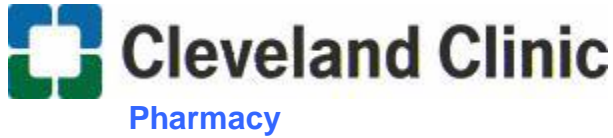




Cleveland Clinic Pharmacy Residency Program  
Health System Policies

1. Licensure in Ohio Policy
2. Duty Hour SOP and Appendix
3. Leave of Absence Procedure
4. Remediation and Dismissal Policy



## Pharmacy Residency Policy- Licensure in Ohio

<b>Target Group:</b> Cleveland Clinic health system (Ohio only)- Department of Pharmacy Residents		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 5
<b>Approved by:</b> Main - Board of Directors	<b>Date Last Approved/Reviewed:</b> 06/25/2024	<b>Prepared by:</b> Mandy Leonard (Senior Director Pharmacy)	<b>Effective Date</b> 10/07/2019
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<b>Fairview Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>Hillcrest Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>Lutheran Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>Marymount Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>Medina Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>South Pointe Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>CCCHR:</b> Board approval date: 1/3/2020 MEC approval date: 1/3/2020 Effective Date: 1/3/2020			

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

## Purpose

To support the [Licensure/Certification/Clinical Competency Policy](#) this document outlines the Ohio Pharmacy Licensure expectations for all pharmacy residents during post-graduate 1 (PGY1) and post-graduate 2 (PGY2).

## Definitions

**Cleveland Clinic health system (Ohio sites only)** - Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

**ACPE** - Accreditation Council for Pharmacy Education

**NAPLEX** - North American Pharmacy Licensure Examination

**MPJE** - Multistate Pharmacy Jurisprudence Examination

## Policy Implementation

All pharmacy residents must successfully be licensed as a pharmacist by the State of Ohio Board of Pharmacy in a timely manner, including reciprocity.

1. All pharmacy residents must have graduated from an Accreditation Council for Pharmacy Education (ACPE) accredited School of Pharmacy and be licensed in the State of Ohio; or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP. Note: An FPGEC certificate indicates that the candidate graduated from a pharmacy school outside of the US and is eligible for pharmacist licensure.
2. Residents should contact the State of Ohio Board of Pharmacy as soon as possible after the match to determine pharmacist licensure requirements. Residents are responsible for determining and completing Ohio intern hour requirements necessary to be eligible to sit for Pharmacist Licensure Examinations.
3. If a pharmacy resident does not hold a Pharmacist License in Ohio or in another state, they must obtain an Ohio Pharmacy Intern License.
  - a. Residents do not need Ohio Intern License if they currently hold a current/active Pharmacist License in another state while waiting for reciprocity to be determined by Ohio State Board of Pharmacy.
    - i. Reciprocity should be done as soon as possible (July of residency year)
    - ii. If an Ohio Pharmacy Intern License is not obtained by the start date, the resident will be dismissed from the program. Residents must maintain an Ohio Pharmacy Intern License until a Pharmacist License in Ohio is obtained.
    - iii. Until the resident is licensed in Ohio, they must work under the direct supervision of a licensed pharmacist.
4. All pharmacy residents should obtain their Ohio Pharmacist License prior to orientation or as soon as possible after starting orientation.

5. Residents must obtain an Ohio Pharmacist License within the first 90 days of the start date.
  - a. It is recommended residents complete initial pharmacist licensure examinations by July 15 (no later than July 31); to allow adequate time for re-testing in the event the resident does not pass the initial examinations.
  - b. For NAPLEX, after a failed attempt, please refer to NAPLEX standards regarding the waiting period for the next attempt.
  - c. For MPJE, after a failed attempt, there is a 30-day waiting period for the next attempt at the MPJE.
  - d. Failure to obtain a State of Ohio Pharmacist License by August 1 may impact resident's schedule (e.g., decrease in number of electives or being placed on non-patient facing learning experiences such as Administration, Medication Safety or Drug Information), and may extend the residency program length to meet successful completion requirements (i.e., number of weekend staffing shifts required by the program).
  
