend schedule will be

provided prior to starting the residency. The four residents will be responsible for selecting their weekend rotation and coordinating trades if time off is desired on a scheduled weekend.

PTO may not be taken on weekends. Should an emergency arise, and the resident is not able to fulfill their weekend responsibility, he/she should attempt to find a replacement first. If unable to find a replacement, he/she will notify the supervisor for assistance in finding coverage. Trading of shifts is permitted among residents/staff already scheduled. The clinical pharmacy coordinator should approve all other changes.

Kinetic and Warfarin Monitoring Service

The Pharmacy to Dose service is a 24-hour, physician-initiated, formal consult service provided by the pharmacy staff. While the service is formally provided for aminoglycosides, vancomycin and warfarin, pharmacy may also be asked to give advice regarding other pharmacotherapeutic-related issues. Residents are required to participate in this service throughout the residency year, including weekend commitments.

Code Blue Response

All residents will be trained to respond to cardiac arrest emergencies. Residents must successfully pass certification tests for Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) as part of the orientation experience. Any resident who holds a current, active BLS and/or ACLS certification may request exemption from the training. If either of these certifications expires during the residency year, the resident will be expected to participate in the regularly scheduled training.

Residents should participate or assist in code situations as needed (e.g. current patient of resident, vicinity of code location, etc.). Additionally, residents will have the opportunity to practice responding to medical emergencies through participation in "mock codes" with medical residents.

Teaching Activities

Residents will participate in the teaching activities within the Department of Pharmacy. Teaching activities may include, but are not limited to the following:

- Precepting pharmacy students on experiential rotations
- Preparing and delivering a one-hour CE learning activity
- In-services to pharmacy, nursing, or medical staff
- Journal club
- Patient case

Residents may elect to gain experience in a classroom setting as well through completion of the Pharmacy Education Development and Lecture Series (PEDALS) at Ferris State University College of Pharmacy (FSUCOP).

The purpose of this teaching and learning curriculum program is to provide an opportunity for pharmacy residents to:

- gain experience in teaching and learning;
- document experience in teaching and learning by creation of a teaching portfolio; and
- participate in a seminar series with pharmacy faculty, preceptors, and other facilitators to discuss topics relevant to teaching in both the classroom and experiential settings.

Activities required to obtain a teaching certificate include:

- Attendance and active participation in the PEDALS seminar series
- Completion of PEDALS post-program assessment
- Presentation of one evaluated journal club at residency site
- Presentation of one evaluated patient case at residency site
- Development and delivery of a 1-hour didactic lecture at residency site
- Evaluation of student performance at residency site

Additional activities for the optional 'Enhanced FSU teaching track'

- Seminar(s) and meeting(s) with FSU faculty member
- Teaching experience in FSU pharmacy curriculum
- Teaching philosophy

Resident Duty Hours Restrictions

The THGR residency complies with the ASHP Duty Hour Requirements for Pharmacy Residencies standards. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the resident) and minimization of risks of sleep deprivation. Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four-week period. Residents *must* have at a minimum 8 hours between scheduled duty periods.

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor. If at any time the resident feels he/she is or will be in violation of these rules, they should notify the RPD immediately.

Moonlighting

A residency is a full-time obligation; hence, the resident shall manage activities so as not to interfere with the goals and objectives of the program. The practice of a resident having an additional job is highly discouraged and must be discussed with the Residency Program Director. Moonlighting, both internal and external, is permitted provided it does not interfere with the ability of the pharmacy residents to achieve goals and objectives of the educational program and is discussed and approved

by the RPD. A maximum of 16 hours of combined internal and external moonlighting is permitted during each calendar month.

Internal moonlighting may not begin sooner than October. Weekday coverage must be approved by the current rotation preceptor and the RPD, as these hours are included duty hours.

If interference due to moonlighting is suspected, the resident and preceptor or RPD will meet to discuss whether the resident should continue moonlighting.

Documentation of Duty Hours

Residents will be asked to document hours spent in their residency programs in an effort to assure that ASHP requirements are met. Reviewable at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf.

- PGY1 residents will document compliance with these standards through utilization of the PharmAcademic™ duty hour evaluation at the end of each calendar month. This will be reviewed by the RPD each month and addressed immediately if the ASHP Duty Hour Requirements for Pharmacy Residencies requirements are not being met.
- False documentation of compliance will result in the progressive disciplinary procedure (warning, suspension, termination).
- Variances will be reported to the RAC.

See Appendix III. PGY1 and PGY2 Pharmacy Residency Program: Moonlighting and Duty Hours

Paid Time Off / Professional Leave

Residents will be provided with ten days of paid time off (PTO) that will be used throughout the year for vacation, sick time, or personal days. Additionally, residents will be given two days of paid time for interviewing purposes.

Requests for PTO days should be coordinated with the preceptor for the month and approved by the RPD. The resident may request time off from work at any time except their required weekends. If the resident must be off on a scheduled staffing weekend, he/she must trade with another individual. THGR uses the Kronos® timekeeping system for hourly employees; while residents are paid on a salaried basis, requests for PTO will need to be submitted through the Kronos® system prior to the requested day(s) off. In the event of illness, the resident must notify the current preceptor and the RPD.

The Resident will be provided with 8 days of paid time to attend professional meetings as outlined below:

- ASHP Midyear Clinical Meeting in December (5 days)
- Great Lakes Residency Conference in April (3 days)

All registration fees, travel, and hotel expenses for these meetings will be provided by Trinity Health Grand Rapids.

Absences

The resident may not miss more than five days per rotation with the exception of December where the maximum number of days absent is eight. Absences beyond the maximum allowed must be approved by the RPD; in some cases, the resident, preceptor, and RPD may need to meet and discuss additional requirements in order for the resident to successfully complete the rotation. If the requirements of the rotation cannot be met, the rotation will be considered unsuccessfully completed.

Leave of Absence

In the event of a serious medical or family leave requiring extended leave, the maximum allowable length of extended leave is 4 weeks. Any time off above the accumulated PTO is without pay as most residents will not qualify for Family Medical Leave Act (FMLA) and return to the program is not guaranteed. The resident will work with the RPD, Pharmacy Services Manager and RAC to determine if return to the residency can be accommodated. At that time, the decision to continue or withdraw will be made by the RPD. If the decision is made to continue, it may be necessary to extend the residency beyond the allotted 12 months to ensure that the resident completes the 12-month minimum requirement (excluding PTO and professional leave). The residency will not be extended beyond an additional month for any reason.

Residents must be familiar with and follow the Trinity Health Grand Rapids policies related to extended leave requests (See Appendix IV. Family Medical Leave Act (FMLA) and Appendix V. Elective and Other Leave of Absence (Non-FMLA)).

Unsuccessful Completion of Rotation

Should the resident not pass or successfully complete a rotation, the RPD and preceptor shall meet with the resident to decide what course of remedial action should be taken.

Dismissal

For a resident to be dismissed from Trinity Health Grand Rapids PGY-1 Pharmacy Residency, all sections of the following policies:

- PGY1 and PGY2 Pharmacy Residency Program: Corrective Action and Dismissal Policy (Appendix VI)
- Colleague Counseling and Corrective Action (Appendix VII)

Resignation

Before a resident can resign from the residency program, the resident MUST complete the following steps:

1. Notify the Residency Program Director of his/her intent.
2. Meet with the resident's choice of three pharmacy professionals to discuss the reasons for resigning and the potential consequences of such decision.

Requirements for Certificate of Completion

Upon successful completion of the residency, residents will be awarded a Certificate of Completion. The certificate cannot be issued until all residency requirements are completed (see checklist below). If all requirements are not completed at the end of the one-year residency, the resident and RPD will discuss the incomplete activities. If there are valid reasons that the requirements could not be completed, individual cases will be reviewed on a case-by-case basis with the RPD and RAC. See Appendix VIII. PGY1 Pharmacy Residency Program: Requirements for Granting of Residency Certificate of Completion

Document completion of the following elements structured into the residency program in order to receive completion certificate:

	Date completed		
Orientation checklist			□
Obtain ACLS certification			□
Licensure obtained within 90 days			□
Mentor selection			□
Research Project			□
IRB Submission			□
IRB Approval			□
Complete data collection			□
Complete results analysis			□
Complete manuscript			□
IRB closeout			□
Great Lake Residency Conference presentation			□
Trinity Health research presentation			□
Medication Use Evaluation			□
Complete data collection			□
Complete data analysis			□
Complete creation of poster			□
Poster Presentation at ASHP Midyear			□
Pharmacy Service Commitment Weekends			□
Recruitment Activities			
WMSHP/SMSHP Residency Showcase			□
ASHP Residency Showcase			□
Evaluated presentation requirements			
CE Lunch & Learn			□
Family Medicine Service Resident Lecture			□
Two journal clubs			□

Two patient cases				□
Achievement of >80% of residency objective in PharmAcademic™				□
All of the R1 objectives MUST be marked ACHR*				
Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.			□
OBJ R1.1.1	Interact effectively with healthcare teams to manage patients' medication therapy.			□
OBJ R1.1.2	Interact effectively with patients, family members, and caregivers.			□
OBJ R1.1.3	Collect information on which to base safe and effective medication therapy.			□
OBJ R1.1.4	Analyze and assess information on which to base safe and effective medication therapy.			□
OBJ R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).			□
OBJ R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.			□
OBJ R1.1.7	Document direct patient care activities appropriately in the medical record or where appropriate.			□
OBJ R1.1.8	Demonstrate responsibility to patients.			□
Goal R1.2:	Ensure continuity of care during patient transitions between care settings.			□
OBJ R1.2.1	Manage transitions of care effectively.			□
Goal R1.3:	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.			□
OBJ R1.3.1	Prepare and dispense medications following best practices and the organization's policies and procedures.			□
OBJ R1.3.2	Manage aspects of the medication-use process related to formulary management.			□
OBJ R1.3.3	Manage aspects of the medication-use process related to oversight of dispensing.			□
Summative Self-Evaluation (minimum of 4)			□ □ □ □	□
Exit survey (optional)				□
Exit interview				□
ASHP Exit Survey				□

*For an objective to be marked as ACHR it must be marked as 'Achieve' on at least two learning experience evaluations

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Chapter 6

Residency Project

The primary emphasis of the residency program is to develop the resident's clinical expertise and practice management skills. An integral part in the development of the resident is an appreciation of research methodology. Each resident is required to undertake a research project of suitable quality for publication in a peer-reviewed journal and/or presentation at a major scientific meeting. Additionally, each resident is required to present the findings of their research project at the Great Lakes Pharmacy Resident Conference (GLPRC).

Resident Expectations

1. By the end of August, the resident will establish the project topic and identify his/her preceptor(s).
2. Once the topic is selected, the resident and preceptor will meet to determine the detailed project timeline.
3. Residents will give a 10- to 15-minute presentation of their residency project including background, purpose, methods, and timeline to RAC by the end of September.
4. Residents must submit a research project proposal and application to the THGR Institutional Review Board (IRB) by the end of October.
5. It is the resident's responsibility to keep up with the timeline agreed to by the project preceptor(s). If the project deviates from the set schedule, the resident must inform the project preceptor(s).
6. The resident must present the results of the project at the Great Lakes Pharmacy Resident Conference.
7. The resident must submit the final project summary written in manuscript form to the Residency Program Director by end of the residency year. The format for the manuscript should be as stated in the "Instruction to Authors" for the journal that would be appropriate for publication as agreed upon by the project preceptor.

Preceptor Expectations

1. The preceptor will meet with the resident to determine a detailed timeline for project completion.
2. The preceptor will review and provide feedback for research project presentations and proposal, including IRB submission.
3. The preceptor will review and provide feedback for GLPRC abstract and presentation.

4. The preceptor will serve as a resource throughout the project.
5. The preceptor will review and provide feedback on the final manuscript prior to its submission to the program director.

Past Residency Projects

YEAR	RESIDENT	PROJECT
2023	Margaret Crosley	Assessment of PGY-1 pharmacy resident final projects and associated publication outcomes
	Cassandra Falk	Impact of Multiplex Respiratory PCR on Antimicrobial Stewardship and Infection Control in the Emergency Department and Inpatient Setting
	Destiny Hughson	Impact of anticoagulation reversal with four factor prothrombin complex concentrate for acute gastrointestinal bleeding in patients on oral anticoagulation
	Aiden Yetsko	Two times versus four times daily cephalexin dosing for the treatment of uncomplicated urinary tract infection in females
2022	Haley Boerckel	Impact of altered mental status on appropriate treatment of UTI
	Balsam Elajouz	3-day ceftriaxone versus long durations of therapy for inpatient treatment of uncomplicated UTI
	Rachel Webster	Evaluation of basal-bolus versus sliding scale insulin therapy on glucose variability in nondiabetic patients admitted to the intensive care unit
2021	Kamah Ellena	The role of midodrine in vasopressor wean in patients with sepsis
	Brennan Foreman	Impact of order sentence implementation on outpatient antimicrobial prescribing for UTI and SSTI
	Jessica Goldsworthy	Impact of a pharmacist-led pneumococcal vaccination program in an ambulatory care setting
	Lacy Worden	Comparison of antipseudomonal and de-escalated gram-negative antimicrobial coverage for community onset intra-abdominal infections
2020	Patricia Choi	Impact of pharmacist-led selective audit & feedback on outpatient antibiotic prescribing for UTIs and SSTIs
	Lauren Clark	Impact of procalcitonin on the treatment of community-acquired pneumonia at a community teaching hospital
	Kaitlyn Johnson	Comparison of prescribing practices between virtual visits and office visits for urinary tract infections within primary care practices
	Niki Krancevich	Association between intensive care opioid use and long-term opioid use
2019	Eric Fink	Evaluation of a critical care pharmacist-driven stress ulcer prophylaxis discontinuation policy at a community teaching hospital
	Kristin (Johnson) Eid	Comparison of diagnosis and prescribing practices between virtual visits and office visits for sinusitis within primary care practice
	Tricia Dyckman	A comparison of safety and efficacy outcomes for induction therapy in renal transplant

YEAR	RESIDENT	PROJECT
2019	Selena Pham	Impact of pharmacist-initiated *methicillin-resistant staphylococcus aureus* (MRSA) nasal PCR protocol on pneumonia therapy
2018	Paige (Bukowski) Buss	Implementation of rapid diagnostic testing with stewardship education for gram-positive blood cultures in a community teaching hospital
	Lauren Fay	The urgent need for urgent care antimicrobial stewardship: evaluating prescribing appropriateness and patient outcomes associated with a pharmacist led culture follow-up program
	Michael Eischens	Impact of pharmacist-driven antimicrobial stewardship on the rate of challenging penicillin allergies in the emergency department
2017	Thomas Beuschel	Antimicrobial stewardship program structure and its impact on therapy in community-acquired pneumonia
	Benjamin Kulwicki	Impact of an emergency medicine pharmacist on appropriate empiric antibiotic prescribing
2016	Robert Granett	Impact of pharmacist-led antimicrobial stewardship antibiotic prescribing for pneumonia in the intensive care unit
	Rachel (Meyer) White	Impact of pharmacist-led antimicrobial stewardship on the treatment of urinary tract infections and pyelonephritis in the emergency department
2015	Joshua Jacoby	Emergency medicine pharmacist impact on door-to-needle time in patients with acute ischemic stroke
	Kaitlyn Rivard	Impact of point-of-care chlamydia and gonorrhea screening on antimicrobial stewardship efforts within the emergency department
2014	Rachel Rehor	Vancomycin in obesity: should we still be using actual body weight?
	Kayla (Uganski) Burns	Do criteria-based urine cultures contribute to unnecessary antibiotic use in a community teaching hospital?
2013	Jessica Benzer	Preventing inappropriate pneumococcal vaccination in the inpatient setting: effectiveness of a process improvement initiative
	Ted Riley	Incidence of nephrotoxicity in patients treated with intravenous vancomycin
2012	Julie (Lewandowski) Belfer	Impact on compliance with testing and results of using tuberculin skin test compared to QuantiFERON®-TB Gold in-tube assay in HIV-positive individuals
	Bethany Cross	High-dose oral medroxyprogesterone for inappropriate hypersexuality in elderly men with dementia: a case series
2011	Kyle Baker	Characteristics of successful antipsychotic dose reduction in nursing home patients with dementia-related aggression or agitation
	Jessica Ninke	Valproate-induced hyperammonemia: characterization of predisposing factors in an adult psychiatric population
2010	Joshua DeMott	Pain management following total knee arthroplasty: scheduled versus "as-needed" pharmacotherapy
	Andrew Kline	The use of acetaminophen in hospitalized patients with concomitant alcohol abuse in a computerized physician order entry (CPOE) setting
2009	Stefanie Chick	An analysis of the effect of tenofovir on renal function in patients receiving protease inhibitors compared with patients receiving non-nucleoside reverse transcriptase inhibitors

YEAR	RESIDENT	PROJECT
2009	Dusten Rose	Adherence to hepatitis B pharmacotherapy guidelines and associated hepatotoxicity in human immunodeficiency virus (HIV) coinfected patients
2008	Brenda Dobson	Development and implementation of an anticoagulation management service in a health-system affiliated community pharmacy setting
	Kali (Schulz) VanLangen	Characterization of polypharmacy in a bipolar population
2007	Melanie (Crain) Brenner	Pharmacist interventions to improve adherence among patients with HIV/AIDS starting antiretroviral therapy
	Beth Newton	Inpatient management of supratherapeutic international normalized ratios: an assessment of adherence to the 2004 American College of Chest Physicians guidelines
2006	Heather Draper	Adherence with advanced cardiac life support guidelines during in-hospital cardiac arrest
	Sarah Paulson	Adherence to the 2004 American College of Chest Physicians consensus guidelines for thromboprophylaxis in orthopedic surgery patients

Trinity Health

Chapter 7

Preceptors & Responsibilities

Preceptor Requirements

1. To be considered as a new residency preceptor, interested pharmacists shall submit a completed Academic and Professional Record to the RPD. New preceptor requests will be reviewed by the RPD and/or delegated committee of preceptors. See Appendix IX – Preceptor Development Policy.

2. Preceptors must possess current licenses to practice pharmacy in the state of Michigan and must practice within that site during the time of their resident's rotations.

3. Preceptors must have completed an ASHP-accredited PGY1 pharmacy residency plus a minimum of 1 year of practice experience. Alternatively, pharmacists with equivalent experiences (minimum of 3 years) and aptitudes may be considered for precepting roles.

4. Preceptors must meet the criteria establish by ASHP (available at PGY1-Standard-Guidance-Document-2023).

Preceptor Development

1. RPDs are responsible for ensuring preceptors are evaluated on their performance in the preceptor roles of instructing, modeling, coaching, and facilitating. An evaluation of the preceptor and learning experience should be completed by all residents at the end of each rotation and quarterly for longitudinal residency requirements. Residents should discuss their evaluation with their preceptors and provide recommendations for improvement.

2. Preceptors are expected to participate in at least four preceptor development sessions per academic year (i.e. July – June). These may include and are not limited to: documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education (i.e., FSU COP Annual Preceptor Development Conference), preceptor development webinars provided by the external sources such PharmacyLibrary®, attendance at the National Pharmacy Preceptors Conference, or Accreditation/Preceptor Development Resources provided on the ASHP website. Preceptors will maintain a record of completed preceptor development and submit with the annual preceptor survey.

3. Live preceptor development sessions may be provided by any member of the department. The RPD shall facilitate a minimum of one preceptor development offering per calendar year.

4. The RPD will be evaluated by the residents at the end of each year. Residents should discuss their evaluation with the RPD and provide recommendations for improvement. These evaluation and recommendations will be documented for future reference.

5. Residency preceptors will complete and update APR annually and submit it by June 1st to the RPD.

6. Preceptors will complete a THGR Annual Residency Preceptor Self-Assessment annually that should be submitted by June 1st to the RPD. The RPD and/or delegated committee of preceptors will review the preceptor self-evaluations and program needs assessments annually and provide timely feedback to the residency preceptors as necessary.

7. Residency preceptors will complete the Preceptor Criteria Worksheet every 3 years in a rolling cycle by June 1st to the RPD.

8. Preceptors will be reappointed based on the ability to continue to meet preceptor qualifications at the end of the 3-year cycle. If a preceptor receives >1 "never" score on their residency evaluations during this 3-year cycle, the RPD will review for any corrective action as appropriate, including assigning the preceptor a mentor and will develop a preceptor remediation plan that shall be completed within 2 years in order to meet the ASHP qualifications as a preceptor.

9. Preceptors who do not meet criteria for Standards 4.6.a, 4.6.b, and/or 4.6.c will have a documented individualized preceptor development plan to achieve qualifications within two years.

Preceptor Expectations

- Prospectively identifies and notifies attending physicians and medical residents in service areas of pharmacy practice resident rotations, clearly outlining goals and objectives of the program.
- Prepares/updates learning experience description, corresponding objectives, and activities to develop the resident's knowledge and skills in a given practice setting.
- Reviews rotation objectives, schedules activities, responsibilities, and expectations with resident prior to or on the first day of the learning experience.
- Orients resident to pharmacy department and patient care areas. Documentation of orientation will be completed in PharmAcademic™ during the first week of each rotation.
- Introduces resident to medical team (where applicable).
- Regularly interacts with resident during rotations.
- Provides feedback throughout rotation.
- Serves as a role model for resident through active participation in the delivery of comprehensive pharmacy services in the rotation area.
- Informs resident and RPD immediately of unsatisfactory performance or problem areas.

