

Highland Hospital PGY1 Pharmacy Residency Program

Residency Policy Appendix



MEDICINE *of* THE HIGHEST ORDER

Table of Contents

HH Benefits-at-a-Glance and Medical Plans-at-a-Glance (Employee Benefits Guide 2022)	1
Highland Hospital Human Resource Policy: Disciplinary Action 123	21
Highland Hospital Human Resource Policy: Termination of Employment 124	25
Personnel: Travel and CE Reimbursement Policy	29
Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors	32
Process for the Selection and Evaluation of Resident Candidates	36
PGY2 Early Commitment Policy	39
Preceptor Requirements, Expectations and Development	42
Residency Preceptor in Training	45

HIGHLAND HOSPITAL

EMPLOYEE BENEFITS GUIDE

2024

New Hires



Status Changes



Qualifying Life Events



WHAT'S INSIDE

Welcome, Deadlines, Eligibility and How to Enroll	3
Benefit Enrollment Portal Instructions	4
Family Eligibility For Benefits	5
Changing Benefits During the Year	6
Medical Insurance Overview	7
Medical Insurance Contributions	8
Health Savings Account	8
Dental Insurance Overview and Contributions	9
Vision Insurance Overview and Contributions	10
Flexible Spending Accounts	11
Life and AD&D Insurance	12
Disability Insurance	13
Voluntary Benefits	14
Retirement Plan	15
Additional Benefits	16
Benefits-At-A-Glance	17
Carriers/Vendors & Human Resources Contacts	18
Benefit Plan Regulatory Notices and Disclosure	19

Welcome to Highland Hospital!

Highland offers employees a wide range of benefits programs designed to help you and your family stay healthy, protect your income and balance your life needs. It is up to you to understand your options and decide how to use them to your full advantage. We urge you to review your benefits packet materials during your first week of employment, as you have decisions to make within 30 days and the more you know the better choices you can make.

Deadlines for Benefits Enrollment:

- New Hires: Within 30 days after date of hire.
- Employment Status Changes: Within 30 days after status change date.
- Qualifying Life Events: Within 30 days after the qualifying life event date.

There is no enrollment deadline extension allowed. It is your responsibility to complete the online enrollment process by your 30-day deadline. If you miss this deadline, you must wait until the next annual Open Enrollment period to enroll, unless you experience a Qualifying Life Event.

Who is Eligible?

All full-time employees (regularly scheduled to work 36 or more hours per week) and part-time employees (regularly scheduled to work 20 or more hours per week) and their eligible family members (refer to page 5 for eligibility definitions) are eligible to participate in Highland's benefits program.

How to Enroll in Benefits

Highland provides employees a user-friendly online enrollment portal (Benefitplace). The enrollment portal is accessible from any Highland or personal web-enabled device (computer, tablet, smartphone) and it is available to you at any time - 24/7/365.

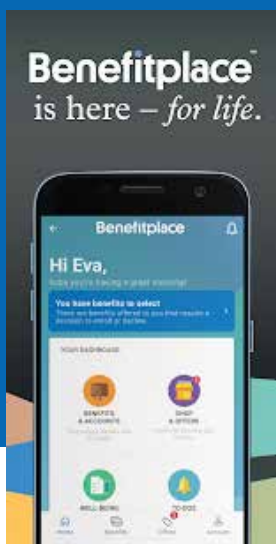


BENEFITS ENROLLMENT PORTAL APP

Get the most out of your benefits. The Benefitplace™ mobile app can be used to complete enrollment and to access your personal benefits information and helpful resources while on-the-go.

- View plan information that will help you use your benefits.
- Store your ID cards to make completing forms and office visits easier.

Download Benefitplace™ from the iTunes or Google Play App Store and enter the activation code "Highland". Log in using the same username and password that you use to access the enrollment portal.



Three Options to Access the Benefits Enrollment Portal (Benefitplace)

1 Highland Intranet (use Google Chrome as your web browser)

- Navigate to Highland's intranet
- Under HR Resources, click on Benefitplace – Benefits Enrollment
- Enter your URMC login information

2 Use the Benefitplace App

- Download the App from the iTunes App or Google Play App Store
- Enter mobile activation code: Highland
- Enter User ID: HH + Employee ID # (Example: HH20185)
- If your primary work assignment is at a long term care facility, replace HH + Employee ID # with your long term code, HAB, HLC, or HAP + Employee ID# (Example: HAB20185)
- Enter Password: Last Name (first letter capitalized) + last 4 digits of Social Security # (Example: Jones1234)

3 From your Personal Computer (use Google Chrome as your web browser)

- Go to <https://highland.hrntouch.com>
- Enter User ID: HH + Employee ID # (Example: HH20185)
- If your primary work assignment is at a long term care facility, replace HH + Employee ID # with your long term code, HAB, HLC, or HAP + Employee ID# (Example: HAB20185)
- Enter Password: Last Name (first letter capitalized) + last 4 digits of Social Security # (Example: Jones1234)

FAMILY ELIGIBILITY for Benefits

You may only enroll eligible family members in Highland's benefits programs. It is your responsibility to know and understand eligibility requirements and to make changes to your benefits by the required deadline when you have a change in family member eligibility. Employees may not have dual coverage under Highland's benefits programs both as an employee and as a spouse, domestic partner or child.

If you are enrolling a spouse, domestic partner or dependent, you need to provide documentation (which you upload directly into the enrollment portal) that proves eligibility by the enrollment deadline. Details regarding documentation requirements and submission are provided during the online enrollment process.

Eligible family members include:

SPOUSE/DOMESTIC PARTNER

Legally married spouses and same- and opposite-sex domestic partners.

CHILD*

Medical Insurance: your and/or your domestic partner's child without regard to marital status or household residency to age 26.

Dental, Vision, Hospital Indemnity, Critical Illness, Accident Insurance: your and/or your domestic partner's dependent unmarried child who can be claimed on your Federal Income Tax return to age 26.

Voluntary Child Life Insurance: your and/or your domestic partner's dependent unmarried child who is primarily financially supported by you to age 23.

Medical, Dental, Vision, Hospital Indemnity, Critical Illness, Accident Insurance: your and/or your domestic partner's dependent unmarried child of any age who is incapable of self-sustaining employment by reason of mental illness, developmental or intellectual disability, or physical handicap and who became so incapable prior to attainment of the age at which the child's coverage would otherwise terminate.

* Child refers to your natural children, legally adopted children, step children, and children for whom you are the proposed adoptive parent without regard to financial dependence, residency with you, student status or employment. A proposed adopted child is eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption. Coverage also includes children for whom you are a legal guardian if the children are chiefly dependent upon you for support and you have been appointed the legal guardian by a court order. Foster children and grandchildren are not covered.



Changing Your Benefits During the Year

Once Open Enrollment ends, you cannot change your benefit elections until the next annual Open Enrollment period unless you experience a “Qualifying Life Event.” Below are examples of life events that can impact your benefit elections:

- Marriage
- Divorce or legal separation
- A change in your dependent child’s eligibility status under the plan
- Birth or adoption
- Death of a spouse or dependent child
- Change in your employment status or that of your spouse or dependent child that affects benefits coverage
- Involuntary loss or gain of other benefits coverage

If you experience a qualifying life event, your online benefit change request needs to be consistent with the event type and be made within 30 days after the event date. This means that you must go to the enrollment portal and make your changes online no later than the 30th calendar day after the event date. Additionally, you need to upload proof of your Qualifying Life Event no later than 30 calendar days after the event date.

If you, your spouse and/or your dependents lose eligibility for Medicaid or a State Children’s Health Insurance Program (CHIP), you may enroll in a Highland medical, vision and/or dental insurance plan; however, you need to make your online benefit election within 60 days after your Medicaid or CHIP coverage ends. If you, your spouse and/or your dependents gain eligibility for Medicaid or CHIP, you may cancel your Highland medical, vision and/or dental insurance coverage; however, you need to complete your online cancellation within 60 days after your Medicaid or CHIP coverage starts.



TO VERIFY A:	EMPLOYEE MUST SUBMIT ONE OF THE FOLLOWING VERIFICATION DOCUMENTS:
SPOUSE	<ul style="list-style-type: none"> • Valid legal or religious marriage certificate (must include the date of marriage) • Current (within the last 12 months) property tax or utility bill with both employee and spouse’s name • Current document from a joint bank account or financial institution • Current insurance document (homeowner, renter or automobile) with employee and spouse’s name • Current mortgage document/lease with both employee and spouse’s name as joint owners or renters • Current, valid vehicle registration or title with both employee and spouse’s names as joint owners • Most recent Federal or State income tax return with spouse’s name and status of married filing jointly or separately
DOMESTIC PARTNER	<ul style="list-style-type: none"> • Highland Hospital Certification of Domestic Partner Status
CHILD up to age 26	<ul style="list-style-type: none"> • Child’s legal or hospital birth certificate or hospital affidavit of parentage • Most recent Federal or State income tax return, listing the child as your dependent (daughter, son, or child). • Final divorce decree or parental custody agreement • Legal adoption papers, legal guardianship papers or custody agreements • National Medical Child Support or Income Withholding Support orders showing the employee or the employee’s spouse are required to provide medical coverage for the child
CHILD permanently disabled and age 26+	<ul style="list-style-type: none"> • Document from row above: (birth certificate, legal adoption papers, etc.) AND current statement from physician certifying that the dependent child cannot support themselves because of a physical or mental disability which started prior to the child reaching age 26

Medical Insurance

Insurance Carriers: Excellus and MVP

Medical Insurance Plans Overview (for In-Network services)

Medical Insurance plans' Summaries of Benefits and Coverage (SBCs) charts are included in your Benefits packet. Please refer to these charts for a more detailed explanation of benefit provisions and costs for both In-Network and Out-of-Network services.