6. Failure to pass State of Ohio Board of Pharmacy Pharmacist Licensure requirements within the first 90 days of start date will result in termination from the residency program. Exceptions (e.g., medical leave of absence in accordance with Pharmacy Residency- Leave of Absence) will be considered on an individual basis. If exception approved, the residency will be extended by the amount of time as the extension (e.g., up to 12 weeks based on Pharmacy Residency Policy- Leave of Absence) to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist. Managers or designee are responsible for performing primary source verification of a resident's license within the first 90 days of start date.
  - a. The manager or designee is responsible for performing primary source verification of renewal no later than the expiration of the credentials.
  - b. The manager or designee will retain a copy of the website screen print (dated no later than the expiration date in the resident's departmental file) and submit it to Human Resources.
  
7. PGY2 pharmacy residents must show proof of certificate of completion for a post-graduate Year 1 (PGY1) residency within the first 30 days of hire. Failure to produce certificate of completion for a post-graduate Year 1 (PGY1) residency will result in dismissal from the residency program.
  - a. PGY2 residents must bring in a copy of the certificate of completion for a post-graduate Year 1 (PGY1) residency (e.g., graduation certificate).
  - b. If needed, pharmacy manager or designee will contact PGY1 residency program to verify the primary source.
  
8. Residents are responsible for maintaining current pharmacist licensure, certification, and/or clinical competencies as required by their position as outlined in the Licensure/Certification/Clinical Competency Policy. Continued employment is contingent upon maintaining current credentials.

### **Regulatory Requirement/References**

State of Ohio Board of Pharmacy Licensure as a Pharmacist by Examination. Available from <https://pharmacy.ohio.gov/Licensing/Pharmacist.aspx> (Accessed May 21, 2024).

NAPLEX- <http://www.nabp.pharmacy/programs/examination/naplex/> (Accessed May 21, 2014).

### **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

### **Regulatory Requirement/References**

State of Ohio Board of Pharmacy Licensure as a Pharmacist by Examination. Available from <https://pharmacy.ohio.gov/Licensing/Pharmacist.aspx> (Accessed May 21, 2024).

NAPLEX- <http://www.nabp.pharmacy/programs/examination/naplex/> (Accessed May 21, 2014).

### **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

## Pharmacy Residency SOP- Resident Duty Hours

<b>Target Group:</b> Cleveland Clinic health system locations- Pharmacy residents		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 2
<b>Approved by:</b> Main - Board of Directors	<b>Date Last Approved/Reviewed:</b> 10/20/2023	<b>Prepared by:</b> Mandy Leonard (Senior Director Pharmacy)	<b>Effective Date</b> 10/07/2019 <span style="color: red;">Updated June 2024</span>
<b>Avon Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Euclid Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Fairview Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Hillcrest Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Lutheran Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Marymount Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Medina Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>South Pointe Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>CCCHR:</b> MEC approval date:1/3/2020 Board approval date:1/3/2020 Effective Date: 1/3/2020			

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

## **Purpose**

To outline duty hour requirements for all pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

## **Definitions**

**Cleveland Clinic health system:** Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

**ASHP:** American Society of Health-System Pharmacists

**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 and 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.

**Continuous Duty:** Defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Moonlighting:** 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.

## **Instructions**

RPD will assess Duty Hours Attestation in Pharmacademic or other in other documentation forms for tracking duty hours on a monthly basis. If an infraction occurs, the any of following actions can be taken:

- 1) remove ability to moonlight,
- 2) modify resident schedule to reduce duty hours to be in compliance with policy,
- 3) permit additional time off as applicable to be in compliance with policy, and
- 4) assess resident duty hours more frequently (weekly or every other week).

Pharmacy residents must not violate duty hour requirements approved by the American Society of Health-System Pharmacists (ASHP) Commission on Credentialing.

*Maximum Hours of Work per Week and Duty Free Times*

- Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

*Mandatory Duty-Free Times*

- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- At-home call cannot be assigned on these free days.
- Residents must have at a minimum of 8 hours between scheduled duty periods.
- Residents are not permitted to work more than two consecutive weekends in a row (i.e., both Saturday and Sunday).
  - Before a resident trades/switches weekend staffing with another resident, it must be approved by the respective Residency Program Directors (RPD). Once the RPD approves the trade/switch, the schedule can then be updated by responsible party.