- Completes formal PharmAcademic™ evaluations of resident at end of rotation in accordance with residency program expectation no later than 7 days from the completion of the learning experience conclusion.
- Remain educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- Will be evaluated and discussed as part of annual performance reviews.
- Meets with and discusses evaluation with the resident at the end of the rotation.
- Continually seeks to promote and improve the quality of the residency experience.
- Obtains a Michigan Board of Pharmacy Preceptor license via the Michigan Board of Pharmacy (using the MiPLUS system)

Trinity Health

Chapter 8

Summative Evaluations

Summative evaluations are a critical piece of feedback and communication to assist in the growth and development of residents, preceptors, and the residency program. In order for an evaluation to have the greatest value, the content needs to provide fundamental information regarding what was done well, constructive feedback for areas of improvement, and should be provided as close to the completion of the activity as possible. The following outlines the expectations for the content and timeliness of summative evaluations.

TIMELINESS: All evaluations are expected to be completed in PharmAcademic™ within 7 days of the conclusion of an experience.

SUMMATIVE EVALUATION OF THE RESIDENT BY THE PRECEPTOR: Evaluations should be written so the resident knows what they did well and what they can improve upon. The evaluation should not only list what the resident did, but how well they did it. The following elements should be included for objectives evaluated:

1. Specific examples of how the resident is working to meet the objectives. Describe what it is about the activity that indicated the resident is on track to achieving the objective.
2. If the resident has not yet achieved the objective, list what specifically the resident should do to achieve the objective.

Evaluations that do not include the above comments will be returned to the preceptor through the 'send back for edit' feature in PharmAcademic™.

SUMMATIVE SELF-EVALUATION BY THE RESIDENT: Self-reflection is an important skill for ongoing growth and lifelong learning. It is also a valuable tool for assessing agreement between resident and preceptor perception of progress toward reaching goals and objectives. At a minimum, residents should discuss the follow as part of self-evaluation:

1. What did I do?
2. How well did it go?
3. What did I learn?
4. What will I do differently next time?

Self-evaluations that do not include the above comments will be returned to the resident through the 'send back for edits' feature in PharmAcademic™. Specific examples must be provided to fully demonstrate progress, self-evaluation and areas for improvement.

Self-evaluations will be assigned to Orientation, Leadership and Service (quarterly) and the Research Project (quarterly) and Medication Use Evaluation learning experiences, or as requested by individual preceptors for individual learning experiences. Once the RPD has determined that the resident has 'achieved for residency' this objective, subsequent self-evaluations are removed from PharmAcademic™. Verbal conversations between residents, preceptors, mentors and RPDs on self-evaluations continue throughout the residency year.

SUMMATIVE EVALUATION OF THE LEARNING EXPERIENCE BY THE RESIDENT: In order to provide challenging and valuable learning experiences, the preceptors welcome feedback regarding the experience. At a minimum, the resident should address the following as part of the learning experience evaluations:

1. What was the most valuable aspect of this experience?
2. What did I learn from this experience?
3. What could be done in the future to make this learning experience better?

Learning experience evaluations that do not include the above comments will be returned to the resident through the 'send back for edits' feature in PharmAcademic™.

Evaluation Definitions

Needs Improvement (NI)
▪ Performs task only with ***undue/excessive guidance*** for ***most*** patients/scenarios. ▪ Resident was unable to complete tasks on time. ▪ Resident should focus self-remediation efforts in this area; preceptor and resident will develop written remediation plan.
Satisfactory Progress (SP):
▪ Resident performs task with *minimal* guidance or directions in *most* patients/scenarios. ▪ Resident has made good progress over the course of the learning experience and additional skill is needed. ▪ Evaluator (resident and preceptor) should document what the resident/preceptor needs to demonstrate to improve and area(s) of focus for the next rotation.
Achieved (ACH)
▪ Resident is able to perform tasks/objectives as an independent entry-level clinical pharmacist. ▪ Resident displays all of the following characteristics: o Consistently demonstrates ownership of actions and consequences o Accurately reflects on performance and can create a sound plan for improvement o Appropriately seeks preceptor guidance
Achieved for Residency (ACHR)
▪ The resident has met all the criteria necessary to mark the educational goal/objectives ACH **AND** has demonstrated the ability to perform the goal/objective across various practice settings or the evaluator is confident the resident *could* perform the goal/objective in various practice settings. Individual preceptors, the RPD or the RAC may determine an objective has been ACHR. ▪ R.1 Objectives require ACH for two learning experiences to be considered ACHR.

Trinity Health

Chapter

9

Resident Development Plan

Initial Assessment

At the beginning of each residency year, each resident will work with the RPD to initiate a resident development plan. Each resident will complete an Incoming Skills Survey prior to or at the start of the residency year. The skills survey will assist the RPD, mentor and/or preceptors in the identification of areas of strength and weakness as well as assist in determining the direction of the resident for future development.

The PharmAcademic™ 'Entering Objective-Based Self-Evaluation' should be completed prior to the start of the residency program. Based on the review of the 'Entering Objective-Based Self-Evaluation', a Resident Development Plan will be created for each resident. This plan will be discussed with the resident, mentor, and RPD and adjustments may be made based on the discussion. Following that, the plan will be shared with preceptors within PharmAcademic™.

Quarterly Reassessments

The Resident Development plan will be evaluated and updated quarterly for each resident. The resident with or without their mentor, will be expected to take time to self-reflect and evaluate the previous quarter and develop a plan for the upcoming quarter. When complete, the resident, mentor and RPD will meet to discuss and update progress. Appropriate adjustments will be made to residents' learning activities. After completion of each quarterly update, the RPD will upload into PharmAcademic™ and share with RAC.

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Chapter 10

Pharmacy Residency Resiliency and Wellness

Pharmacy residency programs offer residents the opportunity to develop key clinical skills over the course of an often-demanding academic year. Due to sometimes stressful nature of residency training, established policies for maintaining resident resiliency is important for supporting the overall wellbeing of those involved in the training program. As an ASHP accredited pharmacy residency program, we support ASHP's commitment to clinician wellbeing and resilience. See Appendix X. PGY1 and PGY2 Pharmacy Resident Resiliency and Wellness Policy.

Mentorship

Within the first quarter of starting the residency program, all residents will select a mentor from the preceptors currently associated with the residency program. This mentor will serve as an advisor to the resident with regards to not only career development but also to maintaining a healthy work/life balance. All mentors will meet with their residents at least once a quarter to review the resident's current stress level and wellbeing. In addition, all residents will self-evaluate their current work/life balance on a scale of 1 to 10 (10 representing a sense of out-of-control obligations, deadlines, or tasks which result in high levels of stress) on their monthly duty hours review. If any resident indicates a 7 or more on this self-assessment, their mentor will meet with them an additional time to assess the causes of the stress and formalize a development plan to improve the resident's wellbeing.

Live Your Whole Life

At Trinity Health, we believe our spiritual, mental, emotional, physical, financial, social, and vocational well-being can positively affect quality of life, not only for ourselves, but also for our families and those we serve. Life Your Whole Life is the integrated well-being program for colleagues and their families; and is comprised of activities, tools and benefits that support us in achieving our unique well-being goals. All colleagues and their family members are eligible for the Self-Care Platform, Mental Well-being Benefit, Student Loan Relief Services, Colleague Discounts, and Weight Management effective date of hire. Regular full-time and part-time benefits-eligible colleagues may participate in the Tuition Reimbursement Program, Voluntary Benefits and Adoption Assistance Program effective date of hire.

Spring Health

Spring Health is a private, confidential, personalized mental well-being benefit designed to help colleagues feel their best. Trinity Health offers Spring Health to ensure you have convenient access to resources and care to help manage any challenges colleagues may experience in life. Spring Health is provided at no cost for up to six therapy sessions and six coaching sessions per calendar year are available to Trinity Health colleagues and each of their household members (age 6+). Spring Health can assist with a broad range of mental well-being needs, from daily challenges to clinical support for anxiety or depression. The following are examples of support provided: stress and burnout, relationship or parenting challenges, prolonged depression, sadness or irritability, inability to cope with daily problems or activities, suicidal thoughts, substance abuse, difficulties focusing at work.

Crisis support is available 24 hours a day, 7 days a week. If you feel like you need to speak with a licensed professional now and cannot wait to book an appointment, call Spring Health at 1-855-629-0554 and select option 2.

Preceptor Development

Preceptors are expected to participate in at least four preceptor development sessions per academic year. Resources will be provided to allow for at least one of these development sessions to be on a topic related to resiliency, wellbeing, or burnout. Choosing to review one of the many webinars or articles found on ASHP's wellness website (https://wellbeing.ashp.org/), will count towards a preceptors four development sessions. Preceptors will strive to be mindful about the wellbeing of the residents and other preceptors, encouraging adequate sleep, healthy eating, and even scheduling group social outings when deemed appropriate.

Resident Volunteering and Social Outings

Once a quarter, all residents will be encouraged to take part in a team building volunteer opportunity. In the past, some examples of these have included volunteering at a local food pantry, park clean-ups, and canned food drives. Preceptors will be encouraged to take part as well. After the events, preceptors will often take the residents out for lunch or dinner to allow for informal well-being check-ins outside of work.

Trinity Health

Chapter 11

Communication and Additional Resources

Electronic Mail

Residents will receive an e-mail address through the hospital. Residents should check their e-mail at least once every day.

Telephone and Voicemail

Residents will receive their own phone extension and voicemail access. Voicemail can be accessed by dialing 58888 (685-8888 from outside the hospital) and entering a personal identification number (PIN). Residents will be provided with a Pharmaceutical Services Department Telephone/Pager/Fax List. Additionally, the THGR intranet has an online phone and pager directory for those outside the pharmacy department. Physician phone numbers and alpha-paging functionality are available within the IntelliWeb Phone Directory accessible through the intranet.

Secure Text-Messaging Systems

Residents are expected to obtain access to the Haiku secure text messaging system, which can be accessed via desktop or a personal mobile device.

Fax

The fax machine is located inside the pharmacy administration area. The fax number is (616) 685-6434.

Internet/Intranet and Library Access

Use of the internet at THGR's should be limited to professional activities. Residents should be aware that online activities may be monitored by the institution for security purposes. Access to institutional policies, procedures, guidelines, and other resources is available through the THGR intranet. Additionally, electronic clinical and educational resources may be accessed via the Health Sciences Library.

Administrative Assistance

The Pharmacy Department Administrative Assistant is available to help set up meetings, arrange for meeting rooms, and assist with mailing and making photocopies. When making requests for assistance, please be considerate of the administrative assistant's time and other responsibilities.

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Chapter 12

Appendices

Appendix I. Dress and Appearance policy

Appendix II. Tobacco Free Environment

Appendix III. PGY1 and PGY2 Pharmacy Residency Program: Moonlighting and Duty Hours

Appendix IV. Family Medical Leave Act (FMLA) Non-Military Leave

Appendix V. Elective and Other Leaves of Absence (Non-FMLA)

Appendix VI. PGY1 and PGY2 Pharmacy Residency Program: Corrective Action and Dismissal Policy

Appendix VII. Employee Counseling and Corrective Action

Appendix VIII. PGY1 Pharmacy Residency Program: Requirements for Granting of Residency Certificate of Completion

Appendix IX. PGY1 and PGY2 Pharmacy Residency Program: Preceptor Development Policy

Appendix X. PGY1 and PGY2 Pharmacy Resident Resiliency and Wellness Policy

Trinity Health Human Resources Ministry-Wide Policy No. 1001

EFFECTIVE DATE: March 31, 2022

POLICY TITLE:

Dress and Appearance Policy

To be reviewed every three years by:
Executive Leadership Team

REVIEW BY: April 1, 2025

PURPOSE

The purpose of this Policy is for Trinity Health Corporation and its Health Ministries and Subsidiaries (collectively referred to as "Trinity Health") to ensure that all Employee appropriately represent the organization to the public and to the people to whom Trinity Health provide services. Appropriate dress and appearance ensures that Employees look professional and present a positive image of the organization to patients, visitors and the public. All Employees are expected to contribute to a positive and safe environment by maintaining appropriate dress, hygiene, and neatness of appearance.

Trinity Health is committed to administering this Policy in accordance with its Mission, Core Values and commitment to Diversity, Equity and Inclusion.

POLICY

A. **General Dress Guidelines:**

- Clothes must be clean, neatly pressed and have no holes, stains, or frays.
- Clothing must fit properly (not too tight, too loose or revealing). Clothing that exposes cleavage or midriff is not appropriate. Undergarments should be discreet and not readily visible through clothing or above the waistband. Sheer fabrics should be worn with an appropriate undergarment (i.e., camisole or undershirt).
- Buttons, pins, ribbons, stickers, or any items which are not part of an authorized uniform or which alter the professional image that each Health Ministry desires to portray are not permitted. No other logos, outside of Health Ministry approved messaging or writing, may be displayed on any clothing item, mask, or lanyard.
- Employees' footwear must provide safe, secure footing and offer reasonable protection. In accordance with infection control and safety standards, Employees who work in patient, resident or client care areas must wear closed toe shoes.

- Hats or caps are not permitted unless they are part of an authorized uniform, worn for protection while working in inclement or hot weather, medically necessary, or for religious reasons.
- A "special dress day" which would allow exceptions to the standard policy may be occasionally promoted. Examples may include: Health Ministry sponsored events, jeans days, etc.
- The Health Ministry will reasonably accommodate exceptions to this Policy if required due to an Employee's religious beliefs or disability. Employees who need such accommodation should contact their supervisor or Human Resources.

B. **Identification Badges**:

- Identification badge must be worn using a Health Ministry logo or non-logo attached clip, approved retractable badge holder or approved breakaway lanyard.
- Identification badge must always be clearly visible and worn with the name and picture facing forward, visible and attached to the lanyard, collar, or pocket, and above the waist.
- Keys, key cards, the emergency code reference card, pin cards, and a job specific identifier badge may be attached to the badge holder so that they fall behind the badge and do not obstruct the frontal view. No other attachments to the badge or lanyard are permitted.
- Under no circumstances should an Employee permit others to use their identification badge.
- If the identification badge is lost, Security must be notified immediately.

C. **Personal Hygiene and Grooming Guidelines**:

- Employees must practice appropriate personal hygiene (including oral hygiene) and be free of offensive odor (including the smell of tobacco).
- Fingernails will be clean and well groomed. Artificial nails and overlays are not permitted on Employees who work in patient care areas. Employees who participate in direct patient care or are in contact with the patient's environment will not wear artificial nails (including, but not limited to, acrylics, overlays, wraps, tips, gels, or bonding).
- Hairstyles may not obstruct vision or limit eye contact.
- Hairnets, including for beards, will be required in certain departments.
- As a safety precaution and for infection control purposes, Employees providing direct patient care with hair exceeding shoulder length or longer should have hair pulled back or restrained.
- Nothing in this Policy is intended to prevent Employees from wearing a hair or facial hair style that is consistent with their cultural, ethnic, or racial heritage or identity, except for safety reasons that cannot be reasonably accommodated.
- Employees must be professional in their use of jewelry/accessories, including amount, size, and styles. Visible body piercings must be small and minimal during the work shift.

    - Wearing of jewelry may be limited for safety reasons dependent on the work area and functions performed.
    - As a safety precaution, Employees providing direct patient care may not wear long necklaces, dangling earrings, scarves or ties.
- Any tattoos that may be offensive to others must always be covered, including but not limited to those that contain pictures/symbols/words of a sexual nature, gang affiliations, violence, profanity, or derogatory words/images.
- All cosmetic products, including make-up and lotions must be fragrance free. Make-up must be applied conservatively and in a manner that does not detract from the professionalism of the Employee's appearance. Perfume, cologne or aftershave, may not be used by direct care providers, or if such use causes adverse physiological symptoms for others in the work environment.

D. **Business Attire**:

- For Employees whose positions do not require a uniform as detailed in this Policy, the Employee must wear appropriate business attire, whether on site or engaged in remote work. Below is a general overview of appropriate and inappropriate business attire. While the lists are not all-inclusive, they are intended to provide general parameters for professional business attire. Off-site meetings, conferences, etc., require use of good judgement and discretion when making decisions about appropriate attire.
- Examples of appropriate attire: business suit, sports jacket or blazer, dress slacks, dress capris, collared shirt, sweater, dress, skirt, blouse, and Health Ministry approved logo wear.
- Examples of inappropriate attire:
    - Shirts: tank tops, spaghetti straps, halter tops, crop tops, logo T-shirts and sweatshirts.
    - Pants: sweatpants, leggings/stirrup pants (unless accompanied by a dress/skirt or long tunic style top/sweater), overalls, blue jeans, shorts, skorts, sheer or spandex pants, and leather pants.
    - Dresses and Skirts: spaghetti strap dresses (unless accompanied by a jacket or sweater), skirts or dresses shorter than two inches above the knee, and capri/crop pants whose length ends above mid-calf.
    - Underclothing: Appropriate underclothing is required. Patterned and colored underclothing is not permitted when visible through clothing.
    - Shoes: slippers, flip flops, thong sandals, moccasins, or bare feet.

E. **Uniforms**:

- Employees in patient care areas and service positions as identified below must always wear a uniform while working as outlined in the attached addendum. (Health Ministry may attach a description of approved uniform colors and other specific requirements)

F. **Enforcement of Policy**:

- If an Employee's dress or appearance is not appropriate as outlined in this Policy, appropriate corrective action may be taken, including requiring the Employee to leave the work area and make necessary changes to comply with this Policy. Non-exempt Employees sent home due to inappropriate dress or appearance will not be paid for their time away from work.
- Leaders are responsible for the application and enforcement of this Policy within their respective departments as well as across the organization. Human Resources are responsible for interpretation and application of this Policy.

SCOPE/APPLICABILITY

This Policy is intended to be a system-wide policy that applies to all Employees of Trinity Health, its Health Ministries and Subsidiaries, subject to any modifications necessary to comply with applicable state and local laws and regulations, collective bargaining agreements, written employment agreements, accreditation requirements or otherwise and that are approved by the Trinity Health EVP, Chief Human Resources Officer or an appropriate designee, in consultation with the Trinity Health Legal Department as necessary. For purposes of this Policy, the Trinity Health SVP, System Office Chief Human Resources Officer is an authorized designee to approve such modifications.

DEFINITIONS

Employee means an employee of Trinity Health or one of its Health Ministries or Subsidiaries, whether that individual's status is permanent or temporary, contingent, part- or full-time. Trinity Health often uses the term "colleague" to refer to its Employees. In HR policies, "Employee" is used instead of "colleague" to be clear that HR policies apply to individuals in an employment relationship with Trinity Health or one of its Health Ministries or Subsidiaries. The form of the Policy does not change an Employee's Primary Employer, defined as the payroll company of record, and does not create a joint employment relationship with any entity.

Health Ministry (sometimes referred to as Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Health Ministry may be based on a geographic market or dedication to a service line or business. Health Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Health Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Health Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

Primary Employer means the entity for which the Employee provides more than 50% of services and is the payroll company of record.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Standards or Guidelines mean additional guidance which assists an Employee in understanding the employer's rule, policies and/or procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Health Ministry is the sole corporate member or sole shareholder.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Colleague and Labor Relations Center of Expertise.

APPROVALS

Initial Approval: August 18, 2021

Version Number:10
Date Approved:04/17/2023

Policy/Procedure

Title: Tobacco Free Environment

Applies to:
- ☒ Trinity Health Grand Rapids
- ☒ Trinity Health Medical Group
- ☐ Department Specific
  - ☐ Nursing
  - ☐ Other: (fill in department)

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY STATEMENT: It is the policy of Trinity Health Grand Rapids(THGR) and Trinity Health Medical Group(THMG) to provide an environment free of tobacco use and exposure to second hand smoke. This policy is consistent with and in compliance with the City of Grand Rapids Public Ordinance # 2006-71. In addition, this policy supports MHSM's and MHPP's goal to improve the health of the community and the associates who work here. Smoking remains the most preventable cause of death and disability.

GENERAL PROVISIONS FOR THE TOBACCO FREE WORK DAY POLICY

1. These provisions apply to all paid associates and volunteers of THGR and THMG, or other individuals providing care and or services as noted as a term or condition of contractual agreements.

2. Tobacco products include, but are not limited to, cigarettes, electronic cigarettes, otherwise known as e-cigarettes, cigars, chewing tobacco, and pipe smoking.

3. All persons noted in item #1 are expected to comply with the Tobacco Free Environment Policy. Associates may not smoke at any time during their work shift, even during breaks, and whether on campus or off campus. Clothing worn during the shift must be free of the odor of tobacco in accordance with the Institutional Professional Image Policy, 3/108.

4. Associates who have health coverage through THGR and THMG health and welfare benefits may utilize the benefits offered under these plans for assistance with smoking cessation. Programs are also available through Tobacco Free Partners and in the community for all persons to utilize.

GENERAL PROVISIONS FOR TOBACCO FREE ENVIRONMENT/CAMPUS FOR PATIENTS AND VISITORS:

5. <u>Geographic Areas Covered by Policy (applies to visitors, patients, physicians, contractors, students, vendors, etc.)</u>

   a. For buildings / properties wholly owned by THGR and THMG (including *properties of which a portion is leased to others):*
      - No Smoking in the buildings, on the property, or in the parking lot.
      - Map is attached.