Plan Features	HSA Saver				Healthy Basics EPO				Health Advantage PPO			
	Tier 1 AHP		Tier 2 Excellus or MVP		Tier 1 AHP		Tier 2 Excellus or MVP		Tier 1 AHP		Tier 2 Excellus or MVP	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Deductible	\$1,600	\$3,200	\$2,000	\$4,000	\$300	\$600	\$600	\$1,200	\$500	\$1,000	\$1,000	\$2,000
Coinsurance (Plan % / Participant %)	90% / 10%		70% / 30%		90% / 10%		70% / 30%		90% / 10%		80% / 20%	
Out-of-Pocket Maximum	\$3,000	\$6,000	\$4,000	\$8,000	\$2,750	\$6,500	\$5,000	\$12,500	\$2,000	\$4,625	\$3,500	\$8,750
Primary Care Physician	90% / 10% (after deductible)		70% / 30% (after deductible)		\$30 Copayment (after deductible)		70% / 30% (after deductible)		\$30 Copayment		80% / 20% (after deductible)	
Specialist Physician	90% / 10% (after deductible)		70% / 30% (after deductible)		\$45 Copayment (after deductible)		70% / 30% (after deductible)		\$45 Copayment		80% / 20% (after deductible)	
Urgent Care	90% / 10% (after deductible)		70% / 30% (after deductible)		\$50 Copayment (after deductible)		70% / 30% (after deductible)		90% / 10% (after deductible)		80% / 20% (after deductible)	
Emergency Room	90% / 10% coinsurance (after Tier 1 deductible)				\$125 copayment (after Tier 1 deductible)				\$125 Copayment			
Hospital Inpatient & Outpatient (including diagnostic services)	90% / 10% (after deductible)		70% / 30% (after deductible)		90% / 10% (after deductible)		70% / 30% (after deductible)		90% / 10% (after deductible)		80% / 20% (after deductible)	
Prescription Drugs - Retail	\$10/\$35/\$60 (after deductible)				\$10 generic (no coverage for brand name or specialty drugs)				\$10/\$30/\$50			
Prescription Drugs - Mail Order	2.5x retail cost				N/A				2.5x retail cost			
Annual Routine Eye Exam	90% / 10% (after deductible)		70% / 30% (after deductible)		\$40 Copayment (after deductible)		70% / 30% (after deductible)		\$40 Copayment		80% / 20% (after deductible)	
Health Savings Account Annual Employer Contribution (made in January)	Annual Base Pay \$59,999 or less: Employee - \$500 Family - \$1,000				N/A				N/A			
	Annual Base Pay \$60,000 or more: Employee - \$100 Family - \$200											

HSA REMINDERS:

- Participation in the HSA Saver plan automatically includes a Health Savings Account (HSA) that is funded by Highland unless you opt-out during the online enrollment process. You can also elect to make voluntary contributions to your HSA on a pre-tax basis during the online enrollment process.
- Attention age 65 employees: If you are enrolled in Medicare (including Part A), you are not eligible to contribute to a Health Savings Account (HSA). If you would like to contribute to an HSA you can, but you must waive Medicare coverage. If you are turning age 65 in 2023 and you are contributing to an HSA, you must stop your contributions one month prior to your 65th birthday unless you waive Medicare coverage. If you are collecting Social Security benefits due to age, you will not be able to waive Medicare Part A coverage; therefore, you cannot contribute to an HSA. After you turn age 65, you can continue to use your HSA for eligible out-of-pocket expenses, however, you cannot use your HSA to pay for Medicare supplemental plan (Medigap) premiums.

Medical Insurance Contributions

Full-Time Employee Contributions (24 pay periods)

	HSA Saver PPO		Healthy Basics EPO		Healthy Advantage PPO	
	Per Pay Period	Annual	Per Pay Period	Annual	Per Pay Period	Annual
Employee	\$13.93	\$334.32	\$56.73	\$1,361.52	\$95.25	\$2,286.00
Employee + Child(ren)	\$25.07	\$601.68	\$101.52	\$2,436.48	\$170.82	\$4,099.68
Employee + Spouse/Domestic Partner	\$30.62	\$734.88	\$124.40	\$2,985.60	\$209.13	\$5,019.12
Family	\$41.74	\$1,001.76	\$170.22	\$4,085.28	\$285.74	\$6,857.76

Part-Time Employee Contributions (24 pay periods)

	HSA Saver PPO		Healthy Basics EPO		Healthy Advantage PPO	
	Per Pay Period	Annual	Per Pay Period	Annual	Per Pay Period	Annual
Employee	\$66.71	\$1,601.04	\$123.07	\$2,953.68	\$162.98	\$3,911.52
Employee + Child(ren)	\$120.10	\$2,882.40	\$221.01	\$5,304.24	\$292.88	\$7,029.12
Employee + Spouse/Domestic Partner	\$146.77	\$3,522.48	\$270.42	\$6,490.08	\$358.24	\$8,597.76
Family	\$200.13	\$4,803.12	\$369.19	\$8,860.56	\$488.97	\$11,735.28

Health Savings Account Contributions

<i>If your annual base pay is \$59,999 or less:</i>	Highland Annual Contribution	Optional Employee Annual Contribution
Employee	\$500	Up to \$3,650
Family	\$1,000	Up to \$7,300
<i>If your annual base pay is \$60,000 or more:</i>	Highland Annual Contribution	Optional Employee Annual Contribution
Employee	\$100	Up to \$4,050
Family	\$200	Up to \$8,100
		Plus \$1,000 catch-up if age 55+

You can use HSA dollars to pay for eligible healthcare expenses that are not paid for by the HSA Saver Plan (e.g., expenses incurred toward paying the annual deductible, out-of-pocket coinsurance expenses, prescription drug copayments). At the end of the year, unused HSA funds are automatically carried over to the next year (with no maximum) to cover future healthcare expenses. You can use your HSA debit card, issued by HSA Bank (Highland's HSA administrator), to make paying for these expenses even easier!

Full-time employees are eligible for the annual HSA employer contribution, which is issued as a lump sum every January. Full-time new hires will receive a pro-rated annual amount, depending on hire date, shortly following their enrollment into the plan.

Dental Insurance

Insurance Carrier: Excellus

Dental Insurance Plans Overview (for In-Network services)

Plan Features	Preventative Plan	Comprehensive Plan	Enhanced Plan
Deductible <i>No annual deductible applies.</i>	\$0	\$0	\$0
Annual Maximum Benefit <i>Per individual per calendar year.</i>	\$0	\$1,000/Member	\$2,000/Member
Preventative/Diagnostic Services <i>Regular check-ups, cleanings, x-rays.</i>	100%	100%	100%
Basic Restorative Services <i>Fillings, extractions, root canal therapy, oral surgery.</i>	Not Covered	50%	80%
Major Restorative Services <i>Crowns, inlays, onlays, installation or replacement of bridgework or dentures.</i>	Not Covered	50%	50%
Orthodontia <i>For eligible dependents up to age 19.</i>	Not Covered	Up to 50% \$500 Lifetime Max	Up to 50% \$1,000 Annual Max \$2,000 Lifetime Max

The percentages shown are based on Excellus' fees schedule and are subject to balance billing for amounts in excess of the schedule.



Full-Time Employee Contributions (24 pay periods)

	Preventive Plan	Comprehensive Plan		Enhanced Plan	
	Per Pay Period	Per Pay Period	Annual	Per Pay Period	Annual
Employee	\$0.00	\$2.00	\$48.00	\$17.94	\$430.56
Employee + 1	\$0.00	\$3.00	\$72.00	\$36.31	\$871.44
Family	\$0.00	\$4.00	\$96.00	\$56.48	\$1,355.52

Part-Time Employee Contributions (24 pay periods)

	Preventive Plan		Comprehensive Plan		Enhanced Plan	
	Per Pay Period	Annual	Per Pay Period	Annual	Per Pay Period	Annual
Employee	\$6.31	\$151.44	\$13.25	\$318.00	\$18.84	\$452.16
Employee + 1	\$13.25	\$318.00	\$27.83	\$667.92	\$38.13	\$915.12
Family	\$20.19	\$484.56	\$42.40	\$1,017.60	\$59.31	\$1,423.44

Vision Insurance

Insurance Carrier: EyeMed

The buy-up Vision Insurance Plan supplements existing vision care benefits that you may have through the medical insurance plan in which you are enrolled. Below are highlights of the vision care benefits through EyeMed.

Plan Features	Benefit Amount
	In-Network Annual Allowance Every 12 Months
Vision Exam	\$10 Copayment
Standard Plastic Lenses	\$25 Copayment
Progressive Lenses	\$90 - \$135 Copayment (depending on the lens type) in addition to the Standard Plastic Lenses Copayment
Frames	\$175 annual allowance plus 20% off balance in excess of allowance
Contact Lenses	\$150 annual allowance



How does the Vision Insurance Plan work with existing Highland medical insurance plans' vision care benefits?