### *Continuous Duty*

- Continuous duty periods for residents should not exceed 16 hours.
- If a program exceeds 16 hours of continuous duty periods, the “In House Call Program” limitations apply as described in the corresponding section.

### *Tracking of Compliance with Duty Hours*

- Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy (*See Appendix for how each individual CCHS Hospital will track duty hours*)
- Review of tracking method must be completed on a monthly basis
- Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

### *Moonlighting*

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident’s fitness for work nor compromise patient safety.

- It is at the discretion of the residency program director (and/or Residency Committee) whether to permit or to withdraw moonlighting privileges.
  - The RPD may, at any time and without notice, prohibit the resident from moonlighting if his/her assessment indicates that resident performance is being compromised or the moonlighting arrangement is in violation of this procedure or the Duty Hours standard.
- 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.
- Programs that allow moonlighting must have a documented structured process that includes at a minimum (*See Appendix for what each individual CCHS Hospital allows for moonlighting*):
  - The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
  - Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
    - If the resident elects to pursue moonlighting activities, he/she will be required to get approval by RPD prior to accepting the moonlighting activity (i.e., extra internal shifts or external shifts).
    - The program director will only approve the moonlighting activity if the resident is satisfactorily meeting all residency program goals and objectives, and if the activity is not in violation of the Duty Hours standard.
    - For extra internal shifts, the RPD will contact the appropriate Pharmacy Manager/Assistant Director with decision (approval or denial of extra internal shift).

### *Call Programs* (applicable to only CCHS Hospital residency programs that have on-call component)

If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:

- Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.
- Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents’ learning due to sleep deprivation or serious fatigue.
- Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs must be included in the tracking of hours.
- A plan for how proceed if residents’ participation in the call program affects their performance during duty hour
- In-House Call Program (*applicable to only CCHS Hospital residency programs that have in-house on-call component*)
  - Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.
  - The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.



- Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.
    - Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.
    - Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.
  - At-Home or Other Call Programs (*applicable to only CCHS Hospital residency programs that have at-home or other on-call component*)
    - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
    - The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
    - At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
      - If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
      - Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.
  - Please see On-Call SOP for Main Campus Pharmacy Residency Program

### **Statement on Well-Being and Resilience**

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.

B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.

C. It is also the responsibility of pharmacy leaders to ensure preceptors are 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.

D. As part of promoting a culture of wellness, pharmacy leaders 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. 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

### **Regulatory Requirement/References**

American Society of Health-System Pharmacists (ASHP)

Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies.

Available from:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

[Accessed July 1, 2023].

### **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

**Appendix 1: Moonlighting**

<b>Hospital</b>	<b>Internal Moonlighting (Y/N)?</b>	<b>External Pharmacist Moonlighting (Y/N)?</b>	<b>External Non Pharmacist Moonlighting (Y/N)?</b>	<b>3rd shift/overnight Moonlighting (Y/N)?</b>	<b>Duty Hour Moonlighting Cap/Week (Hours)</b>	<b>Mechanism for tracking</b>
Akron General (Except PGY2 Emergency Medicine)	Yes	No	No*	No	16	<i>Pharmacademic attestation</i>
Akron General PGY2 Emergency Medicine	Yes	No	No*	Yes	16	<i>Pharmacademic attestation</i>
Avon	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Euclid	Yes	No	No*	No	16	<i>Pharmacademic attestation</i>
Fairview	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Hillcrest	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Indian River	Yes	Yes	Yes	No	8	<i>Pharmacademic attestation</i>
Lutheran	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Main Campus (except PGY1 Community-Based and PGY1 Community-Based at Specialty Pharmacy)	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Main Campus PGY1 Community-Based	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>

Hospital	Internal Moonlighting (Y/N)?	External Pharmacist Moonlighting (Y/N)?	External Non Pharmacist Moonlighting (Y/N)?	3rd shift/overnight Moonlighting (Y/N)?	Duty Hour Moonlighting Cap/Week (Hours)	Mechanism for tracking
Main Campus PGY1 Community-Based at Specialty Pharmacy	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Martin Health-North	Yes	Yes	Yes	Yes	16	<i>Pharmacademic attestation</i>
Martin Health-South	Yes	Yes	Yes	Yes	16	<i>Pharmacademic attestation</i>
Martin Health-Tradition	Yes	Yes	Yes	Yes	16	<i>Pharmacademic attestation</i>
Mercy	Yes	No	No*	No	16	<i>Pharmacademic attestation</i>
Marymount	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Medina	Yes	No	Yes	Yes	16	<i>Pharmacademic attestation</i>
South Pointe	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Weston	Yes	No	No	No	16	<i>Pharmacademic attestation</i>
<p><b>*Except where protected by federal law</b></p> <p><i>Per ASHP, military reservist hours are counted towards duty hours and included in external moonlighting definition</i></p> <p><i>Updated April 2024 for 2024-2025 Academic Year</i></p>						

