

Pharmacy Residency Dismissal Policy

Target Group: Cleveland Clinic health system locations		Original Date of Issue: Not Set	Version 2
Approved by: Board of Directors- Main	Date Last Approved/Reviewed: 09/01/2021	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 09/30/2019
Avon Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018		Euclid Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018	
Fairview Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018		Hillcrest Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018	
Lutheran Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018		Marymount Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018	
Medina Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018		South Pointe Hospital: Board approval date: 12/19/2018 Effective Date: 12/19/2018	
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Purpose

To define the 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 requirement set forth by the Pharmacy Residency Program. Residents will be evaluated according to the ASHP Standard under Standard 1 (Requirements and Selection of Residents; specifically 1.6) and Standard 2 (Responsibilities of the Program to the Resident; specifically 2.7, the Residency Program Director (RPD) will award a certificate of residency only to those who complete the program's requirements". Failure to meet the successful completion requirements will result in dismissal from the Pharmacy Residency Program.

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.

Policy Implementation

1. 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.
2. 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).
3. 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 him/her to create a plan to achieve the required standards for completion by ASHP.
4. If the resident continues to not meet the required standards for completion, the RPD will notify the hospital specific Director of Pharmacy, System Director of Residency Programs, and Cleveland Clinic HR business partner(s) or designee.

5. 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.
6. 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.
7. 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.
8. 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.
9. If the resident is not successful in meeting the requirements outlined in the Resident Improvement Plan, he/she will be terminated from the residency program.
10. 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).

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 this 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)
Corrective Action Policy
Professional Conduct Policy

Standard 1. [1.6] Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.

Standard 2. [2.7] The RPD will award a certificate of residency only to those who complete the program's requirements.

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residencyaccreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB>

Main Campus Successful Completion of Residency Policy
Successful Completion of Residency Policies for:

Avon
Euclid
Fairview
Hillcrest
Lutheran
Marymount
Medina
South Pointe
Weston
MartinHealth
Indian River

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.