- The EyeMed copayment for a routine eye exam is \$10, which is less than the Highland medical insurance plans' copayment for this service; therefore, the EyeMed copayment is more beneficial.
- Highland's medical insurance plans provide each member with an annual \$60 eyewear allowance. The EyeMed eyewear benefit is in addition to, or on top of, this allowance.

Vision Insurance Contributions (24 pay periods)

	Per Pay Period	Annual
Employee	\$3.00	\$72.00
Employee + Spouse/ Domestic Partner	\$5.95	\$142.80
Employee + Child(ren)	\$6.37	\$152.88
Family	\$10.17	\$244.08

Flexible Spending Accounts (FSAs)

Administrator: Lifetime Benefit Solutions

There are two types of FSAs:

HEALTHCARE FSA: Enables you to pay certain out-of-pocket healthcare expenses (e.g., medical insurance copayments, deductibles and coinsurance amounts) and prescription drug, vision and dental expenses with pre-tax dollars. You do not need to be enrolled in a Highland medical insurance plan to participate in the Healthcare FSA.

DEPENDENT CARE FSA: Enables you to pay dependent care expenses (e.g., daycare) with pre-tax dollars.

The advantage of this program is that your designated amount(s) is deducted from your gross pay each pay period before taxes. By lowering your gross wages, you will likely end up paying less tax on the money that you earn. Eligible dependents for the FSA include all tax dependents regardless of the medical insurance plan in which they are enrolled.

- Minimum annual healthcare and dependent care FSA contribution is \$240.
- Maximum annual healthcare FSA contribution is \$3,200.
- Maximum annual dependent care FSA contribution is \$5,000.

Please be aware that the annual dependent care contribution amount that you elect is subject to change based on IRS nondiscrimination testing rules. You will be notified by HR/Benefits of any required changes to your election amount.

Do not include medical or dental insurance premiums in your healthcare FSA election amount. These premiums are automatically deducted from your pay on a pre-tax basis.

The Dependent Care FSA is not to be used for your dependents' medical care expenses. It is for dependent daycare expenses. The Healthcare FSA is for your and your family's medical care expenses.

FSA REMINDERS:

- Choose your election amount carefully, as Federal law dictates that money remaining in an FSA at the end of the plan year will be forfeited (known as the "use-it-or-lose-it rule"). However, Highland has adopted the IRS grace period provision, which allows you to submit claims incurred within 2½ months after the close of the plan year (December 31) against any money you have left in your FSA at that time (i.e., you have until March 15 each year to incur claims that can be reimbursed with the previous plan year's FSA money). You have 120 days following the end of the plan year (April 30) to submit claims from the previous plan year, including those incurred during the grace period. Claims submitted for reimbursement after the April 30 deadline will be denied.
- If you leave Highland during the year, your FSA account balance(s) will be frozen as of your separation date. If you have funds remaining in your FSA, you have 90 days to submit claims for eligible expenses incurred prior to your date of separation. Any remaining balance, by law, will be forfeited.

Life and AD&D Insurance

Insurance Carrier: New York Life

Highland provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance to full-time employees at no cost. Basic Life is equal to one-times your annual base pay and it pays a benefit to your beneficiary(ies) upon your death. AD&D is equal to an additional one-times your annual base pay and is paid when death is due to an accident or it pays a partial benefit for severe injuries sustained as a result of an accident.

Full- and part-time employees may also purchase additional life insurance protection. The online enrollment process will guide you through your choices and their costs. The Voluntary Term Life Insurance benefit includes the following options:

EMPLOYEE LIFE and AD&D INSURANCE: you can elect one-times to five-times your annual base pay up to the lesser of \$1 million or six-times your annual base pay.

As a newly benefits eligible employee, you may elect voluntary life insurance for yourself up to three times your annual base pay, to a maximum of \$500,000, with no medical questions asked. Your enrollment is guaranteed!

SPOUSAL/DOMESTIC PARTNER LIFE and AD&D INSURANCE: if you have employee life insurance, you can elect spousal/ domestic partner coverage in \$10,000 increments up to the lesser of 100% of your employee life insurance amount or \$100,000.

As a newly benefits eligible employee, you may elect voluntary life insurance for your spouse or domestic partner up to \$50,000 with no medical questions asked. Your enrollment is guaranteed!

CHILD(REN) LIFE INSURANCE: if you have employee life insurance, you can elect one \$10,000 increment (from birth to 6 months old, the amount is \$1,000). Medical evidence of insurability is not required at any time.

If you are electing coverage that requires medical underwriting, you must submit a Statement of Health to New York Life and receive their approval before your new life insurance coverage becomes effective. New York Life will contact you directly regarding the Statement of Health process. Note that newly elected coverage which requires medical underwriting is not in force until it has been approved by New York Life.



Disability Insurance

Insurance Carrier: New York Life

Enhanced Short-Term Disability (STD)

Highland provides full- and part-time employees with enhanced STD insurance at no cost.

Eligibility	Full- and part-time employees after 6 months of employment
Waiting Period	First 7 calendar days of disability
Weekly Benefit	50% of weekly base pay
Maximum Duration	26 weeks within a rolling 52-week period of time
Pre-Existing Condition Limitations	N/A

Voluntary Short-Term Disability (STD)

Full-time employees can purchase additional STD insurance protection.

Eligibility	Full-time employees after 6 months of employment
Waiting Period	First 7 calendar days of disability
Weekly Benefit	16.67% of weekly base pay up to a maximum of \$1,000
Maximum Duration	26 weeks within a rolling 52-week period of time
Pre-Existing Condition Limitations	12-month waiting period with 3-month look back

Long-Term Disability (LTD)

Highland provides full-time employees with LTD at no cost.

Eligibility	Full-time employees after 6 months of employment
Waiting Period	180 days
Monthly Benefit	60% of annual base pay up to a maximum of \$7,500
Maximum Duration	To age 65 or normal retirement age/24-month own occupation
Pre-Existing Condition Limitations	12-month waiting period with 3-month look back

Voluntary Benefits

The online enrollment process will guide you through your voluntary benefits choices and their costs.

Income Protection

Insurance Carrier: The Hartford

Income Protection benefits are paid in a lump sum amount to you and can help offset expenses that your medical insurance plan doesn't cover (like deductibles, coinsurance amounts) or benefits can be used for non-medical expenses (like housing costs, groceries, car expenses, etc.).

- **Hospital Indemnit**

Hospital Indemnity Insurance pays a benefit to you when you or a covered family member are confined or admitted to a hospital. Benefits are paid per day/per admission.

- **Critical Illness**

Critical Illness Insurance pays a benefit to you if you or a covered family member are diagnosed with a covered illness (e.g., cancer, heart attack, organ failure, stroke). The benefit amount is determined by the type of illness.

- **Acciden**

Accident Insurance pays a benefit to you in the event that you or a family member sustain an injury from an accident. The benefit amount is determined by the type of injury and the medical services provided for it.

Identity Protection

Insurance Carrier: Allstate

The Identity Protection Plan protects your and your family's privacy, identity and finances through comprehensive identity and credit monitoring services. In the unfortunate event of identity theft, Allstate will fully manage the process of recovering your identity and credit and minimize the impact that this type of experience can have on your life. In addition, this benefit provides up to a \$1 million identity theft insurance policy that covers costs associated with reinstating your identity.

Legal Services

Insurance Carrier: MetLife

The Legal Services Plan provides legal representation for you and your eligible family members. The plan provides you with legal services for a wide range of personal legal matters such as court appearances, document review and preparation, debt collection defense, wills, family matters (including adoption and elder law matters) and real estate matters.

Pet Insurance

Insurance Carrier: Nationwide

The My Pet Protection plan provides up to 90% reimbursement on veterinary bills for things such as accidents, injuries, illnesses, chronic health conditions, surgeries, imaging and prescriptions. You can use any veterinarian with no network limitations or pre-approvals required.



Highland Hospital Retirement 403(b) Plan

To be eligible for Highland's annual employer contribution, employees must first complete twelve months of service (or six months of service in the same year as hire date) and work at least 1,000 hours of service in a calendar year. After this eligibility is met, employees become eligible for the annual employer contribution beginning in the following January or July. Upon meeting the eligibility requirements, employees must also work at least 1,000 hours in a plan year and be employed on December 31 of the plan year to receive the employer contribution. Employer contributions are made annually each March, for the previous plan year. For example, the 2024 plan year contribution is made in March of 2025.

Employer Contribution

Years of Service* as of January 1 of Each Year	Highland Automatic Contribution Percentage
Less than 5	3.3% of your pay up to \$50,000 6% of your pay over \$50,000
5 to 9	5% of your pay up to \$50,000 8% of your pay over \$50,000
10 or more	7% of your pay up to \$50,000 10% of your pay over \$50,000

*A year of service is any year in which you work at least 1,000 hours.

The Plan offers an automatic enrollment feature for newly eligible participants.

Newly eligible participants who do not elect a specific percentage or dollar amount within 60 days of becoming eligible will be automatically enrolled, and will begin contributing 3% of their eligible compensation. You do not need to do anything if you would like to contribute this automatic contribution. To change the contributed amount to a different percentage of your compensation, you will need to make an election by visiting the TIAA website (www.tiaa.org).