## Pharmacy Residency Procedure- Leave of Absence

<b>Target Group:</b> Cleveland Clinic health system locations- Department of Pharmacy residents		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 3
<b>Approved by:</b> Main - Board of Directors	<b>Date Last Approved/Reviewed:</b> 02/24/2023	<b>Prepared by:</b> Mandy Leonard (Senior Director Pharmacy)	<b>Effective Date</b> 09/30/2019  Updated June 2024
<b>Avon Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Euclid Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Fairview Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Hillcrest Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Lutheran Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Marymount Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Medina Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>South Pointe Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>CCCHR:</b> MEC approval date: 1/3/2020 Board approval date: 1/3/2020 Effective Date: 1/3/2020			

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

## Purpose

To support the [FMLA- Family and Medical Leave of Absence Policy and the Leave of Absence-Medical Policy](#), this document outlines the leave of absence procedures for all CChs pharmacy residents during post-graduate year 1 (PGY1) and postgraduate year 2 (PGY2).

Pharmacy residents must follow Human Resources policies and procedures for Leave of Absence requests.

## Definitions

**Cleveland Clinic health system-** Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

## Procedure

### Leave of Absence Requests

1. Per residency year, each resident has 14 paid “time off” days.
  - a. a “Time off” days may be used for 1) illness or personal time, 2) licensure requirements [reciprocity hearing or taking the North American Pharmacist Licensure Exam (NAPLEX) and/or jurisprudence exam(s) for licensure in Ohio], or 3) interviewing for PGY2 residencies or jobs.
    - i. “Time off” days are not classified as paid time off (or PTO); therefore, any remaining “time off” days are not paid out at the end of the residency.
  - b. Please refer to each Cleveland Clinic Hospital-specific residency manual for any additional time off given (e.g., wellness days, unworked holidays, etc).
  - c. If the resident exceeds 37 days away from the residency program, inclusive of “time off” days and any other available time off such as wellness days, during the 52-week training period, the residency will be extended. The extension to make up any absence that exceeds the 37 days will be equivalent in competencies and time missed. During this extension, salary and benefits will be provided under the usual terms of the residency.
    - i. Days used to attend professional conferences/meetings are not counted as days away from the program.
    - ii. Comp days (if applicable) for working weekends are not counted as days away from the program.
  - d. See #2 for Leave of Absence.
2. Each resident has up to 12 weeks for a medical or FMLA-qualifying leave of absence.
  - a. All requests for Leave of Absence must be submitted in writing to the respective Residency Program Director (RPD) and Human Resources. The RPD shall notify the appropriate pharmacy leadership (e.g., Pharmacy Manager/Pharmacy Director). Please refer to individual Human Resources Policies and Procedures for specific processes and documentation requirements based on type of leave. Any approved leave of absence under this procedure shall run concurrently with, not in addition to, any applicable Human Resources Policies and Procedures regarding

leave of absence, including but not limited to the FMLA - Family and Medical Leave of Absence Policy, the Leave of Absence – Medical Policy, the Maternity Leave Policy, and the Parental Leave Policy.

- b. The resident will need to apply to take unpaid leave up to 12 weeks, unless eligible for short term disability benefits, maternity leave benefits, or parental leave benefits under the applicable Human Resources Policies and Procedures.
- c. If a Leave of Absence is approved, and the resident has used all “time-off” days, the below protocol will be followed to ensure the residency program is a minimum of 52 weeks in length (per American Society of Health-System Pharmacy Residency Standards).
  - i. Residents taking leave greater than paid leave allowed (i.e., 14 “time-off” days) cannot be awarded a residency certificate unless additional leave is made up.
  - ii. For example, if a resident is approved to take a leave of absence and they have 10 days of “time off” remaining out of the 14 “time off” days, they use the 10 “time off” days remaining and then will need to make up the remaining days taken on the leave of absence [i.e., a resident takes 4 weeks leave or 20 work calendar days leave of absence, they will be required to make-up 10 work calendar days for the residency at the end of the year and any required staffing shifts missed (e.g., weekends)].