Trinity Health

Version Number:10
Date Approved:04/17/2023

Policy/Procedure

b. *For buildings / properties that THGR and THMG does not own, but leases a portion of the property:*
   - No Smoking in the building and on the property associated with our lease.
   - Smoking is discouraged in the parking lot and/or sidewalk contiguous to the property.

c. *For buildings / properties owned by more than one company or co-owned by THMG and THGR :*
   - No Smoking in the building and on the property owned by Trinity Health Grand Rapids and THMG
   - Smoking is discouraged on the sidewalk contiguous to the property.

d. *For buildings / properties that have "common areas" associated with multiple owners/renters:*
   - No Smoking in areas clearly identified as "THGR and THMG."
   - Discouraged smoking in the parking lot and/or sidewalk contiguous to the property.

e. *For property that has buildings designated as THGR and THMG on both sides of the street:*
   - No smoking in any area between the buildings including the sidewalk, lawns, gardens or street.
     Includes:
     - Lafayette from Cherry to Wealthy
     - Cherry Street from Jefferson to Lafayette
     - Jefferson Street from Cherry to Wealthy
   - This is considered the Tobacco Free Zone

6. Patients
   a) Verbal or written orders to allow patients to use tobacco products are not allowed.
   b) Physicians/APPs and their office staff will advise patients of THGR and THMG Tobacco Free Environment Policy.
   c) THGR and THGR associates will orient patients and families to the Tobacco Free Environment Policy whenever possible prior to admission/use of services and upon the patient's admission.
   d) Patients shall be provided educational materials on tobacco product use and cessation.
   e) The physician will order nicotine replacement therapy as indicated by patient's medical condition and desire.
   f) When patients do not comply with the Tobacco Free Environment Policy staff will:
      - Remove tobacco products or artificial/electronic cigarettes from the patient's room.
      - Inform the patient this is being done in compliance with the Tobacco Free Environment Policy for their safety and the safety of others.
      - Contact Security for assistance if needed.
      - Document the noncompliance and rationale for removing the materials.
      - Inform the oncoming shift of action taken.
      - Inform the patient's physician/APP for follow-up when patients are repeatedly found to be noncompliant.
      - Inform unit nursing leadership for assistance with noncompliant patient issues.

Version Number:10
Date Approved:04/17/2023

Policy/Procedure

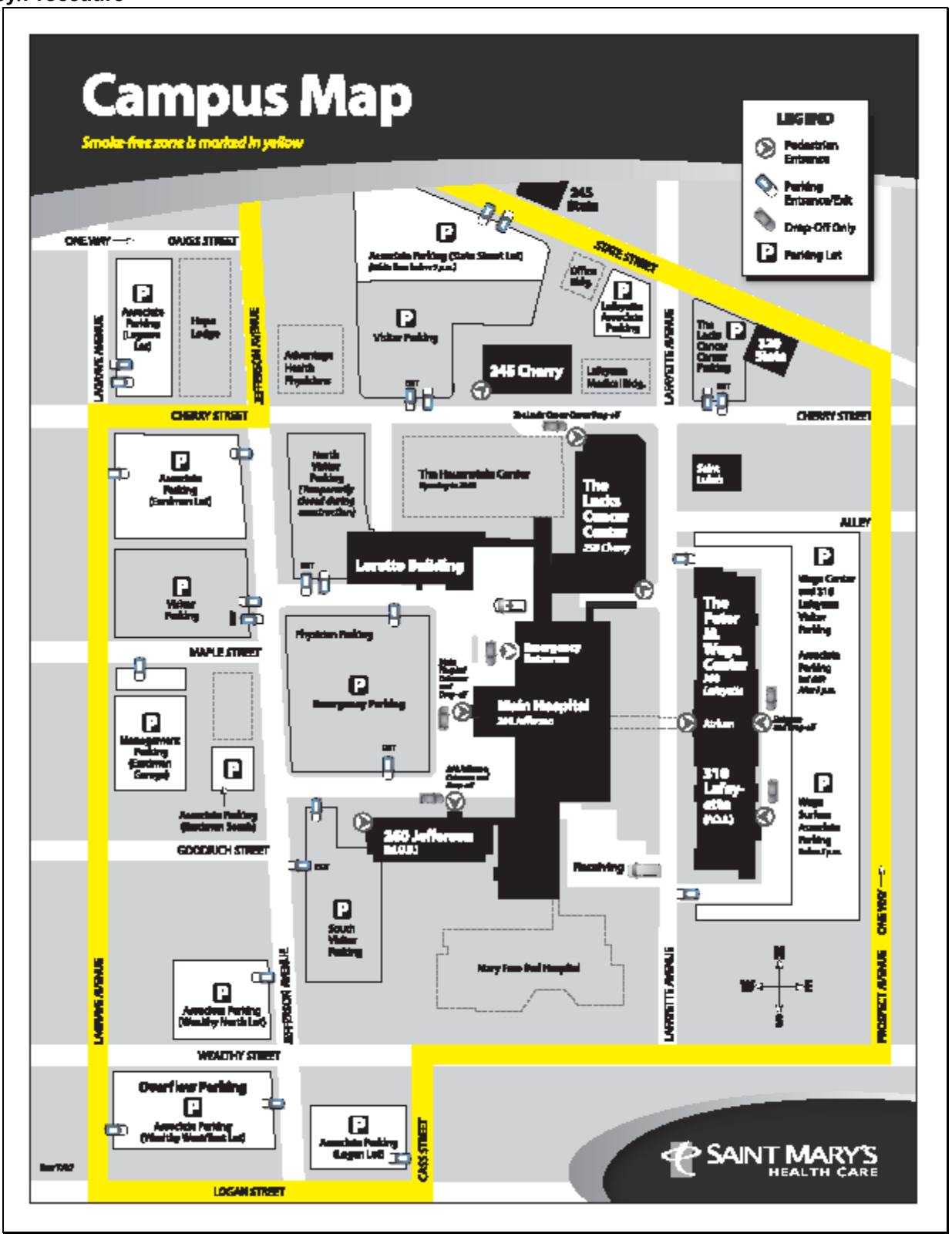
This policy/program is offered and interpreted at the sole discretion of MHSM and MHPP and can be modified or terminated without prior notice. Participation in this policy/program does not confer any right of continued employment or any other employment rights upon the employee.

Approvers: **Tamara Scott (Sr HR Specialist) (04/17/2023)**

Trinity Health

Version Number:10
Date Approved:04/17/2023

Policy/Procedure



Version: 2
Last Reviewed 9/29/2023

Title: PGY1 and PGY2 Pharmacy Residency Programs: Moonlighting and Duty Hours

Applies to:
☒ Trinity Health Grand Rapids
☒ Clinics and Physician Offices
☒ Department Specific
☐ Nursing
☒ Other: Pharmacy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY STATEMENT: In order to ensure the safe and effective practice and learning for pharmacy residents at Trinity Health Grand Rapids, this program complies with ASHPs Duty Hours Requirement for Pharmacy Residencies.

DEFINITIONS:
Duty Hours: Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- Duty hours includes: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled assigned activities, such as conferences, committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours excludes reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

Scheduled Duty Periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Moonlighting: Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Duty-hour requirements

A. Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety.
B. The residency program director (RPD) and/or residency program coordinator (RPC) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the

educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety.

C. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.
D. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the following duty-hour requirements:

Duty Hours Restriction

A. The THGR pharmacy residency programs comply with the ASHP Duty Hour Requirements for Pharmacy Residencies standards.
B. These standards have been established for the benefit of patient safety, provision of fair labor practices (treatment of the resident) and minimization of risks of sleep deprivation.
C. Pharmacy resident duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting.
D. Pharmacy residents have one day (i.e. 24 continuous hours) of seven days free from all educational, clinical, and administrative responsibilities, averaged over a four- week period. Residents must have at a minimum 8 hours between scheduled duty periods.
E. Continuous duty periods for residents should not exceed 16 hours.
F. If at any time the resident feels he/she is or will be in violation of these rules, they should notify the RPD or RPC immediately.

Moonlighting

A. A residency is a full-time obligation; hence the resident shall manage activities so as not to interfere with the educational goals and objectives of the program, and must not interfere with the resident's fitness for work nor compromise patient safety. The practice of a resident having an additional job is highly discouraged and must be discussed with the RPD and/or RPC.
B. Moonlighting, both internal and external, is permitted provided it does not interfere with the ability of the pharmacy residents to achieve educational goals and objectives of the program and is at the discretion of RPD and/or RPC approval.
C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
D. A maximum of 16 hours of combined internal and external moonlighting is permitted during each calendar month.
E. Internal moonlighting may not begin sooner than October. Weekday coverage must be approved by the current rotation preceptor, the RPD, and the RPC (where applicable) as these hours are included in the Duty Hours Requirement.
F. If interference due to moonlighting is suspected, the resident and preceptor or RPD will meet to discuss whether the resident may continue moonlighting.

Documentation of Compliance

A. Residents will be asked to document compliance with this policy in an effort to assure that ASHP requirement areas met.
    i. All residents will document compliance with these standards through utilization of the PharmAcademic™ duty hour evaluation at the end of each calendar month.
        - This documentation method allows the reviewer to determine compliance with all requirements outlined in by ASHP including hours worked, hours free of work, moonlighting, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked).
    ii. False documentation of compliance will results in the progressive disciplinary procedure according to the PGY1 and PGY2 Pharmacy Residency Program: Corrective Action and Dismissal Policy.
B. Variances will be reported to the Residency Advisory Committee.

Trinity Health Human Resources Ministry-Wide Policy No. 1024

EFFECTIVE DATE: 9/1/22

POLICY TITLE:

Family Medical Leave Act (FMLA) for Non-Military Leave

To be reviewed every three years by:
Executive Leadership Team

REVIEW BY: 7/1/25

PURPOSE

This Policy is intended to balance the demands of providing excellent service in the workplace with personal life needs by providing eligible Employees with leave in accordance with the Family Medical Leave Act ("FMLA"). The purpose of this Policy is for Trinity Health Corporation and its Health Ministries and Subsidiaries (collectively referred to as "Trinity Health") to provide Employees with a general understanding of their rights under the FMLA when taking non-military FMLA leave.

Trinity Health is committed to administering this Policy in accordance with its Mission, Core Values and commitment to Diversity, Equity and Inclusion.

POLICY

It is the Policy of the Employer to provide Employees leaves of absence for non-military related reasons in accordance with the FMLA. This Policy applies to all Employees who meet the eligibility requirements of the FMLA as set forth in the statute and its regulations.

This Policy will be interpreted to comply with and be consistent with the requirements of the FMLA and is not intended to create rights different from those provided by the FMLA. Leave benefits in addition to FMLA leave may vary based upon state or local leave laws.

Except as context indicates otherwise, references in this Policy related to decisions and communications made by the Employer refer to the Employer or its designee.

1. Eligibility

To be eligible for FMLA leave, an Employee must:

a. Have worked at Trinity Health Corporation ("Trinity Health"), a Health Ministry and/or a Subsidiary for 12 months; and

b. Have worked at least 1,250 hours at Trinity Health, a Health Ministry and/or a Subsidiary in the 12 months immediately preceding FMLA leave prior to taking FMLA leave; and

c. Be employed at a worksite where 50 or more Employees are employed by the Employer within 75 miles of that worksite.

In general, previous periods of employment with Trinity Health, the Health Ministries and Subsidiaries will be counted to meet the 12-month service requirement. However, employment periods prior to breaks in employment of seven (7) years or more are not counted unless such breaks are due to qualifying leave as defined under the FMLA and/or under The Uniformed Services Employment and Reemployment Rights Act ("USERRA"). Employees who return to work from Service in the Uniformed Services within the time during which they have a right to reinstatement of employment and protected benefits under USERRA are credited for the time that they are on a leave of absence to perform Service in the Uniformed Service for purposes of meeting the 1,250 hours of service. Please see Trinity Health Human Resources Ministry-Wide Policy No. 1026 (Military Service Leave) for additional information regarding leave of absence to perform Service in the Uniformed Services.

2. Confidentiality

A request for leave by an Employee who has requested confidentiality as to the need for leave under this Policy is to be respected, kept confidential, and restricted to those with a business need to know. In other cases, confidentiality regarding an Employee's request for a leave under this Policy is to be observed by all managers and supervisors insofar as possible. In cases where Employees have communicated to co-workers their need for a leave, there should be no expectation of confidentiality.

3. Reasons for FMLA Leave

Eligible Employees can take FMLA leave:

- For the birth of and to care for a newborn child;
- For the placement of a child with them for adoption or foster care;
- To care for their spouse, child, or parent who has a serious health condition; or
- Due to their own serious health condition which prevents them from performing their job duties.

Employees can take FMLA leave in accordance with the above for their biological children, adopted children, foster children, stepchildren, legal wards, or children for whom they have day-to-day responsibilities to care for or financially support. Children must be under age 18 unless they are incapable of self-care because of a physical or mental disability (as defined under the federal Americans with Disabilities Act) at the time that FMLA leave begins.

Employees can take FMLA leave in accordance with the above for their biological, adoptive, step or foster parents, or for any person who had day-to-day responsibilities or provided financial support for them as children. Employees cannot take FMLA leave for parents-in-law.

An Employee can take FMLA leave in accordance with the above to care for Employee's spouse with a serious health condition. "Spouse*"* means a husband or wife. For purposes of this definition, "husband or wife" refers to the other person with whom an individual entered into marriage as defined or recognized under state law for purposes of marriage in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex or common law marriage that either:

a. Was entered into in a State that recognizes such marriages; or

b. If entered into outside of any State, is valid in the place where entered into and could have been entered into in at least one State.

A "serious health condition" is a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider. "Serious health conditions" for purposes of FMLA leave do not include short-term illnesses such as the common cold, flu, ear infections, upset stomach, minor ulcers, and headaches (other than migraines). Restorative dental or plastic surgery after injuries or removal of cancerous growths, mental illnesses, or allergies can be considered serious health conditions under certain circumstances.

4. Amount of FMLA Leave

Eligible Employees can take up to 12 weeks of FMLA leave in a 12-month period. The Employer designates the 12-month period as a "rolling" 12-month period measured backward from the date an Employee takes FMLA leave for any reason other than care of a servicemember.

If two spouses work for Trinity Health or the same or a different Health Ministry and/or Subsidiary, they are limited to a combined total of 12 weeks of FMLA leave because of the birth, adoption, or foster care placement of a child, or to care for a parent with a serious health condition. Spouses are eligible to take remaining FMLA leave for which each is eligible for other FMLA-qualifying reasons.

5. Requesting FMLA Leave

To request an FMLA leave of absence, an Employee should contact the Employee's manager or supervisor and/or the FMLA leave administrator. When an Employee seeks leave due to a FMLA-qualifying reason, for which the Employer has previously provided FMLA-protected leave, the Employee must specifically reference the qualifying reason for leave or the need for FMLA leave. The Employer will request additional information from the Employee if it is necessary to have more information about whether FMLA leave is being sought by the Employee and to obtain the necessary details of the leave to be taken.

Employee Notice Requirements

An Employee who requests FMLA leave must give at least 30 days' advance notice to the Employee's manager or supervisor and/or the FMLA leave administrator and follow the established department protocol for requesting time off. If an Employee fails to provide such notice, the Employee can be required to explain why such notice was not provided. An Employee who cannot provide at least 30 days' advance notice of the Employee's need for leave because of a change in circumstances or a medical emergency, must notify the Employee's manager or supervisor and/or the FMLA leave administrator of the need for leave as soon as practicable. Failure to provide appropriate notice may result in a delay or denial of FMLA leave.

Employer Notice Requirements

After an Employee submits a request for leave, the Employer will provide the following notices within five (5) business days of the request:

- "FMLA Eligibility Notice" that states whether the Employee is eligible for FMLA leave. An Employee may not receive additional FMLA Eligibility Notices for subsequent FMLA leaves during a 12-month leave period if the Employee's eligibility status remains unchanged.

- "FMLA Rights and Responsibilities Notice" that describes an Employee's rights and responsibilities under the FMLA and the consequences to the Employee if the Employee fails to comply with any such responsibilities.

- "FMLA Leave Designation Notice" that describes whether leave is designated and counted as FMLA leave. An Employee will receive one FMLA Leave Designation Notice for each FMLA-qualifying reason per 12-month leave period.

If an Employee is eligible for FMLA leave, the Employer will provide the Employee a Certification of Health Care Provider form (generally referred to as a "medical certification") within five (5) business days after the leave request is received by the Employer, to be completed by the Employee or the Employee's family member or health care provider, as appropriate. If the Employee does not provide advance notice of the need for leave, the Employee will receive a medical certification within five (5) business days after the later of

the date the leave begins and when the Employer is made aware the Employee has begun leave. An Employee will also receive with the medical certification notice of the anticipated consequences for failing to provide an adequate medical certification.

6. Medical Certification

If FMLA leave is taken or will be taken because of an Employee's or an Employee's family member's serious health condition, the Employee must provide medical certification from a health care provider regarding the serious health condition. An Employee must submit a completed medical certification to the Employer within 15 calendar days from the date the medical certification is provided to the Employee, unless it is not practicable under the particular circumstances to do so despite the Employee's diligent, good faith efforts, or unless the Employer provides more than 15 calendar days to do so.

An Employee's failure to provide the completed medical certification within the 15-day period noted above may result in the delay or denial of the leave, in whole or in part, and/or delay or denial of any pay pursuant to any Employer policy under which the Employee might be eligible for pay during the FMLA leave. It could also result in the Employee's absence being unexcused. Should this occur, the Employee may be subject to disciplinary action, up to and including termination of employment. Attendance issues will be managed in accordance with the applicable attendance policy. If an Employee needs an extension of time to submit the medical certification, it is the Employee's responsibility to contact the Employer prior to the expiration of the 15-day period and obtain an extension of time. An extension may be given if there are extenuating circumstances.

Submitting a medical certification that is incomplete or insufficient constitutes a failure to submit a medical certification. If an Employee provides the Employer with an incomplete or insufficient medical certification, the Employee will be advised in writing of what additional information is necessary to make the medical certification complete and sufficient. The Employee must provide a revised, complete and sufficient medical certification to the Employer within seven (7) calendar days of receiving the written notice of the additional information necessary for the medical certification to be complete and sufficient. The Employer can contact the Employee's or family member's, as applicable, health care provider for clarification or authentication of a medical certification after the Employee has the opportunity to revise an insufficient or incomplete medical certification. However, an Employee's direct manager or supervisor does not contact a health care provider for such information. Instead, an authorized person (i.e., a representative from one of the following departments: Human Resources, Leave of Absence or Employee Health), may contact the health care provider listed in the medical certification provided by the Employee for purposes of clarification or authentication only and as permitted by state or federal law.

If any specified deficiencies are not cured in a resubmitted medical certification, the Employer may delay or deny the taking of FMLA leave. If an Employee never produces a complete and sufficient medical certification, the leave may not be considered FMLA leave. Further, submission by an Employee of a fraudulent medical certification can result in disciplinary action up to and including termination of employment.

The Employer can require an Employee to obtain a second medical certification from a health care provider that is selected and paid for by the Employer. If the Employer receives a medical certification from the second health care provider that is different from the medical certification provided by the Employee's or family member's health care provider, as applicable, the Employer can require the Employee to obtain a third medical certification from a third health care provider. The Employer and Employee will discuss and agree upon the selection of the third health care provider, and the Employer will pay for the third health care provider. The third health care provider's medical certification is considered to be the final medical certification. The Employer will provide an Employee with copies of second and third medical certifications, if requested, within five (5) business days of receipt of the request or as soon thereafter as administratively practicable.

If FMLA leave is requested for an Employee's or an Employee's family member's serious health condition that is of an indefinite duration, the Employee may be required to provide the Employer with a new medical certification (also referred to as "recertification") every six (6) months. When FMLA leave is approved for a specified duration, the Employer may require recertification in accordance with FMLA regulations.

In addition to providing one or more medical certifications described above in support of an FMLA leave for an Employee's or Employee's family member's serious health condition, to receive disability benefits, if applicable, during an FMLA leave, an Employee will need to provide all medical and other information required by the administrator and/or insurer of the disability plan, policy, program or arrangement. An Employee would only need to provide such information to receive disability benefits and an Employee's right to take unpaid FMLA leave is unaffected if the Employee fails to provide such information for such benefits.

7. FMLA Leave Determination

The Employer determines if an Employee's reason for a requested leave qualifies for FMLA leave based only on information received from the Employee and the Employee's authorized representative, such as the Employee's spouse or health care provider. The first time an Employee requests leave for a FMLA-qualifying reason, the Employee is not required to specifically mention the FMLA. However, the Employee is required to provide enough information for the Employer to know that the leave may be covered by the FMLA.

If a request for FMLA leave is approved, an Employee will be notified of the number of hours, days, or weeks that will be counted against the Employee's 12 weeks of FMLA leave. If such information is known at the time FMLA leave is approved and designated, the Employee will be notified in the FMLA Leave Designation Notice. If it is not possible for the Employer to provide such information in the FMLA Leave Designation Notice, the Employee will receive such information upon request once in a 30-day period when leave is taken during that time. If an Employee receives oral notice from the Employer of such information, the Employee will receive written confirmation no later than the following payday unless the payday is less than one (1) week from the oral notice in which case written confirmation will be provided no later

than the subsequent payday. Such written notice may be in any form, including a notation on the Employee's pay stub.

8. Scheduling FMLA Leave

FMLA leave can be taken all at once (block) or, under certain circumstances, on an intermittent or reduced leave schedule. "Intermittent leave" is leave taken in separate blocks of time for a single FMLA-qualifying reason. An FMLA "reduced leave schedule" is a work schedule that reduces an Employee's usual number of working hours per workday or workweek.

Employees who request intermittent leave or a reduced leave schedule must arrange medical treatments and appointments as is practicable to minimize work disruptions. The Employer can transfer such Employees temporarily to positions that permit them to take intermittent leaves or reduced leave schedules with limited work interruptions. Intermittent or reduced leave schedule is not available for care of a healthy newborn child.

Employees who take intermittent leave or a reduced leave schedule and are unable to work required overtime because of a FMLA-qualifying reason can have the hours that they would have been required to work counted against their 12 weeks of FMLA leave. Voluntary overtime hours that Employees do not work due to serious health conditions are not counted against Employees' 12 weeks of FMLA leave.

9. Requirements During FMLA Leave

During FMLA leave, an Employee must keep the Employee's supervisor or manager, Human Resources, and/or the leave administrator informed of the estimated duration of leave and the Employee's intended date to return from leave. In addition, during FMLA leave, an Employee must abide by the Employer's policies on outside or supplemental employment. For example, an Employee who is on an approved FMLA leave of absence may not engage in self-employment or perform work for any other employer during that leave, except when the leave is for military or public service or the Employee's outside employment does not contradict the stated reason for leave.