A TIAA representative is available for Highland employees to assist with questions regarding their 403(b) account. If you would like to schedule a one-on-one counseling session with a TIAA representative, please use the TIAA link to schedule an appointment online or call (800) 732-8353 to schedule an appointment.



Additional Benefits

Employee Assistance Program (EAP)

Life-Work Connections is a free, confidential service that provides support to Highland employees and their family.

CommonBond Student Loan Refinancing

Student Loan Refinancing provides employees the opportunity to lower the cost of existing student loans and/or take out new student loans to cover current educational expenses.

Home Ownership Incentive Program

- New homeowners in the city of Rochester, Sectors 4 and 5, can receive a \$3,000 incentive from Highland Hospital, a \$3,000 incentive from the city of Rochester, and up to a \$3,000 incentive from the Advantage Federal Credit Union.
- There are no minimum or maximum income requirements.
- The plan requires a 5-year occupancy and employment commitments from the buyer.

Highland Cafeteria Discount

- 10% discount on any purchases made in the Cafeteria.

Quick Charge

- Purchases may be made in Highland's cafeteria, coffee house, gift shop, or lobby pharmacy by swiping your Highland ID badge.
- Charges made using your ID badge are considered a payroll deduction.
- Payroll deductions may be authorized in \$10 increments up to a maximum of \$100 per pay period for full-time employees and \$50 per pay period for part-time employees.
- You can start and stop payroll deductions at any time.
- Enroll using the "Payroll Deduction Purchase Authorization Form" available on the Highland intranet under "HR Forms".

2024 Highland Hospital Benefits-At-A-Glance			
EMPLOYER CONTRIBUTION / SPONSORED BENEFITS			
Plan Description	Full-Time	Part-Time	Per Diem
Vacation (Policy #298)	No waiting period. Number of weeks varies with job classification. Accrues each pay period based on standard work hours. After four years of service an additional day accrues each year up to 25 days.	No waiting period. Number of weeks varies with job classification. Accrues each pay period based on standard work hours.	N/A
Holidays (Policy #300)	No waiting period for eligibility. Nine observed holidays each year: Martin Luther King Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, New Year's Day. Holiday pay is based on standard work hours. Two-times pay for non-exempt employees who work on a holiday.		Two-times pay if work is on a holiday.
Sick Leave (Policy #299)	No waiting period to use accrued time. May use up to 56 hours of job-protected sick time each plan year.		
	Full-time non-exempt (hourly) employees receive 56 hours sick time at the beginning of each plan year. Newly hired employees receive prorated sick time based on the pay period that they enter the plan during their first year of service.	Part-time non-exempt (hourly) and Per Diem employees accrue one hour of sick time for every 30 hours worked each plan year.	
	Full-time exempt (salaried) employees accrue sick time each pay period and may use up to 56 hours each plan year.	Part-time exempt (salaried) employees accrue sick time at a prorated rate based on their standard work hours and may use up to 56 hours each plan year.	N/A
Workers' Compensation (Policy #238)	After eight days of work-related disability, eligible for two-thirds pay up to a weekly maximum of \$966.78, if approved by carrier.		
Adoption Leave (Policy #295)	Paid leave of absence available for adoption of a child after 2,080 hours of service.		N/A
Paid Family Leave (Policy #302)	After 26 weeks of employment, eligible for up to 12 weeks of job-protected paid leave. Benefit amount is 67% of the Statewide Average Weekly Wage (SAWW) of \$1,688.19 up to a maximum of \$1,131.08 per week in 2023. Can be taken to bond with new child, care for seriously ill family member, or military family support. Employees pay the premium through weekly payroll deductions which are equal to 0.511% of gross annualized wages up to an annual		Eligible after 175 days worked. May be eligible based on schedule and length of employment.
Tuition Assistance (Policy #250)	Participation in the Tuition Assistance Program must be approved in advance by the Policy Committee. Two-year service commitment upon completion of coursework.		
	Undergraduate: Receive \$700 per credit hour reimbursement up to 24 credits per year (8 credit hour maximum per semester).	Undergraduate: Receive \$700 per credit hour reimbursement up to 12 credits per year (4 credit hour maximum per semester).	
	Graduate: Receive 90% reimbursement up to 24 credits per year (8 credit hour maximum per semester).	Graduate: Receive 90% reimbursement up to 12 credits per year (4 credit hour maximum per semester).	
Shift Differential (Policy #179)	\$1.00/hour - evenings. \$1.25/hour - nights.		
Travel/Accident Insurance	Additional life insurance coverage for work-related travel. Applies to travel for hospital-related business as well as commuting to and from work.		N/A
Malpractice Insurance	\$2,000,000 per claim/no annual aggregate.		
Employee Allowances Dental and Pharmacy Discounts	Dental Discounts available for visits at the University Dental Faculty Group. Pharmacy discounts, including over-the-counter drugs, available at the Highland Outpatient Pharmacy.		
My Better Benefits	Discount card program for employees to obtain significant discounts for local and regional events, attractions, and services. Additional details and a full listing of participating vendors available at www.mybetterbenefits.org . 100% employer paid. Discount cards are available in HR.		
Parking (Policy #254)	Employees designated to appropriate parking either on-site or off-site. Contact Support Services for specific parking rates.		
Wellness - ICare	Highland offers a variety of wellness classes and events focusing on a healthy lifestyle as well as access to the new UofR fitness center located on Celebration Drive in Collegetown. Highland offers Care.com memberships to eligible employees. Highland offers Personal Health Assessments/Biometric Screenings and Wellness Coaching. See the ICare page on Highland's intranet for more details.		

Human Resources/Benefits Contacts

HR/Benefits staff is available to assist you with your benefits questions and enrollment.

Highland Hospital Benefits Team

Lori Chatterton

Benefits Coordinator
585-341-9844
Lori_Chatterton@urmc.rochester.edu

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Angela Richardson

Benefits Manager
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Angela_Richardson@urmc.rochester.edu

Benefits Resources

Benefits Email Box

HHEmployeeBenefits@URMC.Rochester.edu

Internal Benefits Webpage

Navigate to Highland's intranet, click on HR Resources near the bottom of the page, click on Benefits.

Benefit Plans Regulatory Notices

Highland provides benefits plans Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Medical Insurance Summaries of Benefits and Coverage (SBCs) and other regulatory notices and disclosures to you electronically. These documents are provided to you in accordance with the Employee Retirement Income Security Act (ERISA) and other regulatory requirements that govern employer sponsored benefits plans. They are intended to provide you with basic information concerning our benefits plans and their financial condition. The content and format of these documents are in accordance with regulations issued by the government agencies charged with benefits plans oversight and compliance such as the U.S. Department of Labor under ERISA. These documents are available to you on the benefits internal webpage. Plan participants have the right to request and obtain a paper version of any of these documents free of charge. If you have questions regarding benefits plans notices or disclosures or how to access them, please email HHEmployeeBenefits@URMC.Rochester.edu.

Disclosure

The information in this guide summarizes your Highland benefit options. Every effort has been made to ensure this information is accurate. However, the programs are governed by legal documents and insurance contracts. If there is any difference between the information in this Enrollment Guide and the official documents and contracts, the official documents and contracts will rule. Our benefits are governed by current laws and operated according to Internal Revenue Service regulations. We will notify you if changes in plans are necessary to comply with the law.

1000 South Avenue • Rochester, NY 14620 • highland.urmc.edu



Status **Active** PolicyStat ID **13621913**



Origination	08/1991	Owner	Rebecca Jones
Last Approved	05/2023	Policy Area	Human Resources Policies
Effective	05/2023	Applicability	University of Rochester - Highland Hospital
Last Revised	02/2020		
Next Review	05/2026		

Disciplinary Action, 123

POLICY:

The primary purpose of these employee conduct and disciplinary guidelines is to encourage positive, productive conduct by employees and to provide for an appropriate response by the hospital when employee performance issues arise or when employees violate the hospital's policies and/or workplace conduct rules. Under these guidelines, the hospital will take disciplinary action that it deems appropriate in response to employee performance issues or violations of the Hospital's policies and workplace conduct rules.

A. Employee Conduct and Disciplinary Guidelines

When taking disciplinary action, a supervisor should consider the nature and seriousness of the infraction, all relevant facts and information, and any mitigating circumstances. In addition, it is recommended that a supervisor discuss the proposed corrective action with Human Resources prior to implementation to ensure appropriate applicability, documentation, and process. While the hospital generally aims to implement disciplinary action on a progressive basis, there is no guarantee that any particular type of disciplinary action will necessarily precede another. There are times when immediate and serious disciplinary action, such as suspension or dismissal, is warranted. Likewise, there are times when minor performance issues and/or minor violations of policies/rules issues can be handled without formal discipline through an informal counseling discussion with the employee.

Repeated or more serious performance issues and/or violations of policies/rules and/or workplace conduct issues may require a stronger initial response. Depending upon the infraction, disciplinary actions may take the form of a written or verbal warning, written reprimand, unpaid suspension, or immediate termination, among others. The following is some additional guidance on these forms of discipline:

Warning

A verbal discussion or a written warning may be given when a problem occurs meriting corrective action. Whether verbal discussion or written warning is given depends on the nature and severity of the infraction. For example, a written warning may be appropriate when there is a re-occurrence of a performance issue about which an employee has previously been informally counseled. If a verbal discussion takes place, Human Resources recommends that the supervisor document the fact that such a warning was given, noting, at a minimum, the date, circumstances, and what was conveyed to the employee and keep that record in the department's employee file.