### **Make-up Time for Absences**

1. Leave of absence(s) may extend the training period to reach an acceptable level of performance in order to graduate from the program. The resident must complete 52 weeks of residency.
2. Leave of absence time (up to 12 weeks) must be completed within 6 months of the date the program was scheduled to be completed, or the resident forfeits the privilege of receiving a residency graduation certificate and is dismissed from the residency program. In other words, for a leave of absence, the residency position will be held for 6 months after the end date of the residency in the Acceptance Letter. For example, if a resident begins maternity leave or is out due to major surgery at the end of May and has approved Cleveland Clinic leave for 12 weeks, upon returning from leave (at the end of August) would need to make up the 12 weeks of the residency missed by end of December.
3. When returning from a leave of absence, all Successful Completion Requirements must be met to obtain a residency graduation certificate. For example, the resident must complete all required rotations as outlined in the Successful Completion Requirements; therefore, any required rotations and deliverables missed during the leave of absence would need to be made up upon the residents return and done within the allowable period of the extension.
4. Upon returning from leave, salary and benefits will resume. The resident must work under the guidance of a preceptor, equal to the hours missed, to complete the Successful Completion Requirements not yet achieved.

### **Regulatory Requirement/References**

Family and Medical Leave Act (FMLA)

Cleveland Clinic- Human Resources Policies and Procedures:

- Bereavement Leave
- FMLA – Family and Medical Leave of Absence
- FMLA – Military Family Leave of Absence
- Jury Duty/Witness Leave
- Leave of Absence - Medical
- Leave of Absence - Military
- Leave of Absence – Personal
- Religious, Cultural, Ethical Accommodation

### **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this procedure to maintain compliance with regulatory or other requirements.



## Pharmacy Residency Remediation & Dismissal Policy

<b>Target Group:</b> Cleveland Clinic health system locations		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 2
<b>Approved by:</b> Main - Board of Directors	<b>Date Last Approved/Reviewed:</b> 10/20/2023	<b>Prepared by:</b> Mandy Leonard (Senior Director Pharmacy)	<b>Effective Date</b> 09/30/2019 <span style="color: red;">Updated June 2024</span>
<b>Avon Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>Euclid Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>Fairview Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>Hillcrest Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>Lutheran Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>Marymount Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>Medina Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>South Pointe Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
<b>CCCHR:</b> MEC approval date: 1/3/2020 Board approval date: 1/3/2020 Effective Date: 1/3/2020		<b>Mercy Hospital:</b> Board approval date: 3/15/2023 Effective Date: 3/15/2023	

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



## **Purpose**

To define the remediation and dismissal procedure for all Cleveland Clinic Health System pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2) in the Pharmacy Residency program who fail to meet the required standards for completion set forth by the American Society of Health-System Pharmacists (ASHP).

## **Policy Statement**

To graduate and receive a pharmacy residency certificate, pharmacy residents must meet all the requirements set forth by the Pharmacy Residency Program. Additionally, ASHP Residency Accreditation Standards state: A residency-specific remediation/disciplinary policy is documented and includes actions taken for residents who fail to progress and any resident-specific behaviors that trigger the organization's disciplinary process.