When utilizing approved intermittent FMLA leave time, an Employee must specify at the time of usage that the request is for a FMLA qualifying condition. If an Employee has been approved for multiple intermittent FMLA-qualifying conditions, the Employee must specify which qualifying condition applies to a particular FMLA leave usage and the Employer can inquire further to determine whether the specified qualifying condition supports the leave.

If an Employee needs to take more or less FMLA leave than originally anticipated, the Employee must provide the Employee's supervisor or manager, Human Resources, and/or the leave administrator reasonable notice of the changed circumstances where foreseeable. Failure to provide such notice may result in the delay or denial of FMLA leave.

An Employee who misuses FMLA leave, uses FMLA leave for unintended purposes, or who engages in fraudulent documentation to use FMLA leave will be subject to disciplinary action up to and including termination.

10. Pay During FMLA Leave

FMLA leave is an unpaid leave. However, Employees are required to use available paid time off while on FMLA leave in accordance with the following chart:

Type of Pay Continuation (Non-Workers' Compensation FMLA Leave)	**Type of FMLA Leave**		
	New Child Care Leave	Leave for Parent, Spouse or Child	Employee's Own Medical Leave
(1) Sick bank pay from current or prior (grandfathered) plans- if applicable	No	No	Yes
(2) Short Term Disability ("STD") or Salary Continuation	No	No	Yes
(3) Paid Time Off ("PTO")	Yes	Yes	Yes

Eligible FMLA leave hours are utilized and exhausted concurrent with any paid or unpaid leave time in accordance with any state or local leave laws.

Employees must use any available accrued PTO for incidental sick days. In addition, Employees eligible for STD benefits from the Employer must use all but 40 hours of their PTO, if any, to satisfy the waiting period (also known as the "elimination period") before the commencement of their disability benefit payments. An Employee may elect to use PTO hours to supplement the STD benefits the Employee receives under the Employer's STD plan. However, the PTO hours used to supplement the STD benefits must result in the Employee receiving 100% of the Employee's base weekly wage unless that amount of PTO hours is not available. If the Employee does not have enough PTO hours available to supplement the Employee's STD so that the Employee receives 100% of the Employee's base weekly wage, the Employee must use all of the Employee's available PTO hours to supplement STD benefits or cannot use any of the Employee's available PTO hours to supplement STD benefits. In no event may the combination of STD and PTO exceed 100% of the Employee's base weekly wage based on the Employee's FTE status and regular base hourly rate of pay. The STD plan documents set forth the provisions regarding STD benefits and govern in the event of any conflict between this Policy and the STD plan documents.

An Employee may <u>not</u> elect to use PTO hours to supplement long-term disability benefits.

11. Coordination of PTO with FMLA Leaves of Absence

All available PTO hours must be used as income replacement during an intermittent FMLA leave of absence. An Employee on an approved, non-intermittent FMLA leave of absence (also known as a continuous FMLA leave of absence) must use all but 40 hours of PTO. In other words, an Employee on an approved, non-intermittent or continuous FMLA leave of absence may elect to retain up to 40 hours in the Employee's PTO bank.[1] Please see Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A) or Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents) as applicable, for additional information regarding the use of PTO.

PTO accrual, if any, during leave will be pursuant to Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A) or Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents), as applicable.

If the Employer has not adopted Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A) or Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents) as applicable, please see the Employer's applicable PTO policy to determine how PTO coordinates with and accrues during leaves of absence.

12. Coordination of Holiday Benefit with FMLA Leaves of Absence

When a recognized holiday occurs while an Employee is using PTO during a leave of absence due to vacation, during the elimination period for STD benefits for a self-health condition, for a self-health condition where no STD benefits are payable, due to a family member's health condition, for baby bonding or elective leave, the Employee will receive a holiday benefit instead of using PTO hours for that day. However, if the Employee is less than a 1.0 FTE, the Employee may elect to supplement the holiday benefit received with PTO.

If a recognized holiday occurs while an Employee is on a leave of absence due to a self-health condition and is receiving STD benefits (even if the Employee is supplementing the STD benefits with PTO), salary continuation, long-term disability benefits, state paid disability benefits, state paid family leave benefits (self-health or family-health condition) or workers' compensation, the Employee will not receive a holiday benefit. In addition, no holiday benefit is paid to an Employee during any unpaid leave of absence (e.g., during an FMLA leave when an Employee is not using PTO or receiving STD or salary continuation benefits from Trinity Health or a Health Ministry or Subsidiary).

If the Employer has not adopted Trinity Health Human Resources Ministry-Wide Policy No. 1016 (Holiday Benefit), please see the Employer's applicable holiday benefit policy to determine how holiday benefits coordinate with and accrue during leaves of absence.

[1] Unless otherwise required by law or a collective bargaining agreement.

13. Coordination of Pay Increase with FMLA Leaves of Absence

An Employee is entitled to any unconditional pay increases which may have occurred during the FMLA leave period, such as cost of living increases. Pay increases conditioned upon seniority, length of service, or work performed will be granted in accordance with the Employer's policy or practice with respect to other Employees on an equivalent leave status for a reason that does not qualify as FMLA leave. An Employee is entitled to be restored to a position with the same or equivalent pay premiums, such as a shift differential, upon return from an FMLA leave. If a bonus or other payment is based on the achievement of a specified goal such as hours worked, products sold or perfect attendance, and the Employee has not met the goal due to FMLA leave, then the payment may be granted, unless otherwise not paid to Employees on an equivalent leave status for a reason that does not qualify as FMLA leave.

14. Coordination of Benefits with FMLA Leaves of Absence

The Employer maintains health and welfare benefits that are entirely paid for by the Employer during an Employee's FMLA leave of absence, subject to any limitations in an applicable insurance policy (e.g., a limitation on the length of time an Employee who is not actively at work may be covered). In addition, subject to the terms of the applicable plan documents and any applicable state or local leave laws, the Employer maintains health and welfare benefits that are paid for, in whole or in part, by Employees (e.g., medical, dental, vision and supplemental life insurance benefits) during an Employee's FMLA leave of absence without the Employee paying the Employee premium contributions during any period that the Employee is not receiving any pay from the Employer while on the FMLA leave, subject to the Employee's obligation and agreement to reimburse the Employer for all unpaid health and welfare benefit plan premium contributions when the Employee: (i) returns to work with the Employer following the FMLA leave period; or (ii) fails to return to work following the FMLA leave period and thereby terminates the Employee's employment with the Employer.

Employees who do not return to work from FMLA leave can continue their group health plan coverage under COBRA to the extent required by COBRA and the applicable plan documents. Employees should review the applicable plan documents and contact the applicable leave administrator with any questions regarding the continuation of health and welfare benefit plan coverage during and after the 12-week FMLA leave period has ended
If the Employer provides a new health or welfare benefit or changes its health and welfare benefits while an Employee is on leave, the Employee is entitled to the new or changed benefit(s) to the same extent as if the Employee were not on leave, subject to the terms of the applicable plan documents and the Employee's compliance with applicable contribution and enrollment requirements. This also means that if premiums are raised or lowered, the Employee will be required to pay the new premium rates.

15. Coordination of Plan Loans and Garnishments with FMLA Leaves of Absence

Employees with outstanding loans under a Trinity Health or another Employer's Internal Revenue Code Section 403(b) or 401(k) plan must make arrangements to pay any loan

repayments that become due during an unpaid FMLA leave. Employees who fail to do so risk defaulting on their plan loan. Employees should contact the retirement plan administrator regarding plan loans, how to repay a plan loan during an unpaid leave of absence and the consequences of defaulting on a plan loan.

Any outstanding garnishments (child support, tax levies, etc.) will not be paid to the creditor while an Employee is on unpaid FMLA leave. If the garnishment has not expired during the unpaid FMLA leave period, it will resume upon the Employee's return to work.

16. Return From FMLA Leave

Except as set forth below, Employees who return from FMLA eligible leave prior to the exhaustion of the FMLA period will be reinstated to their former positions or to positions with equivalent pay, benefits, and other employment terms and conditions. If Employees are no longer qualified for their former positions because of their inability to attend certain work-related functions or classes as a result of leave, the Employer will provide a reasonable opportunity (up to four (4) weeks) to fulfill those conditions upon their release to return to work and will be placed on a "Provisional" leave for a maximum of four (4) weeks to fulfill those conditions. Additionally, Employees whose prior positions are no longer available upon their release to return to work will be provided a reasonable opportunity (up to four (4) weeks) to conduct an internal job search and will be placed on a Provisional leave for a maximum of four (4) weeks to conduct an internal job search.

Subject to the terms of the applicable health and welfare benefit plan and policy documents and any applicable state or local leave laws, the Employer maintains an Employee's health and welfare plan benefits, including health and welfare benefits that are paid for, in whole or in part, by Employees (e.g., medical, dental, vision and supplemental life insurance benefits), for Employees who continue to pay the Employee premium for such benefits during the Employee's Provisional leave without the Employee paying the Employee premium contributions during any period that the Employee is not receiving any pay from the Employer during the leave, subject to the Employee's obligation and agreement to reimburse the Employer for all unpaid health and welfare benefit plan premium contributions when the Employee: (i) returns to work with the Employer following the leave period; or (ii) fails to return to work following the leave period and thereby terminates the Employee's employment with the Employer. However, an Employee must use any remaining PTO in the Employee's PTO bank during a Provisional leave and cannot retain any such PTO for future use. Please refer to Trinity Health Human Resources Ministry-Wide Policy No. 1027 (Elective Leave of Absence (Non-FMLA)) for additional information regarding Provisional leave.

Employees who are medically unable to return to work upon exhaustion of FMLA leave or are unable to perform an essential function(s) of their prior position with or without reasonable accommodation(s) will be evaluated for extended leave as an accommodation in compliance with Americans with Disabilities Act Amendments Act (ADAAA).

Certain "key" Employees, as defined by FMLA, who are among the highest paid Employees at the Employer, might not be reinstated to any position following FMLA leave. "Key"

Employees will be notified of their status in writing when they apply for FMLA leave and will receive notice at that time of the potential consequences with respect to reinstatement and maintenance of health benefits if they are not reinstated. The Employer will notify "key" Employees in writing of the reasons for denying reinstatement when such decision is made. The Employer will make a final determination whether to reinstate "key" Employees if they request job restoration; such Employees will be notified in writing of the Employer's final determination.

If an Employee's original worksite closes during the Employee's FMLA leave, the Employee will have same rights as Employees who did not take FMLA leave.

With the exception of intermittent or a reduced leave schedule FMLA leave, an Employee who wishes to return to work at the conclusion of an FMLA leave due to the Employee's own serious health condition must first provide to the Employer's Leave Administrator a "Fitness-for-Duty Certification" form (also called a "Return to Work Release" form), which must be completed by the Employee's healthcare provider, at least three (3) days before the anticipated return to work date. Restoration to employment may be denied or delayed until the Employee submits a sufficient Return to Work Release form. In the event the Return to Work Release form contains restrictions or light duty recommendations, consideration regarding return to work will be assessed on a case-by-case basis in coordination with the appropriate Employer department and Human Resources and in compliance with the ADAAA.

The Employer allows make-up work for certain types of leave, including FMLA leave.

- Make-up time is only permitted so an Employee may receive compensation for lost wages during the leave. The time taken for FMLA leave will still count toward the Employee's FMLA allotment, regardless of whether the Employee works any make-up time.

- Working make-up time is voluntary and will be made available or approved based upon business needs.

The Employer does not allow make-up work for other types of leave.

An Employee may be considered to have voluntarily resigned from the Employee's position with the Employer if the Employee:

a. Fails to return to work after the expiration of any approved FMLA leave; or

b. Fails to return to work after being released to work by the Employee's health care provider; or

c. Fails to notify the Employer in a reasonable timeframe that the Employee has been released to return to work by health care provider.

17. Protection for Employees Who Request Leave or Otherwise Assert FMLA Rights

The FMLA prohibits interference with an Employee's rights under the law, and with legal proceedings or inquiries relating to an Employee's rights, including:

a. The Employer is prohibited from interfering with, restraining, or denying the exercise of (or attempts to exercise) any rights provided by the FMLA.

b. The Employer is prohibited from discharging or in any other way discriminating against any person (whether or not an Employee) for opposing or complaining about any unlawful practice under the FMLA.

c. All persons (whether or not employers) are prohibited from discharging or in any other way discriminating against any person (whether or not an Employee) because that person has:

    i. Filed any charge, or has instituted (or caused to be instituted) any proceeding under or related to the FMLA;

    ii. Given, or is about to give, any information in connection with an inquiry or proceeding relating to a right under the FMLA; or

    iii. Testified, or is about to testify, in any inquiry or proceeding relating to a right under the FMLA.

SCOPE/APPLICABILITY

This Policy is intended to be a policy that applies to all Employees of Trinity Health and the Health Ministries and the Subsidiaries that have adopted this Policy as set forth in Appendix A hereto, subject to any modifications necessary to comply with applicable state and local laws and regulations, as set forth in Appendix B hereto, collective bargaining agreements, written employment agreements, accreditation requirements or otherwise and that are approved by the Trinity Health EVP, Chief Human Resources Officer or an appropriate designee, in consultation with the Trinity Health Legal Department as necessary. For purposes of this Policy, the Trinity Health Vice President, Total Rewards Benefits & Well-Being is an authorized designee to approve such modifications.

This Policy replaces and supersedes existing Policies or Procedures of the Employer regarding any Family and Medical Leave Act (FMLA) leave benefit.

PROCEDURES

The Trinity Health Human Resources Department is responsible for establishing, implementing and enforcing Procedures, Standards or Guidelines to be followed by Trinity Health and its Health Ministries in the implementation and application of this Policy.

DEFINITIONS

Employee means an employee of Trinity Health or one of its Health Ministries or Subsidiaries, whether that individual's status is permanent or temporary, contingent, part- or full-time. Trinity Health often uses the term "colleague" to refer to its Employees. In HR policies, "Employee" is used instead of "colleague" to be clear that HR policies apply to individuals in an employment relationship with Trinity Health or one of its Health Ministries or Subsidiaries. The form of the Policy does not change an Employee's Primary Employer, defined as the payroll company of record, and does not create a joint employment relationship with any entity.

Employer means Trinity Health and each of its Health Ministries and Subsidiaries that have adopted this Policy as set forth in Appendix A. If the effective date of this Policy for an Employer is different than the effective date of this Policy, the effective date for the Employer will be listed in Appendix A.

Executive Leadership Team ("ELT") means the group that is composed of the highest level of management at Trinity Health.

Health Ministry (sometimes referred to as Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Health Ministry may be based on a geographic market or dedication to a service line or business. Health Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Health Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Health Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

Primary Employer means the entity for which the Employee provides more than 50% of services and is the payroll company of record.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Service in the Uniformed Services means the performance, on a voluntary or involuntary non-career basis, of:

- Active duty in a Uniformed Service;
- Active duty in a Uniformed Service for training;
- Initial active duty in a Uniformed Service for training;
- Inactive duty in a Uniformed Service training;

- Full-time National Guard duty;

- Absence from work for the purpose of an examination to determine a person's fitness for any of the above types of duty;

- Funeral honors duty as authorized by federal law; and

- A period for which an Employee who is a member of the National Urban Search and Rescue Response System is absent from a position of employment due to an appointment into Federal service under Section 327 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Standards or Guidelines mean additional guidance which assists an Employee in understanding the Employer's rule, policies and/or procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Health Ministry is the sole corporate member or sole shareholder.

Uniformed Services means the Armed Forces (i.e., Army, Navy, Air Force, Marines and Coast Guard), the Reserves for each of the Armed Forces, the Army and Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty including pursuant to a "governor call-up" or state orders, the Public Health Service Commissioned Corps, service performed as an intermittent disaster-response appointee upon activation of the National Disaster Medical System, any other category of persons designated by the President in time of war or national emergency, and any other protected military service for purposes of applicable state law.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Trinity Health Human Resources Department.

RELATED POLICIES, PROCEDURES AND OTHER MATERIALS

List and hyperlink:

- Trinity Health Human Resources Ministry-Wide Policy No. 1016 (Holiday Benefit)

- Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A)

- Trinity Health Human Resources Ministry-Wide Procedure No. 1019 (Paid Time Off (PTO) – Program A)

- Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents)

- Trinity Health Human Resources Ministry-Wide Procedure No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents)

- Trinity Health Human Resources Ministry-Wide Policy No. 1025 (FMLA for Qualifying Military Exigency and Care for Covered Servicemember Leave)

- Trinity Health Human Resources Ministry-Wide Policy No. 1026 (Military Service Leave)

- Trinity Health Human Resources Ministry-Wide Procedure No. 1026 (Military Service Leave)

- Trinity Health Human Resources Ministry-Wide Policy No. 1027 (Elective and Other Leaves of Absence (Non-FMLA and Non-Military))

APPROVALS

Initial Approval: August 18, 2022
Subsequent Review/Revision(s):
Initial Approval as Mirror Policy No. 9: January 14, 2020, effective January 1, 2020
Subsequent Review/Revision(s) to Mirror Policy No. 9: None

APPENDIX A
EMPLOYERS

State	Health Ministry or Subsidiary	Effective Date
California	Saint Agnes Medical Center	9/1/22*
Connecticut	Trinity Health Of New England (Hartford, Stafford, Waterbury)	9/1/22*
Delaware	Trinity Health Mid-Atlantic (Saint Francis)	9/1/22*
Florida	Holy Cross Health	9/1/22*
Georgia	St. Mary's Health Care System	9/1/22*
Georgia	Mercy Care (St. Joseph's Health System)	9/1/22*
Idaho	Saint Alphonsus Regional Medical Center (Boise, Nampa)	9/1/22*
Illinois	Loyola Medicine (LUMC, Gottlieb, MacNeal)	9/1/22*
Indiana	Saint Joseph Health System	9/1/22*
Indiana, Utah	Sisters of the Holy Cross and Holy Cross Ministries	9/1/22*
Iowa	MercyOne Clinton Medical Center	9/1/22*
Iowa	MercyOne Dubuque Medical Center	9/1/22*
Iowa	MercyOne North Iowa Medical Center	9/1/22*
Iowa, Nebraska, South Dakota	MercyOne Siouxland Medical Center (Sioux City, Primgar, Oakland, Dunes)	9/1/22*
Iowa	MercyOne Northeast Iowa (Cedar Falls, Waterloo, Oelwein)	9/1/22*
Iowa	MercyOne Central Iowa	6/25/23
Maryland	Academy of the Holy Cross	9/1/22*
Maryland	Holy Cross Health	9/1/22*
Massachusetts	Trinity Health Of New England (Springfield / Mercy Medical Center)	9/1/22*
Michigan	Trinity Health Michigan (Trinity Health Ann Arbor, Trinity Health Livingston, Trinity Health Oakland, Trinity Health Livonia, Trinity Health Grand Rapids, Trinity Health Muskegon, Trinity Health Shelby, Chelsea Hospital, Trinity Health Medical Group, Trinity Health IHA Medical Group, Trinity Health Senior Communities, Canton medical center, Reichert medical center, Schoolcraft medical center, Lakes Village medical center, Norton Shores medical center, North Muskegon medical center, Hudsonville medical center, Ludington medical center, Rockford medical center, Byron Center medical center, Sherman Pavilion medical center, Hackley medical center, Grand Rapids medical center, Wege medical center, Caledonia medical center, East Beltline medical center, Grandville medical center, Whitehall medical center)	9/1/22*
New York	St. Joseph's Health	9/1/22*
New York	St. Peter's Health Partners	9/1/22*
Ohio	Mount Carmel Health System	9/1/22*
Ohio	Diley Ridge Medical Center	9/1/22*
Oregon	Saint Alphonsus Regional Medical Center (Baker City, Ontario)	9/1/22*
Pennsylvania	Trinity Health Mid-Atlantic (Mercy Catholic, Fitzgerald, Nazareth)	9/1/22*
Pennsylvania	Trinity Health Mid-Atlantic (St. Mary Medical Center & Rehabilitation Hospital)	9/1/22*
Pennsylvania	Pittsburgh Mercy Health	9/1/22*
Various Locations	Trinity Health Senior Communities (THSC)	9/1/22*
Various Locations	Trinity Health at Home (THAH)	9/1/22*
Various Locations	Trinity Health PACE	9/1/22*
Various Locations	Trinity Health System Office	9/1/22*

*Indicates Health Ministry or subsidiary was participating employer in plan prior to the September 1, 2022, policy revision date.

APPENDIX B
Family Medical Leave Act (FMLA) for Non-Military Leave
State/Local Law Requirements

For information regarding filing for FMLA or questions regarding an FMLA claim, please contact The Hartford or your Leave Administrator.