Written Warning

A written warning is a formal statement that will become part of the employee's permanent personnel file. Examples of problems that may result in a written warning include, but are not limited to, disruptions and/or misconduct in the workplace, failure to follow proper work procedure or business practice, chronic tardiness or absenteeism, continued problems not remedied by verbal discussion or written warning, or where problems could lead to suspension or dismissal if repeated. A written warning may affect the employee's ability to apply for an intra- or inter- departmental transfer. (refer to HR Policy 104, Transfer/Promotion/Demotion.)

It is recommended that the statement describe the specific circumstances that prompted the disciplinary action, the plan of action to correct and resolve the situation, the time period in which the employee must implement the necessary steps for corrective action, and the consequences for failure to resolve the problem. Written warnings should be reviewed by the department's Human Resources Business Partner prior to being presented to the employee.

Suspension

Suspension (with or without pay) may be imposed when there is a need to remove the employee from the workplace while an investigation is conducted or to protect the health, safety, or welfare of others, or for failure to comply with mandatory Employee Health requirements..

Termination

Termination may be imposed when the problem is sufficiently severe or where other courses of action have been attempted or where there is no reasonable expectation of future improvement. However, it should be noted that termination may occur for reasons not related to disciplinary action as New York is an employment-at-will state. Prior to any termination, a supervisor must first review the termination with Human Resources.

The following examples illustrate situations that could result in immediate suspension or termination of employment; however, the list is not exhaustive and there are other circumstances not listed here that may result in immediate suspension and/or termination of employment. The list below is intended merely to provide guidance with respect to some of the forms of misconduct that may result in disciplinary action.

- Violation of the Highland Promise, Behaviors, and/or Values.
- Negligence, carelessness, rudeness, abuse, and/or inconsiderate treatment in care of patients.

- Inappropriate disclosure of confidential patient, employee or organization information.
- Falsifying records, reports or information of any kind.
- Displacing, tampering with or otherwise manipulating medications, supplies and other patient care equipment unless within the scope of practice or job requirements.
- Engaging in the unauthorized or inappropriate access or utilization of confidential or proprietary computer data.
- Excessive/repeat absenteeism or tardiness.
- Failure or refusal to perform assigned duties and/or infraction of work rules.
- Failure to complete mandatory requirements including, but not limited to: care Learning, departmental and health.
- Insubordination.
- Badging in or out for another employee or any other falsification of time records.
- Theft, misuse, or unauthorized possession of property belonging to hospital patients, visitors, or other employees.
- Illegal or unauthorized use or possession of a weapon on hospital premises.
- Soliciting tips from patients or visitors.
- Immoral, rude, indecent or disorderly conduct.
- Disruptive or harassing conduct, such as the use of or threat of violence, horseplay, practical jokes, physical abuse or unlawful discrimination.
- Willful or careless destruction, mishandling, alteration, defacing or waste of hospital equipment or property or of another employee's property.
- Gambling on hospital property during work hours.
- Inappropriately interfering with the work of another employee.
- Threatening, intimidating, or coercing another employee, a patient or a patient's family member
- Violence or threat of violence.
- Willful or careless violation of hospital safety, fire or security regulations.
- Sleeping, watching television, reading or loitering on duty.
- Abuse of sick leave or other time off privileges.
- Walking off the job or unauthorized absence from assigned work area.
- Repeated failure to report to work with photo ID.
- Repeated failure to badge in or out.
- Smoking on work time or in unauthorized area.
- Inappropriate use of the hospital's information resources and/or business equipment.

- Offensive use of abusive, indecent, foul, or vulgar speech.
- Violation of the hospital's prohibition of discrimination and harassment.
- Violation of the hospital's Alcohol and Drug Policy.
- Willfully ignoring hospital rules and regulations
- Dishonesty.
- Time reporting misrepresentations.
- Theft or inappropriate removal or possession of property.
- Unsatisfactory work performance that has no reasonable expectation of improving.
- Accessing pornography.
- Any conduct reasonably deemed by supervision to be detrimental to the hospital's interests
- Any grossly negligent or willful act that results in personal injury, property damage, or loss to the hospital.
- Criminal activity of any kind.

Neither the above list nor the hospital's decision to use or not to use progressive discipline in a particular case, as it sees fit, will alter the at-will nature of an employee's employment status.

Approval Signatures

Step Description	Approver	Date
Human Resources Policy Committee	Rebecca Jones	05/2023

COPY



Origination:	08/1985
Effective:	03/2021
Last Approved:	03/2021
Last Revised:	03/2021
Next Review:	03/2024
Owner:	Rebecca Jones
Policy Area:	Human Resources Policies
References:	
Applicability:	University of Rochester - Highland Hospital

Termination of Employment, 124

POLICY:

Highland has established uniform procedures regarding the termination of employees to ensure: (1) The employee's rights and the best interest of the organization are fully protected; (2) Proper computation of final wages due, including any vacation accrual due; (3) Provision for the return and crediting of company property; and (4) Timely and orderly processing of personnel records.

I. VOLUNTARY RESIGNATION

- A. Appropriate prior notice in writing must be given to the Department Manager by employees resigning for personal reasons. Appropriate notice is generally considered to be equal to one year's vacation allotment. Reasons for voluntary resignation may include, but are not limited to:
1. Personal Reasons
 2. Retirement
 3. Failure to report to work for three consecutive work days with no call to supervisor is voluntary.
 4. Failure to return from an approved leave of absence within designated period.
 5. Not working one shift within a department's specified time frames may be cause for termination at the discretion of the department manager.
- B. Procedure
1. A HR Action Form indicating date of resignation (must be actual last day worked) and reason is forwarded to the Human Resources Department **prior** to the employee's resignation date. The employee's written resignation should be attached.
 - a. Employees cannot end their employment with Highland Hospital by using vacation or sick time.
 - b. If the department requires replacement, the manager should follow the recruitment procedures for requisition approval and posting.
 2. The employee will receive any worked hours in the regular pay date following their date of termination. If applicable, they will receive their vacation payout in the supplemental run which occurs during the off payroll week.

II. REDUCTION OF WORKFORCE DISMISSAL:

- A. This type of termination is generally considered to be applied in cases involving circumstances

beyond the control of the employee (Reference Layoff and Recall Policy #127).

1. Specific reasons for dismissal include, but are not limited to:
 - a. Reduction in work force.
 - b. Discontinuance of department, service or specific position.
2. In all dismissal cases, every effort will be made to relocate the employee into an appropriate available position. If this is not possible, the employee maybe given two weeks notice prior to the position ending. If it is determined to be in the best interest of Highland, the Department Manager may recommend that the employee does not work out the remaining notice period. In cases where this takes place the employee may be paid the remaining notice period in lieu of notice.
3. All proposed dismissals must be reviewed by Human Resources prior to any action being taken.

III. INVOLUNTARY TERMINATION:

A. This type of termination is applied in circumstances that are within the control of the employee.

1. Work rules: Every employee is expected to observe certain rules of conduct in dealing with fellow employees, management and with patients. Failure to do so may result in immediate termination. Specific reasons for discharge include, but are not limited to:
 - Violation of the Promise Standards, Behaviors, and/or Values
 - Negligence, carelessness, rudeness, abuse, and/or inconsiderate treatment in care of patients
 - Inappropriate disclosure of confidential patient, employee or organization information
 - Falsifying records, reports or information of any kind
 - Engaging in the unauthorized or inappropriate access or utilization of confidential or proprietary computer data
 - Excessive/repeat absenteeism or tardiness; failure to report unexcused absences to supervisor and/or unexcused absence, or three occurrences over the course of employment may be considered
 - Failure or refusal to perform assigned duties and/or infraction of work rules
 - Failure to complete mandatory requirements including, but not limited to: careLearning, departmental and health.
 - Insubordination
 - Badging in or out for another employee or any other falsification of time records
 - Theft, misuse, or unauthorized possession of property belonging to hospital patients, visitors, or other employees
 - Illegal or unauthorized use or possession of a weapon on hospital premises
 - Soliciting tips from patients or visitors
 - Immoral, rude, indecent or disorderly conduct
 - Disruptive or harassing conduct, such as the use of or threat of violence, horseplay, practical jokes, physical abuse or unlawful discrimination
 - Willful or careless destruction, mishandling, alteration, defacing or waste of hospital

- equipment or property or of another employee's property
 - Gambling on hospital property during work hours
 - Inappropriately interfering with the work of another employee
 - Threatening, intimidating, or coercing another employee, a patient or a patient's family member
 - Violence or threat of violence
 - Willful or careless violation of hospital safety, fire or security regulations
 - Sleeping, watching television, reading or loitering on duty
 - Abuse of sick leave or other time off privileges
 - Walking off the job or unauthorized absence from assigned work area
 - Repeated failure to report to work with photo ID
 - Repeated failure to badge in or out
 - Smoking on work time or in unauthorized area
 - Inappropriate use of the hospital's information resources and/or business equipment
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 - Willfully ignoring hospital rules and regulations
 - Dishonesty
 - Time reporting misrepresentations
 - Theft or inappropriate removal or possession of property
 - Unsatisfactory work performance that has no reasonable expectation of improving
 - Accessing pornography
 - Any conduct reasonably deemed by supervision to be detrimental to the hospital's interests
 - Any grossly negligent or willful act that results in personal injury, property damage, or loss to the hospital
 - Criminal activity of any kind
2. The discharge of an employee should be reviewed with a representative from the Human Resources Department before any action taken. Immediate suspension of the employee from duty may be taken by a Department Manager or Supervisor when further investigation is needed.
 3. The employee is to be presented with a copy of a full statement of cause that must be signed by the Department Manager or Supervisor.
 - a. The employee must be asked to sign and be allowed to make comments; if he/she refuses, the manager should indicate, "refused to sign".
 4. The final paycheck will be issued to employees discharged at the time of the next regular paycheck. Only employees who voluntarily resign, who are out on an approved leave of

absence and Highland can no longer continue to hold a position or are dismissed, as stated in Section II-A, will receive their vacation payout. Those employees who were terminated involuntarily and employees who resign in lieu of termination are not entitled to receive their vacation payout.