## **Definitions**

**Cleveland Clinic health system:** Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

## **Policy Implementation**

1. Failure to pass Ohio State Board of Pharmacy Licensure requirements within the first 90 days of start date will result in dismissal from the residency program. Exceptions (e.g., medical leave of absence in accordance with Pharmacy Residency- Leave of Absence) will be considered on an individual basis. If exception approved, the residency will be extended by the amount of time as the extension (e.g., up to 12 weeks based on Pharmacy Residency Policy- Leave of Absence) to ensure that the resident completes 52 weeks of training and completes two-thirds of the residency as a licensed pharmacist.
2. If a resident is not licensed as a pharmacist in Ohio and does not obtain an Ohio intern license by the start date, it will result in dismissal from the residency program.
3. PGY2 Pharmacy Residents must show proof of certificate of completion for a post-graduate Year 1 (PGY1) residency within the first 30 days of hire. Failure to produce certificate of completion for a post-graduate Year 1 (PGY1) residency will result in dismissal from the residency program.
4. Performance deficiencies can be identified by personal interactions with the resident, by formative and summative evaluations (located in PharmAcademic), and quarterly development plans (located in PharmAcademic). Examples include consistent failure to meet deadlines for resident projects and assignments (e.g., research, seminar, conference presentations), or 2 or more Needs Improvement (NI) on same objective on different learning experiences with qualitative supporting evidence documented (e.g., PharmAcademic).

5. To address the performance deficiencies, the Residency Program Director (RPD) will conduct a performance management discussion, review the resident's current performance and work with the resident to create a plan to achieve the program's successful completion requirements.
6. If the resident continues to not progress towards meeting the program's successful completion requirements, the RPD will notify the hospital specific Director of Pharmacy, System Director of Residency Programs, and Cleveland Clinic HR business partner(s) or designee.
7. If it is determined the resident may not be able to meet the requirements to successfully complete the residency (See hospital specific Successful Completion of Residency document), a Resident Improvement Plan will be created by the RPD and Director of Pharmacy or designee and will include input from preceptors.
8. The Resident Improvement Plan will identify measurable metrics, the current performance, desired performance, methods and timeframe for improvement and the consequences of successful and unsuccessful completion of the plan.
  - a. Examples of metrics include but are not limited to: a) select objectives from the residency specific ASHP competency areas, goals, and objectives and rating of specific objective (e.g., satisfactory progress or achieved); 2) presentation and/or project milestones and completion; 3) time management of work with specific dates for completion; and 4) professionalism (e.g., arriving and leaving rotation on time, and interaction with other health care professionals and patients).
  - b. The timeframe of the Resident Improvement Plan is typically four (4) weeks.
  - c. The resident and RPD will sign and date the Resident Improvement Plan.
9. If the resident meets the expectations of the improvement plan, the resident must maintain consistency of the expected improvements for the remainder of the residency program without any deviation or regression from the plan. Failure to achieve expected improvements of the plan or maintaining consistency of the expected improvements for the remainder of the residency program may result in unsuccessful completion of the residency program and termination of employment.
10. If the resident does not successfully meet all the metrics of the Resident Improvement plan, but demonstrates progress, the plan may be extended with updated metrics and timeframes.

- a. The timeframe of a Resident Improvement Plan extension is typically four (4) weeks.
11. During the Resident Improvement Plan period, the resident will meet with the RPD on a regular basis, typically once a week (or more frequently as needed), to review progress of the plan.
  12. If the resident is not successful in meeting the requirements outlined in the Resident Improvement Plan, the resident will be terminated from the residency program.
  13. Resident will also be dismissed from the residency program if the resident cannot make up time missed from a leave of absence within 6 months of the end date of the residency as outlined in the Acceptance Letter (see Pharmacy Residency- Leave of Absence Policy).
  14. Other behavior and/or actions triggering dismissal from the program are, but not limited to:
    - a. Not being compliance with Cleveland Clinic policies
      - [Social Media Use](#)
      - [Professional Conduct](#) – including disruptive and unprofessional behavior.
      - [Code of Conduct](#)
      - [HIPAA](#)
      - [Corrective Action](#)
    - b. Plagiarism

### **Workplace Conduct and Performance**

Cleveland Clinic has established standards of behavior and expectations governing performance and conduct as identified in the Cleveland Clinic Professional Conduct policy, Corrective Action policy, and other applicable policies. The purpose of these criteria is to assist with managing employee performance and conduct issues that interfere with safe, orderly, effective and efficient operation of the organization.

Conduct prohibited by these policies is unacceptable in the workplace or in any work-related setting outside the workplace such as during business trips or business meetings. Those individuals who engage in acts prohibited by Cleveland Clinic policies, regardless of status, position or title, will be subject to appropriate action, including but not limited to corrective action up to and including discharge.

### **Regulatory Requirement/References**

American Society of Health System Pharmacists (ASHP)

## **Oversight and Responsibility**

The Residency Program Director and Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.