State	State/Local Law Requirement(s)	Links
Alabama	Not-Applicable	
Alaska	Not-Applicable	
Arizona	Not-Applicable	
Arkansas	Not-Applicable	
California	CA Family Rights Act (CFRA) - provides up to 12 weeks of job protected leave for care of covered family member, birth/adoption/foster care of child or qualifying military exigency; covered family member includes grandparents and domestic partners. CA State Disability Insurance (SDI) and Paid Family Leave (PFL) - California's Family Temporary Disability Insurance (FTDI) program provides up to eight weeks of paid family leave benefits every 12 months. Pregnancy Disability Leave (PDL) - provides up to 8 weeks of job protection for pregnancy, childbirth and related medical conditions. See state website for calculation of benefits.	https://www.dfeh.ca.gov/family-medical-pregnancy-leave/
Colorado	Colorado Family Care Act (FCA) - Provides up to 12 weeks of job protected leave and aligns with FMLA; covered family members include a domestic or civil union, grandparents and siblings. Paid Family Medical Leave Act - effective January 1, 2024; provides up to 12 weeks of job protection in an application year, with an additional 4 weeks available due pregnancy complications or childbirth complications. See state website for calculation of benefits.	https://dhr.colorado.gov/state-employees/time-off-leave/family-medical-leave-act-fmla
Connecticut	Connecticut Family and Medical Leave Act (CTFMLA) - effective January 1, 2022; expanded to include the paid provisions of the PFMLA; provides up to16 weeks of leave during a 24-month period, and up to 26 weeks in a 12-month period for leave used to care for a service member with a serious injury or illness. Eligibility and other criteria are incorporated into the PFMLA). Paid Family and Medical Leave Act (PFMLA) - Qualifying reasons now include domestic violence; employee eligibility requirements are reduced to 3 months of service; covered family members include grandparent, grandchild or parent, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships, and "parent" includes parents-in-law and persons standing in loco parentis to an eligible employee. See state website for calculation of benefits.	https://www.ctdol.state.ct.us/wgwkstnd/fmla.htm

Delaware	Not-Applicable	
Florida	Not-Applicable	
Georgia	GA Kin Care Act - An employer that provides sick leave must allow an employee to use his or her sick leave for the care of an immediate family member.	
Hawaii	Hawaii Family Leave Law - provides up to 4 weeks of job protected leave; all employees are covered (no eligibility requirements), expands covered family member to include sibling, grandparent, stepparent, grandchild, reciprocal beneficiary, parent-in-law and grandparent-in-law.	http://labor.hawaii.gov/wsd/hawaii-family-leave/
Idaho	Not-Applicable	
Illinois	Employee Sick Leave Act - employee may use personal sick leave benefits for care of eligible family members.	
Indiana	No state family/medical leave provisions other than family military leave. Please see TH Military FMLA Policy.	
Iowa	Not-Applicable	
Kansas	Not-Applicable	
Kentucky	Not-Applicable	
Louisiana	Not-Applicable	
Maine	Maine Family and Medical Leave Act - provides up to 10 weeks of job protected leave in any two years; covers organ donation; no hours worked requirement; covered family members include siblings, domestic partners and grandparents	http://www.mainelegislature.org/legis/statutes/26/title26sec844.html
Maryland	Maryland Flexible Leave Act - allows employees to use their earned paid leave for the illness of a spouse, child or parent; Maryland Parental Leave Act - provides up to 6 weeks of job protected leave in any 12-month period for the birth/adoption/foster care a child.	http://dllr.state.md.us/labor/wages/essguide.shtml#parental
Massachusetts	Massachusetts Paid Family and Medical Leave (PFML) - provides up to 12 weeks of job protected and paid leave includes siblings, domestic partners and grandparents; 3 months service required. See state website for calculation of benefits. Massachusetts Parental Leave Law - provides up to 8 weeks of job protected leave for the birth/adoption/foster care a child.	https://www.mass.gov/info-details/massachusetts-law-about-family-and-medical-leave
Michigan	Not-Applicable	
Minnesota	Minnesota Parental Leave Act - provides up to 12 weeks of job protected leave for the birth/adoption/foster care a child or related health conditions. Sick Leave Benefits; Care of Relatives Act - Absences due to the illness or injury of the employee's relatives on the same terms as the employee is permitted to use the sick leave benefits for his or her own illness or injury; includes siblings, domestic partners and grandparents.	https://www.dli.mn.gov/business/employment-practices/pregnancy-and-parental-leave-fmla

Mississippi	Not-Applicable	
Missouri	As of the date of this Appendix B, no state specific requirements identified that do not align with the Policy.	
Montana	Montana's Human Rights Act - employers must give employees a reasonable leave of absence for the temporary disabilities associated with pregnancy and childbirth; no eligibility requirements	https://leg.mt.gov/bills/mca/title_0490/chapter_0020/part_0030/section_0100/0490-0020-0030-0100.html
Nebraska	Not-Applicable	
Nevada	Nevada Kin Care - An employer that provides paid or unpaid sick leave to their employees must allow an employee to use any accrued sick leave to assist an immediate family member who has an illness, injury, medical appointment, or other authorized medical need to the same extent and under the same conditions that apply to the employee when taking leave.	
New Hampshire	Not-Applicable	
New Jersey	New Jersey Family Leave Act (NJFLA) - provides up to 12 weeks in a 24 month period of job protected leave; includes siblings, domestic partners, grandparents, parent-in-law and or any other individual related by blood; 1,000 service hours requirement; New Jersey Paid Family Leave Law (NJPFL) - employees are eligible to receive up to 12 weeks of paid disability insurance benefits when they take continuous leave under the Family Leave Act, or up to 56 days for intermittent leave. See state website for calculation of benefits. NJ Kin Care - An employer may permit an employee to use paid sick leave, vacation time, or other leave at full pay before using disability benefits.	https://www.nj.gov/oag/dcr/downloads/posters/8x11_flaposter.pdf
New Mexico	NM Caregiver Leave Act (CLA) - employees can use accrued sick leave for the care of a family member in accordance with the same terms and procedures that the employer imposes for any other use of sick leave by eligible employees.	
New York	Paid Family Leave - provides up to 12 weeks of paid and job protected leave for care of family member, bonding/adoption/fostering child and qualifying exigency arising from the active duty military service of the employee's spouse, domestic partner, child, or parent; covered family members include domestic partners and grandparents; See state website for calculation of benefits	https://paidfamilyleave.ny.gov/
North Carolina	Not-Applicable	
North Dakota	Not-Applicable	
Ohio	No state family/medical leave provisions other than military (please see TH Military FMLA Policy).	
Oklahoma	Not-Applicable	
Oregon	Oregon Family Leave Act (OFLA) - provides up to 12 weeks of job protected leave due to the employee's own or a covered family member's serious health condition, sick child leave, parental leave,	https://www.oregon.gov/boli/workers/p

	pregnancy disability leave, bereavement leave or organ donation; covered family members include same-sex registered domestic partner, parent-in-law, grandparent or grandchild or person with whom the employee was or is in an in loco parentis relationship. Family and Medical Leave Insurance Program - effective January 1, 2022; provides up to 12 weeks of paid family and medical leave insurance benefits per benefit year for leave taken in any combination of family leave, medical leave, or safe leave.	ages/oregon-family-leave.aspx
Pennsylvania	Not-Applicable	
Rhode Island	Rhode Island Parental and Family Medical Leave Act (RIPFMLA) - provides up to 13 weeks of job protected leave in two calendar years; covered family members include domestic partner, parent-in-law and employee. See also TCI (Paid Family Leave/Temporary Caregivers Insurance) and TDI (Paid Maternity Leave/Temporary Disability Insurance) for RI wage replacement programs. See state website for calculation of benefits.	https://dlt.ri.gov/tdi/
South Carolina	South Carolina Pregnancy Accommodations Act - requires employers to provide reasonable accommodations to employees and applicants for employment based on medical needs caused by pregnancy, childbirth or medical conditions related to pregnancy or childbirth	https://www.schac.sc.gov/sites/default/files/Documents/PAA%20FAQs%209.6.18%20(6).pdf
South Dakota	Not-Applicable	
Tennessee	Tennessee Pregnant Workers Fairness Act - provides up to four months of job protected leave for pregnancy, childbirth, adoption or nursing of an infant; requires employers with 15 or more employees to provide reasonable accommodations for medical needs related to pregnancy, childbirth, or other similar medical conditions.	http://www.ctas.tennessee.edu/content/tennessee-pregnant-workers-fairness-act
Texas	Texas Kin Care - sick leave policy that permits employees to use personal sick leave to care for a biological or adoptive child, must be extended to foster parents to use sick leave to care for a foster child.	
Utah	Not-Applicable	
Vermont	Vermont Parental and Family Leave Act (VPFLA) - provides up to 12 weeks of job protected leave to care for family member or pregnancy and childbirth; covered family members include parties to a civil union and parent-in-law.	https://labor.vermont.gov/sites/labor/files/doc_library/WH-14%20-2019-%20FAMILY%20LEAVE%20%281%29.pdf
Virginia	Not-Applicable	

Washington	Washington Paid Family and Medical Leave Act (WPFMLA) - provides up to 16 weeks per year of job protected and paid leave benefits for employee, covered family member, baby bonding or military exigency; see state website for calculation of benefit; 820 hours worked requirement. See state website for calculation of benefits.	https://paidleave.wa.gov/
West Virginia	Not-Applicable	
Wisconsin	Wisconsin Family Medical Leave Act (WFMLA) - provides up to 6 weeks in a 12-month period of job protected leave for the birth or placement of a child for adoption, serious health condition of a child, spouse, domestic partner, or parent, and employee's own serious health condition.	https://dwd.wisconsin.gov/er/civilrights/fmla/
Wyoming	Not-Applicable	
District of Columbia	District of Columbia Family and Medical Leave Act (DC FMLA) - provides up to 16 workweeks of unpaid family leave during any 24-month period.	https://ohr.dc.gov
Florida (Miami-Dade County)	Miami-Dade County Ord. § 11A-30(4): Aligns with FMLA; covered family members expanded to include grandparents.	http://miamidade.elaws.us/code/coor_ch11a_artv_sec11a-31

Trinity Health Human Resources Ministry-Wide Policy No. 1027

EFFECTIVE DATE: 9/1/22

POLICY TITLE:

Elective and Other Leaves of Absence
(Non-FMLA and Non-Military)

To be reviewed every three years by:
Executive Leadership

REVIEW BY: 7/1/25

PURPOSE

The purpose of this Policy is to allow Employees to balance the demands of providing excellent service in the workplace with personal life needs by permitting Employees to take a leave of absence under certain circumstances. This policy sets forth when Trinity Health Corporation and its Health Ministries and Subsidiaries (collectively referred to as "Trinity Health") will permit their Employees to take time away from work for an elective leave of absence.

Trinity Health is committed to administering this Policy in accordance with its Mission, Core Values and commitment to Diversity, Equity and Inclusion.

POLICY

It is the Policy of the Employer to allow an Employee to take a leave of absence under certain circumstances when the leave does not qualify for protection under any federal, state or local law. The decision to approve or deny a request for an elective leave of absence under this Policy is based on the sole discretion of the Employer's management, in conjunction with the applicable leave administrator.

The leave provided for in this Policy is in conjunction with and/or supplemental to any leave that may be required under applicable laws such as the Family and Medical Leave Act ("FMLA"), Americans with Disabilities Act Amendment Act ("ADAAA") and the Uniformed Services Employment and Reemployment Rights Act ("USERRA"). An Employee may have similar or additional rights under state or local leave laws. Employees who have a need to request leave or who have questions regarding this Policy should contact the applicable leave administrator.

1. Eligibility

Subject to the length of service requirements set forth below, this Policy applies to all Employees of the Employer, unless specifically excluded by the terms of a collective bargaining agreement. In general, to be eligible for an elective leave, an Employee must have successfully completed any required introductory, orientation or probationary period and be in good standing (*i.e.*, not subject to any current discipline and/or not on a performance improvement plan or other form of corrective action). Requests for a Non-FMLA Medical Leaves for Employees and ADAAA qualifying leaves will be considered on a case-by-case basis regardless of length of service or disciplinary status.

2. Confidentiality

A request for leave by an Employee who has requested confidentiality as to the need for leave under this Policy is to be respected, kept confidential, and restricted to those with a business need to know. In other cases, confidentiality regarding an Employee's request for a leave under this Policy is to be observed by all managers and supervisors insofar as possible. In cases where Employees have communicated to co-workers their need for a leave, there should be no expectation of confidentiality.

3. Types of Elective Leave

The decision to approve or deny a request for leave under this Policy is based on the sole discretion of management, in conjunction with the applicable leave administrator. Subject to approval, an Employee may take an unpaid elective leave for the following reasons:

a. Educational: To pursue an approved educational course of study that culminates in a degree, licensure, or certification beneficial to the organization. An Employee must be employed by the Employer for at least six (6) months before the Employee is eligible to take an educational leave of absence. Intermittent, part-time, or reduced schedule leaves of absence are not available for this type of leave.

b. Public Service: To volunteer or work for a social or governmental agency or to provide public service that is designed to enhance the quality of living for the community served. An Employee must be employed by the Employer for at least six (6) months before the Employee is eligible to take a public service leave of absence. Intermittent, part-time, or reduced schedule leaves of absence are not available for this type of leave.

c. Non FMLA Medical Leave for Employee: For an Employee's own "serious health condition" or "qualifying disabling condition." This type of leave must be medically necessary and substantiated by adequate documentation from a healthcare provider, as determined at the Employer's discretion. This type of leave is only available if the Employee is not eligible for leave under the FMLA or has exhausted all leave under the FMLA. No minimum length of service is required before an Employee is eligible to apply for a non-FMLA medical leave of absence. Intermittent, part-time, or reduced schedule leaves of absence are not generally available for this type of leave. However, requests for

an intermittent leave will be evaluated on a case-by-case basis in accordance with the ADAAA and associated provisions. For purposes of this section, a "serious health condition" has the meaning set forth in the FMLA and "qualifying disabling condition" has the meaning set forth in the ADAAA.

d. Non-FMLA Care of Family Member Leave: To care for a family member with a "serious health condition." The need to care for the family member must be medically necessary and substantiated by adequate documentation from a healthcare provider, as determined at the Employer's discretion. This type of leave is only available if the Employee is not eligible for leave under the FMLA, has exhausted all leave under the FMLA or the family member with the serious health condition is not the Employee's Spouse, parent, son or daughter, as those terms are defined under the FMLA. No minimum length of service is required before an Employee is eligible to apply for an elective leave for non-FMLA care for a family member. Intermittent, part-time, or reduced schedule leaves of absence are not available for this type of leave absence. For purposes of this section, a "serious health condition" has the meaning set forth in the FMLA.

e. Non-FMLA Baby Bonding: For the birth of and to care for a newborn child or the placement of a child with the Employee for adoption or foster care. This type of leave is only available if the Employee is not eligible for leave under the FMLA or has exhausted all leave under the FMLA. No minimum length of service is required before an Employee is eligible to apply for an elective leave for non-FMLA baby bonding. Unless otherwise required by state law, intermittent, part-time, or reduced schedule leaves of absence are not available for this type of leave absence

f. Personal: To attend to personal business that requires time away from work and is not for one of the leave reasons set forth above. An Employee must be employed by the Employer for at least six (6) months before the Employee is eligible to take a personal leave of absence. Intermittent, part-time, or reduced schedule leaves of absence are not available for this type of leave.

4. Other Leaves

The following are other leave types that are neither FMLA-protected, nor included as elective leave under this Policy. Rather, they are initiated by the Employer's management and/or Human Resources under specific circumstances:

a. Administrative: Initiated by management and/or Human Resources related to an event in the workplace, a fitness for duty concern, or short-term furlough. Duration of leave and income replacement to be determined by Human Resources and department leadership.

b. Resident Administrative: Initiated by management and/or Human Resources related to an occasion when there is intent to transition an Employee who has completed a residency program and is not currently working for Employer or any Health Ministry or Subsidiary, to an employed physician with Employer or any Health Ministry or Subsidiary ("Employed

Physician"). Intent to transition to an Employed Physician will be documented by a signed employment agreement with a specified start date within six (6) months from the end of the residency program. Duration of leave to be determined by Human Resources and department leadership but leave will not extend beyond six (6) months from the end of the completed residency program. Resident Administrative leave of absence is an unpaid leave. The resident administrative leave does not supersede the terms of the physician employment agreement. If there is a conflict between the physician employment agreement and the terms of the resident administrative leave, the physician employment agreement controls. Resident administrative leave may be terminated at any time for failure to satisfy the terms of the physician employment agreement or any applicable leave of absence requirements.

c. Provisional: Initiated by Human Resources related to an occasion when (i) an Employee's position has been filled prior to the Employee's return from an approved leave (beyond the initial approval period); (ii) when an Employee is no longer qualified for the Employee's position employment position because of the Employee's inability to attend certain work-related functions/classes as a result of leave and the Employee is in the process of fulfilling such qualifying conditions; or (iii) to provide an opportunity for an internal job search. Duration of leave and income replacement to be determined by Human Resources and department leadership but leave will not extend beyond four (4) weeks from the end of the approved leave period.

5. Requesting an Elective Leave

To request an elective leave of absence, an Employee must submit a written request to the Employee's manager or supervisor and/or the applicable leave administrator at least 30 days in advance of the date the leave is scheduled to commence and follow the established department protocol for requesting time off. In circumstances where an Employee cannot provide thirty (30) days' notice, the Employee must notify the Employee's manager or supervisor and/or the applicable leave administrator of the need for leave as soon as practicable. A request for an elective leave of absence may be denied or delayed if appropriate notification is not provided.

In determining whether a request for an elective leave of absence will be approved, the Employer's management, in conjunction with the applicable leave administrator, will consider the business needs of the department. When practicable, the Employee is responsible to ensure that a request for an elective leave of absence has been approved before incurring any absence from work associated with the request for leave. Employees who are absent from work without approval and/or without following appropriate departmental attendance policies may be subject to discipline, up to and including termination.

6. Pay During Elective Leave

An elective leave of absence is an unpaid leave. However, Employees are required to use available Employer-provided sources of pay while on an elective leave of absence in accordance with the following chart:

Type of Pay Continuation (Non-Workers' Compensation Leave)	**Type of Elective Leave**	
	Personal Leave, Educational Leave, Public Service Leave, and Non-FMLA Care of a Family Member Leave	Non-FMLA Medical Leave for Employee
(1) Sick bank pay from current or prior (grandfathered) plans - if applicable	No	Yes
(2) Short Term Disability ("STD") or Salary Continuation	No	Yes
(3) Paid Time Off ("PTO")	Yes	Yes

Employees who are not eligible for salary continuation must use all but 40 available PTO hours for incidental sick days. An incidental sick day for a non-exempt Employee is the portion of a scheduled work day during which an Employee does not work because of the Employee's own incidental short-term illness or injury (i.e., an illness or injury that lasts seven (7) calendar days or less). An incidental sick day for an exempt Employee is a scheduled work day during which an Employee does not work any portion because of the Employee's own incidental short-term illness or injury. In addition, Employees who are eligible for STD benefits from the Employer and who are not eligible for salary continuation must use all but 40 hours of their PTO, if any, to satisfy the waiting period (also known as the "elimination period") before the commencement of their disability benefit payments.

Employees who are eligible for salary continuation receive salary continuation for their own incidental short-term illnesses or injuries (i.e., illnesses or injuries that last seven (7) calendar days or less), including during the elimination period for STD benefits from the Employer, if applicable. Salary continuation may be used only for an Employee's own incidental short-term illnesses or injuries and may not be used for any other reason, including to care for an Employee's family member's illness or injury or for the Employee's own illness or injury that results in a leave of absence that extends beyond seven (7) calendar days. If an Employee who is eligible for salary continuation is also eligible for STD benefits from the Employer, a leave of absence for such an Employee's illnesses or injuries lasting more than seven (7) calendar days must be reported to the STD third party administrator for medical management and will be reviewed to determine if the Employee qualifies for STD benefits under the applicable STD plan. If the Employee is not eligible for STD benefits from the Employer or if STD benefits for an Employee's illness or injury are denied, salary continuation is not available for a leave of absence for the Employee's illness or injury lasting more than seven (7) calendar days and all but 40 available PTO hours must be used during such leave of absence.

An Employee may elect to use PTO hours to supplement the STD benefits the Employee receives under the Employer's STD plan, if any. In addition, an Employee may elect to use hours in the Employee's sick bank or long term sick bank, if applicable, to supplement the STD benefits the Employee receives under the Employer's STD plan, if any. However, any PTO hours used to supplement the STD benefits must result in the Employee receiving 100% of the Employee's base weekly wage unless that amount of PTO hours is not available. If the Employee does not have enough PTO hours available to supplement the Employee's STD so that the Employee receives 100% of the Employee's base weekly wage, the Employee must use all of the Employee's available PTO hours to supplement STD benefits or cannot use any of the Employee's available PTO hours to supplement STD benefits. In no event may the combination of STD and PTO, sick bank and/or long term sick bank hours exceed 100% of the Employee's base weekly wage based on the Employee's FTE status and regular base hourly rate of pay. The STD plan documents set forth the provisions regarding STD benefits and govern in the event of any conflict between this Policy and the STD plan documents.

An Employee may not elect to use PTO hours to supplement long-term disability benefits.

7. Coordination of PTO with Elective Leaves of Absence

An Employee on an elective leave of absence must use all but 40 available PTO hours as income replacement during an elective leave of absence for any reason. In other words, an Employee on an approved, elective leave of absence may elect to retain up to 40 hours in the Employee's PTO bank.[1] Please see Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A) or Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents) as applicable, for additional information regarding the use of PTO.

PTO accrual, if any, during an elective leave of absence will be pursuant to Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A) or Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents) as applicable.

If the Employer has not adopted Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A) or Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents) as applicable, please see the Employer's applicable PTO policy to determine how PTO coordinates with and accrues during leaves of absence.

[1] Unless otherwise required by law or a collective bargaining agreement.

8. Coordination of Holiday Benefit with Elective Leaves of Absence

When a recognized holiday occurs while an Employee is using PTO during a leave of absence due to vacation, during the elimination period for short term disability benefits for a self-health condition, for a self-health condition where no short term disability benefits are payable, due to a family member's health condition, for baby bonding or elective leave, the Employee will receive a holiday benefit instead of using PTO hours for that day. However, if the Employee is less than a 1.0 FTE, the Employee may elect to supplement the holiday benefit received with PTO.

If a recognized holiday occurs while an Employee is on a leave of absence due to a self-health condition and is receiving short term disability benefits (even if the Employee is supplementing the short term disability benefits with PTO), salary continuation, long-term disability benefits, state paid disability benefits, state paid family leave benefits (self-health or family-health condition) or workers' compensation, the Employee will not receive a holiday benefit. In addition, no holiday benefit is paid to an Employee during any unpaid leave of absence (e.g., during an elective leave when an Employee is not using PTO or receiving STD or salary continuation benefits from the Employer).