IV. RETURN OF HIGHLAND PROPERTY

- A. All Highland property (i.e., photo ID, pagers and other electronic devices, uniforms, keys, ramp garage card, etc.) must be returned to the appropriate source on the employee's last day of work.

V. EXIT INTERVIEW

- A. Exit Interviews will be conducted online for employees who terminate employment voluntarily. In-person exit interviews will be conducted by a Human Resources Business Partner when requested or as deemed necessary.
- B. Exit interviews will not be scheduled for involuntarily terminated employees except at the discretion of the Human Resources Department.

VI. PRESENCE ON HOSPITAL GROUNDS

Former employees should be present on hospital grounds only when seeking medical attention, visiting a registered patient, or when needing to conduct business with the hospital.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Human Resources Policy Committee	Catherine Figaro [RJ]	03/2021

Applicability

University of Rochester - Highland Hospital



Origination:	12/2019
Effective:	12/2019
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Next Review:	12/2022
Owner:	<i>Jeff Huntress</i>
Policy Area:	<i>HH Pharmacy Policies</i>
References:	
Applicability:	<i>University of Rochester - Highland Hospital</i>

Personnel: Travel and CE Reimbursement

Policy:

Travel to and participation at scientific and professional meetings is an important component of staff development, and is also recognized as being important for the growth and recognition of the department regionally and nationally. However, there are also finite resources available to support the cost of travel and meeting participation. The purpose of this policy is to define criteria for approval of travel and meeting attendance, define allowable costs, and establish a process of equity and fairness concerning meeting participation by members of the department. All departmental travel will conform to the [Highland Hospital policy on Meetings and Seminars](#) with the contents of this policy to be considered department-specific clarifications or restrictions.

All requests for travel and meeting attendance should be made using the [Travel/Conference Approval Request Form](#), which may be found on the Accounts Payable Intranet Forms Page and must include documentation of the purpose of meeting attendance consistent with the criteria for approval listed below. All requests for travel and meeting attendance must be approved by the Director of Pharmacy Operations or Director of Clinical Pharmacy Services. Approval of all travel and meeting attendance is at the discretion of the Director(s), and is contingent upon budgeted travel funds being available.

Travel and Conference Budget Planning

Prior to the start of the new fiscal year, senior leadership for the department will meet to plan and establish a budget for travel and conferences for the coming year. This budget will be based upon specific advance travel requests from staff, anticipated travel for trainees, and other departmental priorities for training, education, recruitment and presentation. In January of each year, this group will readdress the travel plans and budget for the balance of the fiscal year to consider changes in departmental needs or funding availability.

Criteria for Approval

The purpose for meeting attendance that meets one or more of the following criteria will be given priority for approval:

- **Recruiting.** Active involvement in resident or staff recruiting activities as a primary component of the purpose for meeting attendance are consistent with departmental mission and will be given high priority.
- **Presentation.** Presentation of original research or invited presentations due to recognized expertise of a staff member contribute to the recognition goals of the department and will be given high priority.
 - Abstract accepted for poster or platform presentation.

- Invited presentation or moderation at a meeting symposium or session.
- **Organizational Business.** Serving as a board member, officer, delegate or committee chair where attendance at the meeting is expected in order to conduct the business of the professional organization.
- **Continuing Education.** Attendance at local or regional meetings with minimal travel expenses will be considered for approval, however national meetings or regional meetings with significant expenses for the primary purpose of obtaining CE will be given a low priority for approval.

Post-Conference Departmental Expectations

At the discretion of the Directors of Pharmacy, upon return from the event, attendees may be expected to prepare and present a summary of covered topics and knowledge gained during the conference. This will be scheduled within a reasonable timeframe following the conference.

Reimbursement Guidelines

Reimbursement of conference expenses will be limited to those reasonable, necessary, approved expenses which are to be reported on the [Travel/Conference Expense Reimbursement Form](#), found on the Accounts Payable Intranet Forms Page with supporting original receipts or documentation of payment. To assure efficient use of resources available to support staff travel and meeting attendance the following guidelines will be used to grant final approval of expenses.

Airline Travel: Airline travel must be approved in advance of the meeting. Flights booked independent of approval may not be reimbursed in full, and is at the discretion of department administration.

Automobile Travel. Automobile travel beyond 50 miles round trip will be reimbursed utilizing the current federal mileage rate pursuant to Highland Hospital Department of Finance policy. Local travel for CE or local programs will not be reimbursed.

Meeting Registration. Meeting registration rates will be paid at the member rate. Reimbursement at a nonmember rate must be approved in advance.

Hotel Accommodations. Hotel costs will be reimbursed at the convention or meeting rate based upon double occupancy. Reimbursement at the single occupancy rate or at alternative hotel sites must be approved prior to attending the meeting.

Meals. The cost of meals will be considered reasonable and will be reimbursed based upon a maximum per diem rate of \$35.00/day according to [Highland Hospital Policy for Meetings and Seminars](#). Meal expenses exceeding the per diem rate are the responsibility of the staff member. Notations should include the names and organizations of persons whose meals or beverages are being claimed for reimbursement.

Ground Transportation/Parking. All reasonable costs for ground transportation and parking will be reimbursed per receipt. Car rental expenses must be approved in advance of the meeting.

Reimbursement Cap. It is expected that staff will be taking all reasonable measures to keep the cost of travel and meeting participation at a reasonable level. Due to limited resources to support travel and a large number of staff eligible for travel, a maximum of \$1500 will be allocated for an individual meeting expense. This maximum must include all costs associated with the meeting including registration, travel, accommodations and food. Exceptions to this maximum reimbursable cost must be reviewed and approved in advance of the meeting.

Attachments

[travelconferenceeducationapprovalrequestcalc.doc](#)
[travel-conference-education-expense-reimbursement-calc.doc](#)

Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	12/2019
Pharmacy	Stephen Webster	08/2019

Applicability

University of Rochester - Highland Hospital

COPY



Origination:	04/2020
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Last Revised:	09/2021
Next Review:	09/2024
Owner:	<i>Michelle Opirari</i>
Policy Area:	<i>HH Pharmacy Residency Program</i>
References:	
Applicability:	<i>University of Rochester - Highland Hospital</i>

Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors

Policy:

The following policy outlines a formal process by which appointment or re-appointment is made for PGY1 residency program preceptors and by which appointment is made for the Residency and Student Advisory Committee (RAC).

Definitions:

Preceptor-in-Training - Any pharmacist who **DOES NOT** meet the definition of a preceptor as defined below.

PGY1 Preceptor - Any pharmacist who has an up-to-date and completed [Preceptor Academic and Professional Record](#) (PAPR) form on file with the department, meets criteria outlined in Standard 4 of the [ASHP Accreditation Standard for Postgraduate Pharmacy Residency](#), and approved by the Residency Program Director (RPD).

Residency Advisory Committee (RAC) - Provides oversight for the Highland Hospital PGY1 residency program, contributes to resident progress, and ensures continuous program improvement, development, and perpetual compliance with the American Society of Health System Pharmacists (ASHP) accreditation standards. It is composed of a group of clinical, operational, and administrative preceptors for the PGY1 residency program. The RAC will hold an annual retreat or meetings prior to the conclusion of each residency year to discuss areas of program strength, opportunities for improvement, and strategies to improve the residency program. Residents will participate in these end of year meetings in order to provide their feedback and input.

Procedures:

Appointment of preceptors:

- Pharmacist to submit completed PAPR form to RPD to confirm eligibility
- RPD will meet with the individual to discuss and review the overall purpose and structure of the residency program, determine the individual's willingness and interest in serving as a residency preceptor, and provide an orientation to Pharmacademic (Refer to **ADDENDUM A** for the Initial Residency Preceptor Overview Checklist).