Please see Human Resources Ministry-Wide Policy No. 1016 (Holiday Benefit) for additional information. If the Employer has not adopted Human Resources Ministry-Wide Policy No. 1016 (Holiday Benefit), please see the Employer's applicable holiday benefit policy to determine how holiday benefits coordinate with and accrue during leaves of absence.

9. Coordination of Pay Increases and Bonuses with Elective Leaves of Absence

An Employee is entitled to any unconditional pay increases which may have occurred during an elective leave period, such as cost of living increases. In addition, an Employee may be entitled to any pay increases that are conditioned upon seniority, length of service, or work performed which may have occurred during an elective leave period based on the Employer's applicable policy. An Employee will also generally receive any bonuses or other payments that were distributed during the Employee's elective leave period. However, if a bonus or other payment is based on the achievement of a specified goal such as hours worked, products sold or perfect attendance, and the Employee has not met the goal due to an elective leave, then the bonus or payment may not be granted to the Employee based on the Employer's applicable policy.

10. Coordination of Health and Welfare Benefits with Elective Leaves of Absence

The Employer maintains health and welfare benefits that are entirely paid for by the Employer during an Employee's elective leave of absence, subject to any limitations in an applicable insurance policy (e.g., a limitation on the length of time an Employee who is not actively at work may be covered). In addition, subject to the terms of the applicable plan documents and any applicable state or local leave laws, the Employer maintains health and welfare benefits that are paid for, in whole or in part, by Employees (e.g., medical, dental, vision and supplemental life insurance benefits) during an Employee's elective leave of absence without the Employee paying the Employee premium contributions during any period that the Employee is not receiving any pay from the Employer while on the elective leave, subject to the Employee's obligation and

agreement to reimburse the Employer for all unpaid health and welfare benefit plan premium contributions when the Employee: (i) returns to work with the Employer following the approved elective leave period; or (ii) fails to return to work following the approved elective leave period and thereby terminates the Employee's employment with the Employer.

Employees who do not return to work from elective leave can continue their group health plan coverage under COBRA to the extent required by COBRA and the applicable plan documents. Employees should review the applicable plan documents and contact the applicable leave administrator with any questions regarding the continuation of health and welfare benefit plan coverage during and after an elective leave period.

If the Employer provides a new health or welfare benefit or changes its health and welfare benefits while an Employee is on leave, the Employee is entitled to the new or changed benefit(s) to the same extent as if the Employee were not on leave, subject to the terms of the applicable plan documents and the Employee's compliance with applicable contribution and enrollment requirements. This also means that if premiums are raised or lowered, the Employee will be required to pay the new premium rates.

11. Coordination of Plan Loans and Garnishments with FMLA Leaves of Absence

Employees with outstanding loans under a Trinity Health or another Employer's Internal Revenue Code Section 403(b) or 401(k) plan must make arrangements to pay any loan repayments that become due during an unpaid elective leave. Employees who fail to do so risk defaulting on their plan loan. Employees should contact the retirement plan administrator regarding plan loans, how to repay a plan loan during an unpaid leave of absence and the consequences of defaulting on a plan loan.

Any outstanding garnishments (child support, tax levies, etc.) will not be paid to the creditor while an Employee is on unpaid elective leave. If the garnishment has not expired during the unpaid elective leave period, it will resume upon the Employee's return to work.

12. Length of Elective Leave

Elective leave may be granted for up to 12 weeks, or such longer period required by applicable law, subject to the business needs of the Employer. The initial approved elective leave period will not exceed 12 weeks unless otherwise appropriate under the ADAAA. If approved by the Employer's management, in conjunction with the applicable leave administrator:

a. An Employee's elective leave for an Employee's own "serious health condition" or "qualifying disabling condition" (i.e., Non-FMLA Medical Leave for Employee) or to care for a family member with a "serious health condition" (i.e., Non-FMLA Care of a Family Member Leave) may be extended for up to a total of 26 weeks. Non-FMLA Medical Leave for Employees and ADAAA qualifying leaves will be considered on a case-by-case basis.

b. An Employee's Personal Leave or Public Service Leave may be extended up to a total of 26 weeks.

c. An Employee's Educational Leave may be extended up to a total of 52 weeks.

Employees who return from elective leave will be reinstated to their former positions or to positions with equivalent pay, benefits, and other employment terms and conditions provided their elective leave does not extend beyond the approved initial elective leave period. There are no guarantees that an Employee who remains on an elective leave beyond the initial approval period set forth above will be reinstated to the same or equivalent position at the conclusion of the elective leave.

13. Return from Leave

An Employee on an elective leave of absence must notify the Employee's manager or supervisor and the applicable leave administrator regarding any proposed changes in the Employee's return to work status. At a minimum, an Employee must contact the Employee's manager or supervisor and/or the applicable leave administrator a minimum of seven (7) days prior to the approved return to work date to make arrangements related to the Employee's return to work.

Except as set forth below, Employees who return from an elective leave by the end of the initial approval period will be reinstated to their former positions or to positions with equivalent pay, benefits, and other employment terms and conditions. If Employees are no longer qualified for their former positions because of their inability to attend certain work-related functions or classes as a result of leave, the Employer will provide a reasonable opportunity (up to four (4) weeks) to fulfill those conditions upon their return to work and will be placed on a Provisional leave for a maximum of four (4) weeks to fulfill those conditions. Additionally, Employees whose prior positions are no longer available upon their release to return to work will be provided a reasonable opportunity (up to four (4) weeks) to conduct an internal job search and will be placed on a Provisional leave for a maximum of four (4) weeks to conduct an internal job search.

Subject to the terms of the applicable plan and policy documents and any applicable state or local leave laws, the Employer maintains an Employee's health and welfare plan benefits, including health and welfare benefits that are paid for, in whole or in part, by Employees (e.g., medical, dental, vision and supplemental life insurance benefits), during the Employee's Provisional leave without the Employee paying the Employee premium contributions during any period that the Employee is not receiving any pay from the Employer during the leave, subject to the Employee's obligation and agreement to reimburse the Employer for all unpaid health and welfare benefit plan premium contributions when the Employee: (i) returns to work with the Employer following the leave period; or (ii) fails to return to work following the leave period and thereby terminates the Employee's employment with the Employer. However, an Employee must use any remaining PTO in the Employee's PTO bank during a Provisional leave and cannot retain any such PTO for future use. If an Employee does not fulfill the conditions required to qualify the Employee for the Employee's former positions or obtain another position during the four (4) week Provisional leave period, the Employee's employment with the Employer will be terminated.

Employees who are medically unable to return to work upon exhaustion of elective leave or are unable to perform an essential function(s) of their prior position with or without reasonable accommodation(s) will be evaluated for extended leave as an accommodation in compliance with the ADAAA.

Certain "key" Employees, as defined by FMLA, who are among the highest paid Employees at the Employer, might not be reinstated to any position following an elective leave. "Key" Employees will be notified of their status in writing when they apply for elective leave and will receive notice at that time of the potential consequences with respect to reinstatement and maintenance of benefits if they are not reinstated. The Employer will notify "key" Employees in writing of the reasons for denying reinstatement when such decision is made. The Employer will make a final determination whether to reinstate "key" Employees if they request job restoration; such Employees will be notified in writing of the Employer's final determination.

If an Employee's original worksite closes during the Employee's elective leave, the Employee will have same rights as Employees who did not take elective leave. In addition, being on an elective leave does not protect an Employee who otherwise would have been impacted by reduction in work force or reassignment. An Employee returning from an approved leave of absence whose job has been eliminated due to reorganization or downsizing may be entitled to severance benefits as outlined in the Trinity Health Corporation Severance Pay Plan, the Employer's severance pay plan or policy applicable to the Employee, the Employee's employment agreement or contact, or a collective bargaining agreement applicable to the Employee, as applicable.

With the exception of an intermittent or a reduced leave schedule the Employee's own "serious health condition" or "qualifying disabling condition" (i.e., Non-FMLA Medical Leave for Employee), an Employee who wishes to return to work at the conclusion of a Non-FMLA Medical Leave for Employee due to the Employee's own "serious health condition" or "qualifying disabling condition" must first provide a "Fitness-for-Duty Certification" form (also called a "Return to Work Release" form) to the applicable leave administrator, which must be completed by the Employee's healthcare provider, at least three (3) days before the anticipated return to work date. Restoration to employment may be denied or delayed until the Employee submits a sufficient Return to Work Release form. In the event the Return to Work Release form contains restrictions or light duty recommendations, consideration regarding return to work will be assessed on a case-by-case basis by the applicable leave administrator, in conjunction with the Employer's management, and in compliance with the ADAAA.

An Employee may be considered to have voluntarily resigned from the Employee's position with the Employer if the Employee:

a. Fails to return to work after the expiration of any approved elective leave; or

b. With respect to a Non-FMLA Medical Leave for Employee, fails to return to work after being released to work by the Employee's health care provider; or

c. With respect to a Non-FMLA Medical Leave for Employee, fails to notify the Employer in a reasonable timeframe that the Employee has been released to return to work by health care provider.

14. Misuse of Leave or Fraud

Employees who are on an approved leave of absence may not engage in self-employment or perform work for any other employer during that leave, except when the leave is for the Employee's military service or public service or the Employee's outside employment does not contradict the stated reason for leave.

An Employee, who misuses elective leave, uses elective leave for unintended and/or unapproved purposes, or who engages in fraudulent use of elective leave will be subject to disciplinary action up to and including termination.

15. Coordination with the Employer FMLA Non-Military Leave Policy, FMLA Military Leave Policy and Active Military Service Leave Policy

An Employee may be eligible for leave under Trinity Health Human Resources Ministry-Wide Policy No. 1024 (FMLA for Non-Military Leave), Trinity Health Human Resources Ministry-Wide Policy No. 1025 (FMLA for Qualifying Military Exigency and Care for Covered Servicemember Leave) or Trinity Health Human Resources Ministry-Wide Policy No. 1026 (Military Service Leave). If an Employee is eligible for leave under the Trinity Health Human Resources Ministry-Wide Policy No. 1024 (FMLA for Non-Military Leave), Trinity Health Human Resources Ministry-Wide Policy No. 1025 (FMLA for Qualifying Military Exigency and Care for Covered Servicemember Leave) or Trinity Health Human Resources Ministry-Wide Policy No. 1026 (Military Service Leave), this Policy will not apply.

SCOPE/APPLICABILITY

This Policy is intended to be a system-wide policy that applies to all Employees of Trinity Health and the Health Ministries and the Subsidiaries that have adopted this Policy as set forth in Appendix A hereto, subject to any modifications necessary to comply with applicable state and local laws and regulations, as set forth in Appendix B hereto, collective bargaining agreements, written employment agreements, accreditation requirements or otherwise and that are approved by the Trinity Health EVP, Chief Human Resources Officer or an appropriate designee, in consultation with the Trinity Health Legal Department as necessary. For purposes of this Policy, the Trinity Health Vice President, Total Rewards Benefits & Well-Being is an authorized designee to approve such modifications.

This Policy replaces and supersedes existing Policies or Procedures of the Employer regarding any Elective Leave Benefit.

PROCEDURES

The Trinity Health Human Resources Department is responsible for establishing, implementing and enforcing Procedures, Standards or Guidelines to be followed by Trinity Health and its Health Ministries in the implementation and application of this Policy.

DEFINITIONS

Employee means an employee of Trinity Health or one of its Health Ministries or Subsidiaries, whether that individual's status is permanent or temporary, or part- or full-time. Trinity Health often uses the term "colleague" to refer to its Employees. In HR policies, "Employee" is used instead of "colleague" to be clear that HR policies apply to individuals in an employment relationship with Trinity Health.

Employer means Trinity Health and each of its Health Ministries and Subsidiaries that have adopted this Policy as set forth in Appendix A. If the effective date of this Policy for an Employer is different than the effective date of this Policy, the effective date for the Employer will be listed in Appendix A.

Executive Leadership Team ("ELT") means the group that is composed of the highest level of management at Trinity Health.

Health Ministry means a first tier (direct) Subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Health Ministry may be based on a geographic market or dedication to a service line or business. Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

Policy means a statement of high-level direction on matters of strategic importance to Trinity Health, a Health Ministry and/or a Subsidiary or a statement that further interprets Trinity Health's, a Health Ministry's and/or a Subsidiary's governing documents.

Primary Employer means the entity for which the Employee provides more than 50% of services and is the payroll company of record.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Residency Program means a program that Trinity Health participates in to provide graduate medical education ("GME") training.

Spouse means a husband or wife. For purposes of this definition, "husband or wife" refers to the other person with whom an individual entered into marriage as defined or recognized under State law for purposes of marriage in the State in which the marriage was entered into or, in the case of a marriage entered into outside of any State, if the marriage is valid in the place where entered into and could have been entered into in at least one State. This definition includes an individual in a same-sex or common law marriage that either:

- Was entered into in a State that recognizes such marriages; or
- If entered into outside of any State, is valid in the place where entered into and could have been entered into in at least one State.

Standards or Guidelines mean additional guidance which assists an Employee in understanding the Employer's rule, policies and/or procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which Trinity Health or a Health Ministry is the sole corporate member or sole shareholder.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Trinity Health Human Resources Department.

RELATED POLICIES, PROCEDURES AND OTHER MATERIALS

List and hyperlink:

- Trinity Health Human Resources Ministry-Wide Policy No. 1016 (Holiday Benefit)
- Trinity Health Human Resources Ministry-Wide Policy No. 1019 (Paid Time Off (PTO) – Program A)
- Trinity Health Human Resources Ministry-Wide Procedure No. 1019 (Paid Time Off (PTO) – Program A)
- Trinity Health Human Resources Ministry-Wide Policy No. 1020 (Paid Time Off (PTO) – Programs B and C, System Office Directors, and System Office Vice Presidents)
- Trinity Health Human Resources Ministry-Wide Policy No. 1024 (FMLA for Non-Military Leave)
- Trinity Health Human Resources Ministry-Wide Policy No. 1025 (FMLA for Qualifying Military Exigency and Care for Covered Servicemember Leave)
- Trinity Health Human Resources Ministry-Wide Policy No. 1026 (Military Service Leave)

APPROVALS

Initial Approval: September 1, 2022
Subsequent Review/Revision(s): April 1, 2023
Initial Approval as Mirror Policy No. 7: March 26, 2020, effective April 1, 2020
Subsequent Review/Revision(s) to Mirror Policy No. 7: None

APPENDIX A
EMPLOYERS

State	Health Ministry or Subsidiary	Effective Date
California	Saint Agnes Medical Center	9/1/22*
Connecticut	Trinity Health Of New England (Hartford, Stafford, Waterbury)	9/1/22*
Delaware	Trinity Health Mid-Atlantic (Saint Francis)	9/1/22*
Florida	Holy Cross Health	9/1/22*
Georgia	St. Mary's Health Care System	9/1/22*
Georgia	Mercy Care (St. Joseph's Health System)	9/1/22*
Idaho	Saint Alphonsus Regional Medical Center (Boise, Nampa)	9/1/22*
Illinois	Loyola Medicine (LUMC, Gottlieb, MacNeal)	9/1/22*
Indiana	Saint Joseph Health System	9/1/22*
Indiana, Utah	Sisters of the Holy Cross and Holy Cross Ministries	9/1/22*
Iowa	MercyOne Clinton Medical Center	9/1/22*
Iowa	MercyOne Dubuque Medical Center	9/1/22*
Iowa	MercyOne North Iowa Medical Center	9/1/22*
Iowa, Nebraska, South Dakota	MercyOne Siouxland Medical Center (Sioux City, Primgar, Oakland, Dunes)	9/1/22*
Iowa	MercyOne Northeast Iowa (Cedar Falls, Waterloo, Oelwein)	9/1/22*
Iowa	MercyOne Central Iowa	6/25/23
Maryland	Academy of the Holy Cross	9/1/22*
Maryland	Holy Cross Health	9/1/22*
Massachusetts	Trinity Health Of New England (Springfield / Mercy Medical Center)	9/1/22*
Michigan	Trinity Health Michigan (Trinity Health Ann Arbor, Trinity Health Livingston, Trinity Health Oakland, Trinity Health Livonia, Trinity Health Grand Rapids, Trinity Health Muskegon, Trinity Health Shelby, Chelsea Hospital, Trinity Health Medical Group, Trinity Health IHA Medical Group, Trinity Health Senior Communities, Canton medical center, Reichert medical center, Schoolcraft medical center, Lakes Village medical center, Norton Shores medical center, North Muskegon medical center, Hudsonville medical center, Ludington medical center, Rockford medical center, Byron Center medical center, Sherman Pavilion medical center, Hackley medical center, Grand Rapids medical center, Wege medical center, Caledonia medical center, East Beltline medical center, Grandville medical center, Whitehall medical center)	9/1/22*
New York	St. Joseph's Health	9/1/22*
New York	St. Peter's Health Partners	9/1/22*
Ohio	Mount Carmel Health System	9/1/22*
Ohio	Diley Ridge Medical Center	9/1/22*
Oregon	Saint Alphonsus Regional Medical Center (Baker City, Ontario)	9/1/22*
Pennsylvania	Trinity Health Mid-Atlantic (Mercy Catholic, Fitzgerald, Nazareth)	9/1/22*
Pennsylvania	Trinity Health Mid-Atlantic (St. Mary Medical Center & Rehabilitation Hospital)	9/1/22*
Pennsylvania	Pittsburgh Mercy Health	9/1/22*
Various Locations	Trinity Health Senior Communities (THSC)	9/1/22*
Various Locations	Trinity Health at Home (THAH)	9/1/22*
Various Locations	Trinity Health PACE	9/1/22*
Various Locations	Trinity Health System Office	9/1/22*

*Indicates Health Ministry or subsidiary was participating employer in plan prior to the September 1, 2022, policy revision date.

APPENDIX B
Elective and Other Leaves of Absence Benefit
State/Local Law Requirements

State	State/Local Law Requirement(s)	Links
Alabama	Not-Applicable	
Alaska	Not-Applicable	
Arizona	Not-Applicable	
Arkansas	Not-Applicable	
California	Not-Applicable	
Colorado	Not-Applicable	
Connecticut	Not-Applicable	
Delaware	Not-Applicable	
Florida	Not-Applicable	
Georgia	Not-Applicable	
Hawaii	Not-Applicable	
Idaho	Not-Applicable	
Illinois	Not-Applicable	
Indiana	Not-Applicable	
Iowa	Not-Applicable	
Kansas	Not-Applicable	
Kentucky	Not-Applicable	
Louisiana	Not-Applicable	
Maine	Not-Applicable	
Maryland	Not-Applicable	
Massachusetts	Not-Applicable	
Michigan	Not-Applicable	
Minnesota	Not-Applicable	
Mississippi	Not-Applicable	
Missouri	Not-Applicable	
Montana	Not-Applicable	
Nebraska	Not-Applicable	
Nevada	Not-Applicable	
New Hampshire	Not-Applicable	
New Jersey	Not-Applicable	
New Mexico	Not-Applicable	
New York	Not-Applicable	
North Carolina	Not-Applicable	
North Dakota	Not-Applicable	
Ohio	Not-Applicable	
Oklahoma	Not-Applicable	
Oregon	Not-Applicable	
Pennsylvania	Not-Applicable	
Rhode Island	Not-Applicable	
South Carolina	Not-Applicable	
South Dakota	Not-Applicable	
Tennessee	Not-Applicable	
Texas	Not-Applicable	

Utah	Not-Applicable	
Vermont	Not-Applicable	
Virginia	Not-Applicable	
Washington	Not-Applicable	
West Virginia	Not-Applicable	
Wisconsin	Not-Applicable	
Wyoming	Not-Applicable	

Version: 3
Last Reviewed 9/29/2023

Title: PGY1 and PGY2 Pharmacy Residency Program: Corrective Action and Dismissal Policy

Applies to:
☒ Trinity Health Grand Rapids
☒ Clinics and Physician Offices
☒ Department Specific
☐ Nursing
☒ Other: Pharmacy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY STATEMENT: PGY1 and PGY2 pharmacy residents are subject to all Trinity Health Grand Rapids (THGR) Human Resources (HR) policies. These institutional polices should be reviewed by residents so that they are familiar with these policies particularly regarding activities that may impact their employment or duration of residency (e.g., FMLA policies, sexual harassment, theft). Leaves of absence during the residency year will be handled as individual cases but time missed from training will need to be made up in most instances (i.e., residency completion delayed by amount of time missed) in order to ensure adequate time for learning and meeting of objectives. The residency learning objectives and THGR program requirements establish additional conditions that the resident must meet to maintain a position in the program. These additional conditions will be evaluated and addressed under this policy and procedure.

PROCEDURE:

Resident Standards

While every effort is made to assure the success of a resident through the residency program, the resident must meet minimum baseline requirements and demonstrate continuing, on-pace progress in order to remain within the program.

Unlicensed Residents

Residents must be eligible for licensure in the State of Michigan. Prior to starting the residency program, residents must obtain a Michigan Pharmacist Intern License through the State of Michigan's Department of Licensing and Regulatory Affairs. As a pharmacy intern, the resident must work under the direct supervision of a licensed pharmacist to perform all delegated tasks. A pharmacy intern may document within EMR, with all notes requiring a co-signature by the preceptor or a designated licensed pharmacist. The resident will observe the order verification process and learn the basics on how to properly perform the tasks expected of an inpatient pharmacist. Following licensure in MI, each PGY-1 resident shall enter/verify medication orders autonomously.

Licensure

Upon passing the North American Pharmacist Licensing Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE), Michigan Pharmacist and Controlled Substances licenses may be issued. Information can be obtained from the Michigan Pharmacist Intern License through the State of Michigan's Department of Licensing and Regulatory Affairs. Pharmacist licensure must be obtained within 90 days of hire. Failure to pass required exams (NAPLEX and MPJE) within the first 90 days of the residency will result in individual review by the Residency Program Director (RPD) and/or Residency Program Coordinator (RPC), development of a remediation plan between the RPD, RPC and resident, and/or dismissal from the program. The resident must be licensed for at least 2/3 of the residency year, per ASHP Residency Standards.

Verification of PGY1 Completion for Incoming PGY2 Residents

All incoming PGY2 residents will submit proof of having successfully completed their ASHP-accredited or candidate-status PGY1 program. This proof can be either their residency certificate or a signed letter from their PGY1 residency program director indicating completion of the PGY1 program, should the certificate not yet be available. Proof will be requested prior to the PGY2 program start date, but at the latest, must be delivered less than 30 days following the start of the PGY2 program. Failure to deliver this proof of PGY1 completion will result in individual review by the Residency Program Director (RPD) and Residency Program Coordinator (RPC), development of a remediation plan between the RPD, RPC and resident, and/or dismissal from the program. Whenever possible, PGY2 program directors will attempt to contact a resident's past PGY1 program director for general information about the incoming resident's strengths and areas for improvement coming into PGY2.

Progress Requirements

The resident must show continuous steady progress, at a pace consistent with on time completion of the residency. Progress will be assessed by each preceptor during their rotation and at the close of each rotation with evaluations provided to the resident and the RPD/RPC. During every Residency Advisory Committee meeting and/or quarterly, at minimum, the resident will present their progress on completion of requirements for Granting a Residency Certificate (see PGY1 or 2 Pharmacy Residency: Requirements for Granting of Residency Certificate of Completion).

Corrective Action Policy

If the RPD and RPC determines through documentation, feedback, and/or evaluations that the resident is not demonstrating continuous, steady, on-pace improvement for a period of 90 days, the following actions will be taken:

- The resident will be notified in writing and in an electronic mail format, of the specific issues or complaints related to Resident performance and progress. This constitutes Formal Written Notice under the Colleague Counseling and Corrective Action institutional policy (formerly Inst. 03/700)
- A meeting will be scheduled within 10 days which includes the resident, RPD, RPC, Director of Pharmacy (as required) and the resident's mentor. The purpose of the meeting will be to present the issues and evidence, allow the resident an opportunity to respond, and to determine if the resident should continue or be dismissed from the program. One of three courses of action will be taken after the conclusion of this meeting, as determined by the RPD and RPC:
    1. Dismissal of Complaint or Issue: If the Resident is able to prove that the complaint/issue is not supported by the evidence, the complaint/issue will be dropped, and the Resident will continue in the program.
    2. Probation Final Written Notice under the Colleague Counseling and Corrective Action institutional policy: A plan of action will be designed and implemented, giving the resident 30 days to show improvement. The benchmarks for improvement will be outlined in writing. The Resident and RPD/RPC will meet once a week during the probation period, formally completing the evaluation forms. At the end of 30 days, the resident and program director will meet to evaluate the resident's progress. One of two courses of action will be taken after the conclusion of this meeting, as determined by the RPD and/or RPC:
        - The resident will be taken off probation and allowed to continue with the residency program; or

- The resident will be dismissed from the program, effective immediately.

3. Separation: The resident will be dismissed from the program by the Director of Pharmacy, upon recommendation of the RPD and/or RPC, effective immediately.

Any decision will be communicated to the resident in writing.

Appeals

The Resident has the right to appeal any decision to the Director of Pharmacy. The appeal must be made in writing within five business days after receipt of the written decision. It must include the Resident's basis for appealing the decision. The Director will contact all parties to determine a mutually agreeable time for the resident and program director to discuss the matter. The Director will question each person and consider the evidence presented. Within 10 business days after the Director's receipt of the Resident's appeal, the Director will decide either to dismiss the Resident or remand the matter back to the program director. The decision by the Director will be communicated to the Resident in writing. The Director's decision is final.

Time Extensions

The Director, on advice of program director, may grant time extensions for good cause shown.

Trinity Health Human Resources Ministry-Wide Policy No. 1036

EFFECTIVE DATE: January 27, 2023

POLICY TITLE:

Employee Counseling and Corrective Action

To be reviewed every three years by:
Executive Leadership Team

REVIEW BY: February 1, 2026

PURPOSE

It is the policy of Trinity Health Corporation and its Health Ministries and Subsidiaries (collectively referred to as "Trinity Health") that all Employees promote the Mission and Core Values of the organization in the care and treatment of our patients, community residents, and Employees. Trinity Health also expects each Employee to observe all rules, policies and procedures, and to be competent in the manner in which they provide services.

Trinity Health is committed to administering this Policy in accordance with its Mission, Core Values and commitment to Diversity, Equity and Inclusion.

POLICY

Trinity Health management reserves the right to skip, combine or repeat any of the steps in the corrective action process and to proceed with the most appropriate level of corrective action, up to and including immediate termination, based on the timing, nature and frequency of the offending conduct. Probationary Employees, for example, should expect to be escalated to termination when poor performance, poor work ethic, or unwanted behaviors emerge early in the employment relationship.

Trinity Health and its Employees have the right to terminate the employment relationship at any time, with or without notice and for any reason or no reason. Nothing in this Policy is intended to create an expectation of anything other than an at-will employment relationship.

This Policy applies to all Employees. In situations where the employment relationship is subject to a contract or collective bargaining agreement, the terms of the contract or collective bargaining agreement supersede this Policy whenever terms are in conflict.

By way of example, Employee counseling or corrective action may be imposed for:

- A violation of the law;

- poor work performance; or
- engaging in behavior that is inconsistent with the Code of Conduct, rules, policies, procedures, or Trinity Health's Mission, Core Values or behavioral expectations.

Employee Counseling and Coaching: Managers and Employees are encouraged to provide ongoing bi-directional feedback regarding job performance and behavior as part of the ongoing performance management process. This should include coaching meetings to encourage development, counseling conversations to address deficiencies in performance or conduct, and Employee recognition to celebrate positive changes and notable contributions.

Formal Corrective Action Steps:
When issuing corrective action, the manager will meet directly with the Employee, outline deficiencies in the Employee's performance or behavior, explain/review and reinforce the performance or behavioral expectations that were not met, communicate that the consequences of failure to improve within the established timeframe, and document the conversation appropriately on the corrective action template (See Employee Counseling and Corrective Action Procedures for details).

First Written Warning
Generally issued for minor violations or to address an Employee's deficiencies in work performance and/or misconduct. Employees receiving a Written Warning do not have any other documented concerns.

Second Written Warning
Generally issued for behaviors or performance deficiencies considered more serious or where the Employee has previously received a Written Warning.

Final Written Warning
Generally issued for behaviors or performance deficiencies considered very serious or where previous written corrective action has been issued to the Employee.

Termination
The decision to terminate is considered where performance deficiencies are considered so serious that immediate termination is warranted, or where previous corrective action has been issued and performance expectations remain unmet or behavioral concerns persist.

Effects of Corrective Action: Employees who are on a Performance Improvement Plan (PIP) or who have received a Final Written Warning within the last twelve (12) months are, generally ineligible for promotion or transfer to another position, merit and/or across the board increases, merit based bonuses, and clinical ladder advancement. Other limitations may apply to the extent that committees, programs and/or organizations, internal or external to the organization, require good standing in order to participate.

Performance Improvement Plan: Managers are encouraged to consult with a Colleague Relations HR Partner and place the Employee on a written PIP, either in conjunction with corrective action or as a separate process. The PIP will define specific performance competencies,

desired outcomes, and the timeframe for achieving the competencies. The timeframe for a PIP may vary, based upon the performance circumstances, but generally ranges from 30 to 90 days.

The following is a non-exhaustive list of Code of Conduct Policy violations that may warrant immediate termination: See Code of Conduct Policy *[insert #]*.

- No call/no show for three consecutive scheduled workdays (considered a voluntary resignation) or walking off the job without permission, which constitutes job abandonment.
- Failure to meet performance or conduct expectations in the introductory period of employment.
- Sleeping on the job, appearing to sleep, or assuming the posture of sleep on the job.
- Acts of theft or fraud, including removing property from the premises without proper authorization.
- Failure to cooperate in an investigation, failure to provide complete information, providing misleading information, or lying in the course of an investigation conducted by Trinity Health, its Health Ministries and Subsidiaries or an outside agent.
- Unauthorized recording of conversations or making other unauthorized recordings, pictures or videos, whether they are Employees, management, patients, residents or visitors.
- Removing, hiding or otherwise diverting money or property in any amount, or helping others to do so.
- Medication and drug diversion activity or violation of the Drug and Alcohol-Free Workplace policy.
- Refusal to submit to medical evaluation and/or other evaluation, which may include testing for drugs, alcohol or the proper use of prescription drugs, which affect an Employee's cognitive or physical ability to safely perform the essential functions of the position.
- Knowingly exceeding authority.
- Failure to follow policies, procedures or regulations.
- Failure to keep current with job-related licensing or certification or vaccination policy requirements.
- Violation of the organizational integrity policy, the HIPAA policy or Trinity Health confidentiality policies.

- Falsifying records, making any misleading statement or material omission on any document.

- Violation of the Violence in the Workplace policy, including fighting on the premises, or otherwise engaging in any altercation, verbal or physical, or possessing or fashioning (simulating) a weapon on work premises, even if the Employee has a permit for it (except as permitted by state law).

- Violation of the Trinity Health and its Health Ministries and Subsidiaries Code of Conduct or engaging in conduct that is contrary to the mission and core values.

- Engaging in behavior prohibited by the workplace harassment, discrimination or anti-retaliation policies.

- Inappropriate use of Trinity Health and its Health Ministries and Subsidiaries intellectual property, communications, equipment, and company logo.

- Creating a safety hazard or disregarding safety procedures and/or precautions designed to protect individuals and/or other Employees, health care professionals, patients and/or visitors.

- Misuse or abuse of Trinity Health or its Health Ministries and Subsidiaries telephones, cell phones, or other company equipment, or personal equipment in a manner that impacts Trinity Health.

- Engaging in activity that Trinity Health and its Health Ministries and Subsidiaries believe is disruptive to its operations or the ability of other Employees to work effectively, including but not limited to engaging in abusive or profane language, harassment of others, offensive, threatening, intimidating or coercive conduct.

- Excessive tardiness or absenteeism.

- Insubordination or willful/disrespectful behavior, including acts involving the failure to follow the work-related directions or procedures set forth by the Employee's supervisor.

- Any act of serious misconduct as determined by the appropriate management of Trinity Health and its Health Ministries and Subsidiaries.

- Any act of patient or resident abuse or mistreatment.

- Post-hire felony conviction that has the potential to harm the reputation of Trinity Health.

SCOPE/APPLICABILITY

This Policy is intended to be a system-wide policy that applies to all Employees of Trinity Health, its Health Ministries and Subsidiaries, subject to any modifications necessary to comply with applicable state and local laws and regulations, collective bargaining agreements, written employment agreements, accreditation requirements or otherwise and that are approved by the Trinity Health EVP, Chief Human Resources Officer or an appropriate designee, in consultation with the Trinity Health Legal Department as necessary. For purposes of this Policy, the Trinity Health SVP, System Office Chief Human Resources Officer is an authorized designee to approve such modifications.

DEFINITIONS

Employee means an employee of Trinity Health or one of its Health Ministries or Subsidiaries, whether that individual's status is permanent or temporary, contingent, part- or full-time. Trinity Health often uses the term "colleague" to refer to its Employees. In HR policies, "Employee" is used instead of "colleague" to be clear that HR policies apply to individuals in an employment relationship with Trinity Health or one of its Health Ministries or Subsidiaries. The form of the Policy does not change an Employee's Primary Employer, defined as the payroll company of record, and does not create a joint employment relationship with any entity.

Health Ministry (sometimes referred to as Ministry) means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Health Ministry may be based on a geographic market or dedication to a service line or business. Health Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

Policy means a statement of high-level direction on matters of importance to Trinity Health, its Health Ministries and Subsidiaries or a statement that further interprets Trinity Health's, its Health Ministries' and Subsidiaries' governing documents. Policies may be either stand alone, Systemwide or Mirror Policies designated by the approving body.

Primary Employer means the entity for which the Employee provides more than 50% of services and is the payroll company of record.

Procedure means a document designed to implement a Policy or a description of specific required actions or processes.

Standards or Guidelines mean additional guidance which assists an Employee in understanding the employer's rule, policies and/or procedures, including those developed by accreditation or professional organizations.

Subsidiary means a legal entity in which a Trinity Health Ministry is the sole corporate member or sole shareholder.

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the Trinity Health Human Resources Colleague Relations Department.

RELATED PROCEDURES AND OTHER MATERIALS

List and hyperlink:

APPROVALS

Initial Approval: 8/18/2021

Subsequent Review/Revision(s): [insert dates of all subsequent reviews/revisions]

It is anticipated that the Policy # at the Health Ministry/Subsidiary level may be different from the TH Policy #.

It is intended that the wording of this Health Ministry/Subsidiary Policy be identical to the corresponding Trinity Health System Policy, with limited exceptions including: specific state law requirements, if any; contractual obligations by the Health Ministry/Subsidiary that cannot be changed; or, other modification(s) that may be approved in writing by the Trinity Health Office of General Counsel.

The font used should be whatever local Health Ministry/Subsidiary custom dictates (this template uses Times New Roman, 12 Point).

PGY-1 Pharmacy Residency Program: Requirements for Granting of Residency Certificate of Completion

Applies to:
☒ Trinity Health Grand Rapids
☒ Clinics and Physician Offices
☒ Department Specific
☐ Nursing
☒ Other: Pharmacy

Policy Statement:

PGY-1 Pharmacy Residents who complete the requirements of the Trinity Health Grand Rapids' (THGR) Pharmacy Residency will be issued a certificate of completion in accordance with the accreditation standards of the American Society of Health-System Pharmacists.

Upon successful completion of a PGY-1 Pharmacy Practice residency, residents will be awarded a Certificate of Graduation. The certificate cannot be issued until all residency requirements are completed (see checklist below). If all requirements are not completed at the end of the one-year residency, the resident and RPD will discuss the incomplete activities. If there are valid reasons that the requirements could not be completed, individual cases will be reviewed on a case-by-case basis with the RPD and RAC.

This policy lists the program requirements that must be met by the pharmacy practice residents in order to issue this certificate.

Trinity Health Grand Rapids
PGY1 Pharmacy Residency Program
Requirements for Graduation

		Date completed		
Orientation checklist				□
Obtain ACLS certification				□
Licensure obtained within 90 days				□
Mentor selection				□
Research Project				□
IRB Submission				□
IRB Approval				□
Complete data collection				□
Complete results analysis				□
Complete manuscript				□
IRB closeout				□
Great Lake Residency Conference presentation				□
Trinity Health research presentation				□
Medication Use Evaluation				□
Complete data collection				□
Complete data analysis				□
Complete creation of poster				□
Poster Presentation at ASHP Midyear				□
Pharmacy Service Commitment Weekends				□
Recruitment Activities				
WMSHP/SMSHP Residency Showcase				□
ASHP Residency Showcase				□
Evaluated presentation requirements				
CE Lunch & Learn				□
Family Medicine Service Resident Lecture				□
Two journal clubs				□
Two patient cases				□
Achievement of >80% of residency objective in PharmAcademic™				□
All of the R1 objectives MUST be marked ACHR*				
Goal R1.1:	In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.			□
OBJ R1.1.1	Interact effectively with healthcare teams to manage patients' medication therapy.			□
OBJ R1.1.2	Interact effectively with patients, family members, and caregivers.			□
OBJ R1.1.3	Collect information on which to base safe and effective medication therapy.			□
OBJ R1.1.4	Analyze and assess information on which to base safe and effective medication therapy.			□

OBJ R1.1.5	Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).			□
OBJ R1.1.6	Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.			□
OBJ R1.1.7	Document direct patient care activities appropriately in the medical record or where appropriate.			□
OBJ R1.1.8	Demonstrate responsibility to patients.			□
Goal R1.2:	Ensure continuity of care during patient transitions between care settings.			□
OBJ R1.2.1	Manage transitions of care effectively.			□
Goal R1.3:	Prepare, dispense, and manage medications to support safe and effective drug therapy for patients.			□
OBJ R1.3.1	Prepare and dispense medications following best practices and the organization's policies and procedures.			□
OBJ R1.3.2	Manage aspects of the medication-use process related to formulary management.			□
OBJ R1.3.3	Manage aspects of the medication-use process related to oversight of dispensing.			□
Summative Self-Evaluation (minimum of 4)			□ □ □ □	□
Exit survey (optional)				□
Exit interview				□
ASHP Exit Survey				□

*For a R1 objective to be marked as ACHR, it must be marked as 'Achieve' on at least two learning experience evaluations.

Quarter 1 – Development Plan

Resident Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

RPD Signature:_____ Date: _____

Quarter II – Development Plan

Resident Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

'RPD Signature:_____ Date: _____

Quarter III – Development Plan

Resident Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

RPD Signature:_____ Date: _____

Final review:

Resident Signature: _____ Date: _____

'RPD Signature:_____ Date: _____

Title: PGY1 and PGY2 Pharmacy Residency Programs: Preceptor Development

Applies to:
☒ Trinity Health Grand Rapids
☒ Clinics and Physician Offices
☒ Department Specific
☐ Nursing
☒ Other: Pharmacy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY STATEMENT: In order to improve preceptor performance and ensure adequate residency training, each preceptor is required to participate in the THGR Preceptor Development Program. This program consists of a needs assessment of the preceptor group, scheduled development activities to help assess identified needs, and opportunities for sharing ideas between preceptors with a variety of experience. The following policy provides definitions, qualifications of preceptors and preceptor-in-training, and required elements of the program.

Definitions:

1. **Preceptor:** Meets preceptor qualifications per ASHP accreditation standards 4.5, 4.6, 4.7, and 4.8.
2. **ASHP accreditation standards:** preceptor eligibility, responsibilities, and qualifications
    a. Pharmacist Preceptors' Eligibility (**Standard 4.5**):
    Pharmacist PGY-1 preceptors must be licensed pharmacists who
        i. have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted.
        ii. have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted
        iii. without completion of an ASHP-accredited residency, have three or more years of pharmacypractice experience in the area precepted.
    Pharmacist PGY-2 preceptors must be licensed pharmacist who
        i. have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice experience in the advanced area precepted
        ii. without completion of an ASHP-accredited PGY2 residency, have three or more years of pharmacypractice experience in the advanced area precepted.
    b. Preceptors' responsibilities
    Preceptors serve as role models for learning experiences. They must:
        i. contribute to the success of residents and the program
        ii. provide learning experiences in accordance with Standard 3
        iii. participate actively in the residency program's continuous quality improvement processes
        iv. demonstrate practice expertise, preceptor skills, and strive to continuously improve
        v. adhere to residency program and department policies pertaining to residents and servicesdemonstrate commitment to advancing the residency program and pharmacy services.

vi. demonstrate commitment to advancing the residency program and pharmacy services

c. Preceptors' qualifications (**Standard 4.6 and 4.7**):
   i. Preceptors must demonstrate the ability to precept residents' learning experiences as evidenced by:
      1. Content knowledge/expertise in the area(s) of pharmacy practice precepted.
      2. Contribution to pharmacy practice in the area precepted.
      3. Role modeling ongoing professional engagement.
   ii. Preceptors must maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors. Preceptors actively participate and guide learning when precepting residents.

d. Preceptors not meeting current ASHP standards
   i. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in ASHP accreditation standards 4.6.a, 4.6.b, and/or 4.6.c must:
      1. Have a documented preceptor development plan to meet the qualifications forbecoming a residency preceptor within two years

e. Non-Pharmacist preceptors **(Standard 4.8)**
   i. Non-Pharmacist preceptors (e.g., physicians, physician assistants, certified advanced practice providers) may be utilized as preceptors per the following requirements:
      1. Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice and this is documented in the resident's development plan.
      2. The RPD, designee, or other pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience.
      3. The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is a non-pharmacist precepted learning experience.
      4. At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward achievement of the educational objectives assigned to the learning experience.

Preceptor Appointment

To be considered a new residency preceptor, interested pharmacist shall submit a completed ASHP Academic and Professional Record (APR – see Appendix 1) and Preceptor Criteria Worksheet (see Appendix 2) to the RPD and/or delegated committee of preceptors.

Preceptor Expectations

- Prospectively identifies and notifies attending physicians and medical residents in service areas of pharmacypractice resident rotations, clearly outlining goals and objectives of the program.

- Prepares/updates learning experience description, corresponding objectives, and activities to develop theresident's knowledge and skills in a given practice setting.
- Reviews rotation objectives, schedules activities, responsibilities, and expectations with resident prior to or on thefirst day of the learning experience.
- Orients resident to pharmacy department and patient care areas. Documentation of orientation will be completed in PharmAcademic™ during the first week of each rotation.
- Introduces resident to medical team (where applicable).
- Regularly interacts with resident during rotations.
- Provides feedback throughout rotation.
- Serves as a role model for resident through active participation in the delivery of comprehensive pharmacy services in the rotation area.
- Informs resident and RPD immediately of unsatisfactory performance or problem areas.
- Completes formal PharmAcademic™ evaluations of resident at end of rotation in accordance with residencyprogram expectation no later than 7 days from the completion of the learning experience conclusion.
- Remain educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- Will be evaluated and discussed as part of annual performance reviews
- Meets with and discusses evaluation with the resident at the end of the rotation.
- Continually seeks to promote and improve the quality of the residency experience.
- Obtains a Michigan Board of Pharmacy Preceptor license via the Michigan Board of Pharmacy (using the MiPLUSsystem)

Preceptor Development

1. RPDs are responsible for ensuring preceptors are evaluated on their performance in the preceptor roles of instructing, modeling, coaching, and facilitating. An evaluation of the preceptor and learning experience should becompleted by all residents at the end of each rotation and quarterly for longitudinal residency requirements. Residents should discuss their evaluation with their preceptors and provide recommendations for improvement.
2. Preceptors are expected to participate in at least four preceptor development sessions per academic year (i.e. July – June). These may include and are not limited to: documented participation in live or virtual departmental preceptor development sessions, preceptor development continuing education (i.e., FSU COP Annual Preceptor Development Conference), and preceptor development webinars provided by the external sources such PharmacyLibrary®, attendance at the National Pharmacy Preceptors Conference or Accreditation/Preceptor Development Resource provided on the ASHP website. At least one preceptor development session must include information on wellbeing and resiliency. Preceptors will maintain a record of completed preceptordevelopment and submit with the annual preceptor survey. Live preceptor development sessions may be provided by any member of the department. The RPD shall facilitate a minimum of one preceptor development offering per calendar year.
3. Live preceptor development sessions may be provided by any member of the department. The RPD shall facilitate a minimum of one preceptor development offering per calendar year.