- Completed PAPER form to be reviewed by RAC and vote to instate as full preceptor with final approval by the RPD.
- For those pharmacists who do not meet the qualifications for residency preceptors according to Section 4.9 of the [Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#), refer to procedure in the [Residency Preceptor in Training Policy](#)

Re-appointment of preceptors:

- RPD to review and co-sign all submitted learning experience evaluations by the preceptor and resident evaluations of the preceptor. During this review, if any preceptor deficiencies are identified, this will warrant a meeting with the RPD and preceptor for further discussion and a subsequent development plan put into place if necessary.
- The RPD (Director of Clinical Pharmacy Services) will discuss with each preceptor during their annual performance evaluation the number of residents precepted over that past year, feedback provided by residents, compliance with meeting preceptor education requirements and qualifications, and any other activities of the preceptor relative to the residency program. Please refer to the [Preceptor Development Plan policy](#) for additional information on the assessment of preceptor skills. All of these issues will contribute to consideration for preceptor re-appointment.
- Fully instated preceptors are expected to be compliant with the institution's standards according to the Preceptor Requirements, Expectations and Development Policy.
- Preceptors to review and submit an updated PAPER form every 2 years to RPD.
- Preceptor PAPER forms to be reviewed every 2 years by RPD or designee to confirm preceptor qualifications according to Section 4.9 of the *Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs*.
- For those pharmacists once instated as a full preceptor, however upon review of PAPER form, it is determined no longer meet qualifications according to Section 4.9 of the [Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One \(PGY1\) Pharmacy Residency Programs](#), the RPD will meet with the preceptor to discuss areas of deficiency and collaboratively develop a plan to meet criteria.
 - The RPD and pharmacist will meet no later than 3 months from the date that a development plan was put into place to re-assess qualifications and develop a further plan if necessary. If it is determined that the pharmacist is eligible for preceptor, repeat procedure above for the appointment of preceptors.

Appointment of RAC members:

Implementation:

- The RAC is chaired by the RPD.
- Meeting minutes to be maintained by the Residency Coordinator or other designated preceptor.
- Appointment is made by the RPD and includes all PGY1 residency program preceptors, as approved by the RPD and who meet the requirements outlined in Standard 4 of the ASHP Accreditation Standard for Postgraduate Pharmacy Residency. Preceptors-in-training also qualify for membership. Refer to the [Highland Hospital Residency Preceptor in Training Policy](#) for further preceptor-in-training requirements.
- The pharmacy residents may be periodically asked to attend to provide updates to the

Committee.

- An up-to-date email distribution list to be kept as a roster of current RAC members.

ADDENDUM A

Initial Residency Preceptor Overview Checklist

- Coordinator/RPD To Do Checklist For New Resident Preceptors
 - Add preceptor in as a preceptor in PharmAcademic and update preceptor list for their respective Learning Experience
 - Create bio and upload photo for website
 - Add preceptor to the Residency Program Handbook listed under Highland Hospital Residency Program Faculty and Contact Information
 - Department secretary to add preceptor to email distribution lists (Pharmacy HH RAC and Pharmacy HH Residency Preceptors) and ensure preceptor is sent RAC calendar invites
 - Add preceptor to the Preceptor Development Topic Assignment Excel file located on the ShareDrive
 - Save PAPER form to ShareDrive
 - Send preceptor Achieve instructions for uploading preceptor development topics & instructions for preceptor development topics
 - Set up a LE for them with the resident if possible for current year or next year

Initial Meeting With Resident Preceptor Checklist:

- Handbook Review
 - Overview of Purpose Statement and structure of the program
 - Review definitions of evaluation rating scales – NI for example, needs to have a plan for improvement documented if you are selecting this
 - Brief review of the entire handbook, including licensure requirements and requirements for successful completion of the residency program.
 - RPD/Coordinator yearly review for updates – handbook available on ShareDrive and on internet site (<https://www.urmc.rochester.edu/highland/departments-centers/pharmacy/pgy1residency.aspx>)
- Review all current residency program guidelines published on PolicySTAT
- PharmAcademic Overview
 - Expectation is to meet with resident right in the beginning of rotation to go over the learning experience including the objectives taught and evaluated
 - Review all tabs of their Learning Experience(s) including, Overview, Learning Objectives, Activities, and Evaluations for their Learning Experience
 - Evaluations

- Expectation is to include strengths and improvements and a specific plan for how to improve
- Review “Provide Feedback To Resident” functionality
 - Examples include journal clubs, presentations, and any assignments ect.
- Review rotation hand-off process (if applicable)
- Preceptor role examples (instruction, modeling, coaching, facilitating)
- RAC Overview
 - Student and resident preceptors attend
 - Time of meeting/frequency
 - Review preceptor development requirements – complete at least 5 per year and add to Achieve for yearly tracking
- ShareDrive Review
 - Master schedule
 - Resident Folder (“Binders”)
 - Activity Tracking Forms
 - RAC Info folder
 - Meeting minutes
 - Preceptor development
 - PAPER forms (update every 2 years)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	09/2021
Residency Program Coordinator	Michelle Opipari	09/2021

Applicability

University of Rochester - Highland Hospital



Origination:	10/2020
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Next Review:	11/2026
Owner:	<i>Michelle Opipari</i>
Policy Area:	<i>HH Pharmacy Residency Program</i>
References:	
Applicability:	<i>University of Rochester - Highland Hospital</i>

Highland Hospital's Process for the Selection and Evaluation of Resident Candidates

Policy:

The following procedures formalize a process by which pharmacy residency candidates will undergo an evaluation and selection process to obtain a PGY1 residency position at the institution.

Scope:

This policy applies to all interested residency candidates who wish to apply to the PGY1 residency program at Highland Hospital.

Implementation

The Pharmacy Department will recruit based on an equal employment opportunity basis and be nondiscriminatory in nature. Parallel to Highland Hospital policies, the PGY1 residency program values diversity. The Pharmacy Department will participate in the following for recruitment efforts on an annual basis. These will serve as opportunities to promote our programs to potential candidates:

- Residency Showcase at the ASHP Midyear Clinical Meeting (pending available of funding for travel)
- Virtual Residency Informational Sessions and Showcases including but not limited to those advertised through ASHP and ACCP Residency Program Directories, Highland Hospital PGY1 Residency Program Internet Website and Social Media Platforms, and the New York State Council of Health-system Pharmacists
- Brochure advertisement sent to Historically Black Colleges and Universities (HBCUs) Pharmacy Schools

Necessary qualifications of the resident candidate:

- The candidate must have graduated or anticipated graduation from an ACPE-accredited Doctor of Pharmacy degree program.
- The candidate must be licensed in or eligible for pharmacist licensure in New York State.
- The candidate must be considered authorized to legally work in the United States for the duration of the residency program

The application process for resident candidates will include the following:

- Utilizing PhorCAS, the candidate must submit their application by the deadline assigned by the program
- Curriculum vitae
- Letter of intent
- Official university or college of pharmacy transcripts
- Three letters of recommendation utilizing the standardized PhorCAS format

Upon receipt and review of application materials, a panel consisting of the Residency Program Director (RPD), Coordinator, and residency preceptors will screen and evaluate candidates for an interview utilizing a program-specific applicant screening tool that is reviewed/updated annually and maintained on an internal Pharmacy ShareDrive. Each applicant will receive a total score for his/her application as well as an overall remark of either "Recommend Interview", "Recommend Further Review" or "Do Not Recommend Interview". All candidates are considered for an interview, with preference placed on those with the highest score and a consistent overall remark of either "Recommend Interview" or "Recommend Further Review". The number of applicants selected for an interview will vary each year depending on the number of positions available and applications received, as determined by the RPD. Generally, no more than 8 candidates are interviewed per each open position. The RPD has final authority over the selection of those candidates for invited for interviews.

As part of the time slot interview confirmation, candidates are provided a link and encouraged to review the Highland Hospital PGY1 Pharmacy Residency Program Handbook available on our Internet website. The handbook includes the program's requirements for successful completion of the residency program and additional policies.

The RPD may approve the reimbursement of candidates invited to interview traveling from outside the region no more than the cost of one night hotel accommodations in order to facilitate participation if applicable.

The interview will primarily consist of the following:

- Interviewing with the RPD, Pharmacy Operations Director, Coordinator, residency preceptors, and current residents
- Providing a 15 minute PowerPoint-style presentation on a clinical topic of the candidate's choosing (candidate will be informed of this at the time of the interview invitation)
- Reviewing a brief patient case and answer questions based on a few clinical scenarios
- An overview of the requirements for successful completion and expectations of the residency program will be provided to candidates invited to interview. This overview will include policies for professional, family, and sick leave and the consequences of such leave on the residents' ability to complete the program and for dismissal from the program.

Upon completion of all resident candidate interviews, the RPD, Coordinator or designee will summarize all evaluation forms received for each candidate. All evaluation tools are developed in and submitted via WebAdmit.

A meeting will be held for the RPD, Coordinator, residency preceptors, and current residents for the purpose of evaluating and ranking the candidates prior to the deadline for rank order list submission to the National Matching Service. Interview evaluation form summaries will be reviewed and the group will discuss their observations and assessment of each candidate. The residency program will participate in the ASHP Resident Matching Program, and after a consensus is reached within the group, the rank list will be entered with the National Matching Service by the RPD. The RPD has final authority over the order of the rank list. Candidate selection/ranking procedures will strictly abide by the rules outlined by the Rules for the ASHP Pharmacy Residency Matching Program.

After obtaining the Match results, the residents will be contacted by the RPD as soon as possible. Residents will be asked to sign a written statement formally accepting the position within 30 days of the Match results release date.