4. The RPD will be evaluated by the residents at the end of each year. Residents should discuss their evaluation withthe RPD and provide recommendations for improvement. These evaluation and recommendations will be documented for future reference.
5. Residency preceptors will complete and update APR (see Appendix 1) annually and submit it by June 1st to theRPD.
6. Preceptors will complete a THGR Annual Residency Preceptor Self-Assessment that should be submitted by June 1st to the RPD (see Appendix 3). The RPD and/or delegated committee of preceptors will review the preceptor self-evaluations and program needs assessments annually and provide timely feedback to the residency preceptors as necessary.
7. Residency preceptors will complete the Preceptor Criteria Worksheet every 3 years in a rolling cycle by June 1st tothe RPD (see Appendix 2).
8. Preceptors will be reappointed based on the ability to continue to meet preceptor qualifications at the end of the3-year cycle. If a preceptor receives >1 “never” score on their residency evaluations during this 3 year cycle, the RPD will review for any corrective action as appropriate, including assigning the preceptor a mentor and will develop a preceptor remediation plan (see Appendix 4) that shall be completed within 2 years in order to meet the ASHP qualifications as a preceptor.
9. Preceptors who do not meet criteria for Standards 4.6.a, 4.6.b, and/or 4.6.c will have a documented individualized preceptor development plan (see Appendix 5) to achieve qualifications within two years.

Appendix 1: Academic and Professional Record

PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD*

Full Name and Credentials:
Position or Title:
Are you a Residency Program Director (RPD)? ☐ Yes ☐ No If yes, for which type of program are you RPD? ☐ PGY1 ☐ PGY2 (specialty area(s): _____ Organization/Training Site:
Title of Learning Experience(s) Precepted:

ELIGIBILITY

EDUCATION:

College or University	Dates	Degree/Major

ASHP-ACCREDITED RESIDENCY TRAINING – **Standard 4.2 (if RPD)/Standard 4.5 (if preceptor)**

Specific Type of Postgraduate Training	Organization	Program Director	Dates

PROFESSIONAL EXPERIENCE (List your experience in pharmacy practice for the last five years, most recent record first.) – **Standard 4.2 (if RPD)/Standard 4.5 (if preceptor)**

Practice Site	Location	Position and Practice Area	Dates

QUALIFICATIONS

Briefly describe your contributions/experiences in the following sections:

IF PGY2 RPD, PLEASE COMPLETE THIS SECTION. IF NOT, SKIP TO NEXT SECTION.

BPS Certification in advanced practice area - Standard 4.3a

BPS Certification type	Expiration date

PRECEPTORS AND RPDS WHO ALSO SERVE AS PRECEPTORS:

Content knowledge/expertise in the area(s) of pharmacy practice precepted - Standard 4.6a

Note: At least one example in this section must be addressed.

- Any active BPS certification(s)

BPS Certification type	Expiration date

- Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD)
    - Type:

- Completion of Pharmacy Leadership Academy (DPLA)
    - Date completed:

- Pharmacy-related certification in the area precepted recognized by the Council on Credentialing in Pharmacy (CCP):

Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS)

Certification Type	Expiration date

- For non-direct patient care areas, nationally recognized certification in the area precepted (see Standard and Guidance for examples)

Certification Type	Expiration date

- Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university (must be obtained or renewed in the last four years)

Name of certificate program	Certificate provider	Completion date

- Privileging for advanced practice granted by preceptor's current organization (must include peer-review as part of the renewal process). Privileging for therapeutic substitution protocols or pharmacokinetic protocols WILL NOT be accepted. See Standard and Guidance for privileging criteria required:

Privileging Type	Date granted

Note: if privileging is used to meet this section, one copy of organization's privileging policy, example application packet, and applicable collaborative practice agreements/protocols must be included in packet for ASHP residency accreditation surveys.

- Subject matter expertise as demonstrated by:

  ☐ Completion of PGY2 residency training in the area precepted PLUS at least **2 years** of practice experience in the area precepted

  OR

  ☐ Completion of PGY1 residency training PLUS at least **4 years** of practice experience in the area precepted

  OR

  ☐ Completion of PGY2 residency training NOT in the area precepted PLUS at least **4 years** of practice experience in the area precepted

  OR

  ☐ At least **5 years** of practice experience in the area precepted

CONTRIBUTIONS TO PHARMACY PRACTICE

RPDs AND PRECEPTORS:

Contribution to pharmacy practice - Standard 4.3b (if RPD)/Standard 4.6b (if preceptor)

- At least one example in at least one section must be demonstrated.
  AND
- Examples are from the last four years of practice - Examples older than 4 years will NOT be considered.
  AND
- Do NOT include examples that occurred prior to licensure and/or during residency training – they will NOT be considered.

Contribution to the development of clinical or operational policies/guidelines/protocols

- for preceptors, this must be related to the practice area precepted
- for RPDs this can include maintenance and development of residency policies

Narrative	Date of contribution

Contribution to the creation/implementation of a new clinical or operational service

- for preceptors, this must be related to the practice area precepted

Narrative	Date of contribution

Contribution to an existing service improvement

- for preceptors, this must be related to the practice area precepted

Narrative	Date of contribution

In-services or presentations to pharmacy staff/other health professionals at organization. This can be at least 3 different in-services/presentations given in the past 4 years OR a single in-service/presentation given at least annually within the past 4 years.

Name of In-service/Presentation	Audience	Date

(Preceptors CAN use this to meet this section; RPD's can NOT use this to meet this section – RPDs must meet this in the following section):

Appointments to drug policy or other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) other residency-related committees:

Committee	Date appointment ended (if not current)

APPOINTMENTS TO COMMITTEES (RPDS ONLY)
Ongoing committee participation - Standard 4.3c Note: Must include at least one current example

Appointments to drug policy or other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees:

Committee	Date appointment ended (if not current)

PROFESSIONAL ENGAGEMENT (RPDS AND PRECEPTORS)

Role models ongoing professional engagement - Standard 4.3d (if RPD)/Standard 4.6c (if preceptor)
• At least one example in 3 different sections must be demonstrated
AND
• With the exception of examples in the "Lifetime Achievement" section, **all examples must have occurred within the past 4 years** – activities older than 4 years will not be considered.
AND
• **Do not include examples that occurred prior to licensure and/or during residency training** – they will not be considered (even if within the past 4 years). Exceptions:
  ○ Completion of a Teaching Certificate Program may be completed during residency training (provided it was completed within the past 4 years).
  ○ Under "Publications in peer-reviewed journals", publishing your residency project WILL be considered if published post-residency AND you are the lead author (provided it was published within the past 4 years).

Lifetime Achievement:

Note: example(s) in the Lifetime Achievement section must designate professional excellence over a career; therefore, the year conferred does not need to be within the past 4 years to count. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at state/regional level.

Achievement	Awarding body
Example: FASHP	*ASHP*

Primary preceptor for pharmacy APPE/IPPE students (does not include precepting residents):

Learning Experience Precepted	Most recent year precepted

Classroom/lab teaching experiences for healthcare students (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site)**:**

Audience Members	Course/Lecture	Date(s)

Service (beyond membership) in national, state, and/or local professional associations:

Name of Association	Office Held, Committee Served	Date(s)

Presentations or posters at local, regional, and/or national professional meetings (co-authored posters with students/residents are acceptable). Do not include presentations or posters during residency training.:

Title	Professional Meeting	Month/Year

Completion of a teaching certificate program *(may be completed during residency if completed within the last 4 years).*

Name of Program	Sponsor	Date completed

Providing preceptor development to other preceptors at the site:

Title	Month/Year

Evaluator at state/regional residency conferences; poster evaluator at professional meetings; evaluator at other local/regional/state/national meetings; CV reviewer/mock interviewer for local/regional/state/national organizations; and/or ASHP RPD Mentor (RPD only):

Conference/Meeting	Date(s)

Publications in peer-reviewed journals or chapters in textbooks:

Title	Name of Journal/Book	Month/Year

Formal reviewer of submitted grants or manuscripts. (Do not include review of posters/presentations/publications authored by staff/residents within your organization):

Journal Name/Type	Date(s)

Participant in the provision of a wellness program(s), health fair(s), health-related consumer education class(es), and/or employee wellness/disease prevention program(s) (e.g., can be within the organization, community, schools, places of worship):

Type of Program	Sponsor or setting	Date of last participation

Community service related to professional practice (e.g., free clinic, medical mission trip):

Type of activity	Dates

Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor):

Type of activity	Dates

Awards or recognitions at the <u>organization or higher</u> level for patient care, quality, or teaching excellence <u>not included in any other section</u> (please describe type and date of recognition and the approximate number of recipients per year):

Award/recognition	Awarding body	Date	Number of recipients per year

---

For preceptors that do not meet Standards 4.6a, 4.6b, and/or 4.6c (Qualifications, Contributions to [Pharmacy] Practice, and/or Professional Engagement): attach individualized preceptor development plan showing how this preceptor will meet Standards 4.6a, 4.6b, and 4.6c within two years **- Standard 4.6d.**

Appendix 2: Preceptor Criteria Worksheet[1]

Name:

Preceptor Eligibility Criteria (Select one): **4.5a PGY1 Pharmacist Preceptors must be licensed pharmacists who:**	
	Completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in the area precepted.
	Completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in the area precepted.
	Have three or more years of pharmacy practice experience without an ASHP-accredited PGY1 residency in the area precepted.
4.5b PGY2 Pharmacist Preceptors must be licensed pharmacists who:	
	Completed an ASHP-accredited PGY2 residency program followed by a minimum one-year of pharmacy practice experience in the area precepted.
	Have three or more years of pharmacy practice experience in the area precepted if they have not completed an ASHP-accredited PGY2 residency program.
Preceptor Qualification Criteria:	
4.6.a Content knowledge/expertise in the area(s) of pharmacy practice precepted.	
	Any active BPS Certification(s) (type(s) and expiration date).
	Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD).
	Completion of Pharmacy Leadership Academy (DPLA).
	Pharmacy-related certification in the area precepted recognized by Council on Credentialing in Pharmacy (CCP): Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS).
	For non-direct patient care areas, nationally-recognized certification in the area precepted. Examples: Certified Professional in Healthcare Information and Management Systems (CPHIMS) or Medical Writer Certified (MWC)
	Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university. Certificate of completion obtained or renewed in last four years.
	Privileging granted by preceptor's current organization that meets the following criteria: • Includes peer review as part of the renewal process. • Only utilized for advanced practice. Privileging for areas considered to be part of the normal scope of practice for pharmacists such as therapeutic substitution protocols or pharmacokinetic protocols will not meet the criteria for 4.6.a. • If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process.
	Subject matter expertise as demonstrated by: • Completion of PGY2 residency training in the area precepted PLUS at least 2 years of practice experience in the area precepted. or • Completion of PGY1 residency training PLUS at least 4 years of practice experience in the area precepted. or • PGY2 residency training NOT in the area precepted PLUS at least 4 years of practice experience in the area precepted. or • At least 5 years of practice experience in the area precepted.
4.6.b Contribution to pharmacy practice in the area precepted within the last 4 years (check at least one)	
	Contribution to the development of clinical or operational policies/guidelines/protocols.
	Contribution to the creation/implementation of a new clinical or operational service.
	Contribution to an existing service improvement.
	Appointments to drug policy and other committees of the organization or enterprise (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees
	In-services or presentations to pharmacy staff or other health professionals at organizations. This can be at least 3 different inservices/presentations given in the past 4 years, OR a single inservice/presentation given at least annually within the past 4 years.

4.6.c Ongoing professionalism, including personal commitment to advancing the professionalism (must complete at least 3 activities in the last 5 years)	
	Serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)
	Presentation/poster/publication in professional forums
	Poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
	Active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
	Active community service related to professional practice (e.g., Free Clinic, medical mission trips)
	Evaluator at regional residency conferences or other professional meetings
	Routine in-service presentations to pharmacy staff and other health care professionals
	Primary preceptor for pharmacy students
	Completion of a Teaching and Learning Program
	Providing preceptor development topics
	Professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
	Contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
	Publication of original research or review articles in peer-reviewed journals or chapters in textbooks
	Publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
	Teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, inservice)
	Active involvement on committees within enterprise (e.g., work impacts more than one site across a health system
4.7 Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors.	
	How many times do you/preceptor group meet with resident per week: _____0-1 _____2-3 _____>4

[1] This document is also available electronically – please visit to complete: https://forms.office.com/Pages/ResponsePage.aspx?id=GeaRDSxKgEy5WY_fUY5S6IxaBrz8URpFhH1Vt7sdP_5UNFhMVlBPT1gwUzJXMVZJS1BZNlhWTUJPMi4u

Appendix 3. THGR Annual Residency Preceptor Self-Assessment[2]

THGR Annual Residency Preceptor Self-Assessment					
Preceptor:	Date:				
Preceptor Skills Assessment Residency programs are responsible for showing evidence of the evaluation, skills assessment, and development of preceptors in the program. Responses will be used to design a departmental preceptor development plan for the next year.					
Precepting Skills	**Self-assessment (1 through 5)**				
1 = no experience, 2 = novice, 3 = developing, 4 = proficient, 5 = independent					
Interest level for precepting pharmacy residents	1	2	3	4	5
How does your interest level compare to previous years?	Less		Same		More
Ability to serve as a role model for residents	1	2	3	4	5
Setting expectations for residents	1	2	3	4	5
Asking questions that cause self-directed learning	1	2	3	4	5
Questioning learners effectively	1	2	3	4	5
Adapting teaching style to meet the needs of the learner	1	2	3	4	5
Using active teaching models	1	2	3	4	5
Being available for resident interactions on a regular basis	1	2	3	4	5
Arranging the necessary opportunities to allow residents to complete all learning objectives	1	2	3	4	5
Managing different levels or stages of learners	1	2	3	4	5
Motivating and engaging learners in the learning experience	1	2	3	4	5
Engaging in difficult conversations with a learner	1	2	3	4	5
Incorporating resident self-reflection into the learning experience	1	2	3	4	5
Identifying at-risk learners	1	2	3	4	5
Providing well-being and resilience resources to learners	1	2	3	4	5
Giving formative feedback to learners	1	2	3	4	5
Writing criteria-based summative feedback to residents	1	2	3	4	5
Performing the four preceptor roles of direct instruction, modeling, coaching and facilitation	1	2	3	4	5
Using feedback in evaluations to change your learning experiences	1	2	3	4	5
Identifying preceptor's own areas of improvement	1	2	3	4	5
Developing SMART goals for preceptor's own development	1	2	3	4	5

1. From evaluations in PharmAcademic™ describe at least one positive comment and one area of improvement provided by aresident for your LEARNING EXPERIENCE.
   - Positive comment:
   - Area of improvement:

2. From evaluations in PharmAcademic™ describe at least one positive comment and one area of improvement provided by aresident as regards your performance as a PRECEPTOR :
   - Positive comment:
   - Area of improvement:

3. Provide an example of a comment provided to a resident via summative or formative evaluation that was specific and actionable, used criteria that related to a specific educational objective, recognized residents' skill development and includeddirection on how residents' may improve their performance.

Preceptor Development Goals Assessment

Identify your top 3 goals related to preceptor development

Preceptor Development Activities

Attendance was noted at all RPD arranged Preceptor Development activities. Please note additional activities completed to achievefour hours of preceptor development activities.

Preceptor signature (typed is ok):__Date Submitted:___

[2] This document is also available electronically – please visit to complete:
https://forms.office.com/Pages/ResponsePage.aspx?id=GeaRDSxKgEy5WY_fUY5S6IxaBrz8URpFhH1Vt7sdP_5UMkRSWFYzUlU4UTU2OVI4R1pXOEUxOFE2My4u

Appendix 4: Preceptor Remediation Plan

Based on the PharmAcademic™ Preceptor Evaluation, the following requirements have been identified as areas of focus for the upcoming year for this preceptor undergoing remediation.

1.

2.

3.

4.

Mentor:

Activities and Scheduling:

Requirements	Description of Activities to Meet Requirements	Timeline

Mentor sign-off:_____ Date:_____

RPD sign-off:_____ Date:_____

Appendix 5: Preceptor-in-Training Development Plan

Based on the ASHP APR and Preceptor Criteria Worksheet, the following requirements have been identified as areas of focus for the upcoming year for this PIT to meet the requirements as a preceptor.

1.

2.

3.

4.

Mentor:

Activities and Scheduling:

Requirements	Description of Activities to Meet Requirements	Timeline

PIT sign-off: :_____Date:_____

PIT Mentor sign-off:_____Date:_____

RPD sign-off:_____Date:_____

Title: PGY1 and PGY2 Pharmacy Resident Resiliency and Wellness Policy

Applies to:
☒ Trinity Health Grand Rapids
☒ Clinics and Physician Offices
☒ Department Specific
☐ Nursing
☒ Other: Pharmacy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY STATEMENT: PGY1 and PGY2 pharmacy residency programs offer residents the opportunity to develop key clinical skills over the course of an often demanding academic year. Due to the sometimes stressful nature of residency training, established policies for maintaining resident resiliency is important for supporting the overall wellbeing of those involved in the training program. As an ASHP accredited pharmacy residency program, we support ASHP's commitment to clinician wellbeing and resilience.

PROCEDURE:
As part of the orientation to the residency, residents will educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies. The resources outlined in this policy will also be reviewed and made available to the resident during orientation.

Mentorship
Within the first quarter of starting the residency program, all residents will select a mentor from the preceptors currently associated with the residency program. This mentor will serve as an advisor to the resident with regards to not only career development but also to maintaining a healthy work/life balance. All mentors will meet with their residents at least once a quarter to review the resident's current stress level and wellbeing. In addition, all residents will self-evaluate their current work/life balance on a scale of 1 to 10 (10 representing a sense of out-of-control obligations, deadlines, or tasks which result in high levels of stress) on their monthly duty hours review. If any resident indicates a 7 or more on this self-assessment, their mentor will meet with them an additional time to assess the causes of the stress and formalize a development plan to improve the resident's wellbeing. (See attached example development plans)

Live Your Whole Life
At Trinity Health, we believe our spiritual, mental, emotional, physical, financial, social, and vocational well-being can positively affect quality of life, not only for ourselves, but also for our families and those we serve. Life Your Whole Life is the integrated well-being program for colleagues and their families; and is comprised of activities, tools and benefits that support us in achieving our unique well-being goals. All colleagues and their family members are eligible for the Self-Care Platform, Mental Well-being Benefit, Student Loan Relief Services, Colleague Discounts, and Weight Management effective date of hire. Regular full-time and part-time benefits-eligible colleagues may participate in the Tuition Reimbursement Program, Voluntary Benefits and Adoption Assistance Program effective date of hire.

Spring Health
Spring Health is a component of the Trinity Health Colleague Care program that offers confidential counseling. Up to six (6) free therapy sessions and six (6) coaching sessions per calendar year are available to Trinity Health colleagues and each of their household members (age 6 years and older). Beyond that, a Spring Health Care

Navigator can explain how additional sessions integrate with your medical plan. Trinity Health members can access this resource at any time to receive visits with a qualified counselor to discuss marital relationships, stress management, substance abuse, parent/child relationships, grief and loss, or difficult emotional issues. Residents can also utilize Spring Health by calling 1-855-629-0554, using the Spring Health App, or visiting trinityhealth.springhealth.com to initiate a consultation. Spring Health and other colleague resources can be found at thcccolleagueinfo.org.

Preceptor Development

Preceptors are expected to participate in at least four preceptor development sessions per academic year. Resources will be provided to allow for at least one of these development sessions to be on a topic related to resiliency, wellbeing, or burnout. Preceptors will be expected to remain educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist. Choosing to review one of the many webinars or articles found on ASHP's wellness website (https://wellbeing.ashp.org/), will count towards a preceptors four development sessions. Preceptors will strive to be mindful about the wellbeing of the residents and other preceptors, encouraging adequate sleep, healthy eating, and even scheduling group social outings when deemed appropriate.

Resident Volunteering and Social Outings

Once a quarter, all residents will be encouraged to take part in a team building volunteer opportunity. In the past, some examples of these have included volunteering at a local food pantry, park clean-ups, and canned food drives. Preceptors will be encouraged to take part as well. After the events, preceptors will often take the residents out for lunch or dinner to allow for informal well-being check-ins outside of work.

Sample Resiliency Development Plan

Personal Wellbeing
Who do you utilize for personal support and how are they supporting you?
What stressors (if any) are you experiencing? Are there any coping measures that you are utilizing? If so, how are they working?
Describe what you have done (or are currently doing) that has been enjoyable and how this has/will help you in the residency?
What would make your life better and more joyful? How can we achieve this?
What have you been (or are) most thankful for?

Strengths
Describe how you have utilized your strengths to help you achieve your personal and professional goals.
What recent aspects of the residency program have left you feeling fulfilled, energized, and focused?
What recent aspects of the residency program have drained you, felt laborious, or that you avoided or postponed?
In what ways can you work to balance the energizing tasks with the laborious tasks?

Residency Support
Is the RPD/program meeting your expectations? (If yes, how? If no, how can the RPD/program better serve you?)