In the case of a program not matching a resident, the program may enter Phase II of the Match. Applicants who did not obtain a position in Phase I of the Match will undergo a similar screening and interview process as outlined above during Phase II of the Match. Alternatively, the interview and selection process may be modified at the discretion of the RPD, Coordinator and residency preceptors during Phase II as warranted based on the needs of the program. In the case of a candidate not being able to attend their scheduled interview due to reasons out of the candidate's control (i.e. travel issues), it will be at the discretion of the RPD whether or not to offer an alternative interview time in lieu of time constraints, consideration of other applicants available for interview, and organizational resources.

Upon release of the Phase II Match results, the resident will be asked to sign a written statement formally accepting the position within 30 days of the Phase II Match results release date.

In the case of a program not matching a resident after Phase II of the Match, the program may enter a Post-Match Process or otherwise may be referred to a Post-Match Scramble in accordance with ASHP Match Rules. These applicants within the Post-Match or Post-Match Scramble will undergo a similar screening and interview process as outlined above. Alternatively, the interview and selection process may be modified at the discretion of the RPD and preceptors based on the needs of the program. In the case of a candidate not being able to attend their scheduled interview due to reasons out of the candidate's control (i.e. travel issues), it will be at the discretion of the RPD whether or not to offer an alternative interview time in lieu of time constraints, consideration of other applicants available for interview, and organizational resources.

Following interviews during the Post-Match Process, a written offer will be sent to residents directly by the RPD. The resident will be asked to sign a written statement formally accepting the position within 30 days of the position offer or by the residency start date, whichever is sooner.

Approval:

Highland Hospital Resident and Student Advisory Committee

Attachments

Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	11/2023
Residency Program Coordinator	Michelle Opipari	07/2023

Applicability

University of Rochester - Highland Hospital

Status **Active** PolicyStat ID **14760962**



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Owner Michelle Opirari
Policy Area HH Pharmacy Residency Program
Applicability University of Rochester - Highland Hospital

PGY2 Early Commitment Policy

There are multiple PGY2 Pharmacy Residency Programs established within the University of Rochester Medical Center/

Strong Memorial Hospital. The Highland Hospital PGY1 residency program collaborates with the Strong Memorial residency programs in multiple settings throughout the residency year including but not limited to ACLS training, research programs, presentations of conferences and CE programs, and several other aspects of orientation training. The Highland Hospital PGY1 Residency Program Director and Coordinator are members of the URMC Residency Directors and Coordinators group which meets routinely throughout the year.

Due to Highland Hospital's affiliation with URMC/Strong Memorial Hospital, Highland Hospital's PGY1 Pharmacy residents may be eligible for early commitment to no more than one of the PGY2 Pharmacy Residency Programs. A complete listing of PGY2 Pharmacy Residency Programs can be found on the [University of Rochester Medical Center Department of Pharmacy Residency Programs](#) website.

Highland PGY1 resident candidates and residents will be informed of the early commitment opportunities and policies each year during the residency interviews, following the match, and at orientation.

Criteria to be met for eligibility:

- The resident must be in good standing to successfully complete their PGY1 residency program requirements.

- The resident should schedule a meeting with the PGY2 Residency Program Director as soon as possible and no later than October 10th to discuss their interest and learn more about the program.
- The resident must submit a letter of intent and curriculum vitae to the PGY2 RPD by November 1st.
- The resident must have completed at least one elective rotation in the PGY2 area of interest prior to the interview.
- The interview process will occur in November (prior to the ASHP Midyear Clinical Meeting) and include interviewing with the PGY2 RPD, PGY2 Coordinator, core preceptors, and currently PGY2 resident(s) in the specific program.
- The resident must meet all requirements of the PGY2 program for early commitment in order to be eligible for consideration. PGY2 Residency Program Directors or Coordinators can be contacted at any time for detailed requirements.
- After all early commitment interviews are completed by the PGY2 program, those that interviewed candidates will meet to discuss each candidate and interview evaluations. The PGY2 RPD will inform the candidate of their decision prior to the ASHP Midyear and Clinical Meeting and National Matching Service deadline for participating residency programs (early December).

If an offer is made, a letter confirming the offer will be provided and both the early commitment PGY1 and PGY2 RPD will follow the steps outlined here: [ASHP Match - Early Commitment](#) that commits the PGY2 position to the PGY1 resident. This will remove the position from the formal ASHP matching process in March. The resident will transition into the PGY2 residency position following completion of the PGY1 residency.

Decisions to not offer a PGY1 candidate a PGY2 position during the early commitment process does not preclude the resident(s) from applying for the same position during the ASHP PGY2 residency Match process.

Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	11/2023



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References:	
Applicability:	<i>University of Rochester - Highland Hospital</i>

Preceptor Requirements, Expectations and Development

Policy

The following policy outlines requirements, expectations and development for PGY1 residency program preceptors at the institution.

Scope

This policy applies to all PGY1 residency program preceptors at Highland Hospital.

Preceptor Requirements

Refer to the [Appointment or Re-Appointment of PGY1 Pharmacy Residency Program Preceptors](#) policy for preceptor requirements.

Preceptor Expectations

- Preceptors must create and maintain a description of their learning experience (LE) with a list of activities to be performed by residents in the learning experience that correlate with the goals and objectives of the LE.
- Preceptors must be committed to devoting the time necessary to provide a quality educational experience for the resident.
- Preceptors must follow the residency program's assessment strategies:
 - Preceptors must review the LE descriptions and expectations with the resident on or before the first day of the LE.
 - Preceptors must provide regular constructive feedback to residents that includes specific examples as to how they can improve.
 - Timely completion of LE evaluations either prior to the end or no later than 7 days after the end of the LE.
 - Preceptors must have verbal discussion with the resident to review the LE evaluation and their progress toward achievement of assigned educational goals and objectives.
- Preceptors should use the four preceptor roles (direct instruction, modeling, coaching, and facilitation) as appropriate.
- Preceptors should attend the monthly Highland Hospital Resident and Student Advisory Committee

(RAC) meetings.

- Preceptors should contribute to the educational environment of the Pharmacy Department; this should include instruction and lectures during resident rotations as well as attendance at resident journal clubs and presentations.
- Preceptors interested in precepting resident research projects should have adequate experience in research as determined by the RPD. The preceptor will be responsible for guiding the residents in all phases of the research project (e.g. study concept, study proposal, IRB approval, data collection, data analysis, project presentation, and manuscript preparation).

Preceptor Development Plan

Assessment of needs

- Distribute a biannual needs assessment survey to all preceptors.
- An annual group plan for improvement will be developed based on identified needs according to the biannual needs assessment survey, the annual Highland Hospital residency retreat with residents, and during individual annual preceptor performance evaluations.

Schedule of activities to address identified needs

- A portion of the monthly RAC meeting will be dedicated to preceptor development initiatives.
- Preceptors are required to complete a minimum of 5 preceptor development activities per year. The preceptor development initiatives presented at RAC meetings can count towards this number. It is expected that preceptors document their preceptor development activities on Achieve as part of their portfolio.

Review of effectiveness of development plan

- Yearly, as a component of each preceptor's annual performance evaluation, all resident preceptor and learning experience evaluations completed for their specific learning experience(s) will be reviewed. Plans for further improvement will be made based on this review.
- Include this as a yearly topic of discussion at the annual Highland Hospital Preceptor Retreat.
- Each preceptor's Achieve transcript will be reviewed during their annual performance evaluation to confirm completion of a minimum of 5 preceptor development activities per year.

Approval History

April 2020 Highland Hospital Resident and Student Advisory Committee

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	03/2021

Applicability

University of Rochester - Highland Hospital

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References:	
Applicability:	<i>University of Rochester - Highland Hospital</i>

Residency Preceptor in Training

Purpose:

The purpose of this document is to define the process and parameters for the minimum necessary requirements to transition from a Preceptor in-Training to a preceptor.

Scope

This document applies to all full and part time staff who will precept a pharmacy resident.

Exceptions

No Exceptions

Procedure:

1. Pharmacists new to residency precepting who do not meet the qualifications for residency preceptors according to Section 4.6 of the Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs must:
 - a. Establish a mentor who is a qualified preceptor
 - b. Have a documented preceptor development plan to meet the qualification for becoming a residency preceptor within two years (Refer to attachment)
 - i. The preceptor development plan will be saved on the Residency Share drive for review
 - c. Complete a Preceptor Academic and Professional Record (PAPR) form and update as required
 - i. The PAPR form will be saved on the Residency Share drive in the Academic and Professional Record folder for the corresponding year
 - d. Establish rotations for the Preceptor-in-Training. It is expected that rotation evaluations are reviewed with the mentor
2. The Preceptor-in-Training and their mentor will contact the chair of the Resident & Student Advisory Committee (RAC) once the Preceptor-in-Training meets criteria for a residency preceptor.
 - a. The RAC will review the Preceptor-in-Training's preceptor development plan and PAPR form
 - i. If incomplete the RAC will provide the Preceptor-in-Training and their mentor with feedback

- ii. If complete the RAC will vote to instate the Preceptor-in-Training as a full preceptor
- 3. Preceptors are required to maintain a complete and up-to-date PAPER form and provide it as requested by the RAC

Resources:

[ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs](#)

Attachments

[2022 Preceptor-in-Training Development Plan Document.docx](#)

Approval Signatures

Step Description	Approver	Date
Pharmacy	Jeff Huntress	03/2023
Pharmacy	Stephen Webster	07/2019

Applicability

University of Rochester - Highland Hospital

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