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| Title/Description: PGY1 Pharmacy Residency Program Purpose Statement | Policy Manual #R1.01 Revised Date: 1/16; 1/21, 7/22 Effective Date: 7/1/15 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy to align with American Society of Health-System Pharmacists (ASHP) Post-graduate Year 1 (PGY1) Pharmacy Residency Program purpose statement.

PROCEDURES:

PGY1 pharmacy residency program builds on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: PGY1 Pharmacy Resident “Moonlighting” Policy | Policy Manual #R1.03 Revised Date: 1/16; 5/21, 7/22 Effective Date: 7/1/15 |
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POLICY:

After becoming licensed in the state of Ohio, the PGY1 resident may have the ability to staff extra shifts at Cleveland Clinic Mercy, not related to the residency (after 4 PM on weekdays, or weekends when not part of staffing component). In those circumstances, the resident will be paid as a pharmacist. The resident will not be used as extra staffing help in case of call-offs during the day. In the case that the resident has an interest in working extra internal staffing shifts, the resident must obtain permission from the Residency Program Director (RPD) and the current preceptor.

It is the policy of Cleveland Clinic Mercy Pharmacy to comply with ASHP policy for moonlighting (also refer to “Resident Duty Hours” policy). Highlights of the ASHP moonlighting policy include the following:

- Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.
- 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 whether to permit or to withdraw moonlighting privileges.
- 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:
 - 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.
 - A plan for how to proceed if residents’ participation in moonlighting affects their performance during scheduled duty hours.

PROCEDURES:

1. All internal moonlighting must first be approved by the RPD.
2. Internal moonlighting will be capped at 16 hours per week.
3. The RPD will periodically monitor duty hours to comply with the “80 hour rule” established standards above.

4. External moonlighting (pharmacy or non-pharmacy related) is not allowed while completing the PGY1 residency at Cleveland Clinic Mercy Hospital due to the amount of staffing shifts available for moonlighting and the inability to track external moonlighting adequately.
5. 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.
6. Any pharmacy resident who violates this policy will be dealt with accordingly by the RPD.

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, 2022]

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: PGY1 Pharmacy Resident Dismissal Policy | Policy Manual #R1.05 Revised Date: 1/16; 1/21, 12/21 Effective Date: 7/1/15 |
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PURPOSE

To define the dismissal procedure for pharmacy residents 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. 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.

POLICY IMPLEMENTATION:

1. 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).
2. 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.
3. If the resident continues to not meet the required standards for completion, the RPD will notify the Director of Pharmacy, System Director of Residency Programs, and Cleveland Clinic HR business partner(s) or designee.
4. If it is determined the resident may not be able to meet the requirements to successfully complete the residency (See “Resident Expectations” and “Must Achieve Objectives” Policy), a Resident Improvement Plan will be created by the RPD and Director of Pharmacy or designee and will include input from preceptors.
5. 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.
6. 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.

7. 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.
8. 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.
9. 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/guidance-document-PGY1-standards.pdf>

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: PGY1 Pharmacy Resident Licensure Policy | Policy Manual #R1.06 Revised Date: 1/16; 1/21, 12/21, 7/22 Effective Date: 7/1/15 |
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PURPOSE

This document outlines the Ohio Pharmacy Licensure expectations for all pharmacy residents during post-graduate 1(PGY1).

DEFINITIONS

ACPE - Accreditation Council for Pharmacy Education

NAPLEX - North American Pharmacy Licensure Examination

MPJE - Multistate Pharmacy Jurisprudence Examination

PROCEDURE

All pharmacy residents must successfully be licensed by the Ohio State 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.
2. Residents should contact the Ohio State Board of Pharmacy as soon as possible after the match to determine licensure requirements. Residents are responsible for determining and completing Ohio intern hour requirements necessary to be eligible to sit for Licensure Examinations.
3. Residents must obtain an Ohio Pharmacy Intern License if currently does not hold a Pharmacist License in Ohio or in another state.
 - a. Residents do not need Ohio Intern License if currently holds 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)
4. Residents must maintain Ohio Pharmacy Intern License until obtaining a Pharmacist License in Ohio.
 - a. Failure to obtain or maintain Ohio Pharmacy Intern License while waiting for Ohio Pharmacist License will result in suspension from work/residency
5. Until the resident is licensed in Ohio, they must work under the direct supervision of a licensed pharmacist.
6. All pharmacy residents should obtain their Ohio Pharmacy License prior to orientation or as soon as possible after starting orientation.
7. Residents must be licensed within the first 90 days of start date.
 - a. Residents should complete initial licensure examinations by July 15 and shall complete 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 waiting period for next attempt.
 - c. For MPJE, after a failed attempt, there is a 30 day waiting period for next attempt at the MPJE.

- d. Failure to obtain license by August 1 may impact resident’s staffing and clinical rotations (e.g, decrease in number of electives, attendance at local, state, and national conferences), and may extend the residency program length to meet requirements as outlined in the Successful Completion of Residency Policy.
- 8. Failure to pass Ohio State Board of Pharmacy Licensure requirements within first 90 days of start date or two failed attempts of the same examination (i.e., NAPLEX or MPJE) occurring within first 90 days of start date of the residency will result in termination from the residency program. Exceptions (e.g., medical leave) 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 Leave of Absence Policy) to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist.
- 9. RPD and Pharmacy Director are responsible for performing primary source verification of a resident’s license within first 90 days of start date.
 - a. RPD and Pharmacy Director is responsible for performing primary source verification of renewal no later than the expiration of the credentials.
 - b. RPD and Pharmacy Director will retain a copy of the website screen print, dated no later than the expiration date in the resident’s departmental file, and submit to Human Resources.
- 10. Residents are responsible to maintain current 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

Ohio Licensure as a Pharmacist by Examination. Available from <https://pharmacy.ohio.gov/Licensing/Pharmacist.aspx> (Accessed December 12, 2021).

NAPLEX- <http://www.nabp.net/programs/examination/naplex> (Accessed December 12, 2021).

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: PGY1 Pharmacy Resident Vacation Time Policy | Policy Manual #R1.07 Revised Date: 12/14; 1/21, 12/21, 3/22 Effective Date: 7/1/15 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy that pharmacy residents will be allotted time off for professional, personal, and sick days. The resident will have 14 “time off” days. These “time off” days may be used for illness or personal time, licensure requirements [reciprocity hearing or taking the North American Pharmacist Licensure Exam (NAPLEX) and/or jurisprudence exam(s) for licensure in Ohio], or interviewing for PGY2 residencies or jobs. Residents will not be charged “time off” days for required off-site activities (ASHP Midyear, Residency Conference attendance). Residents will be scheduled to work three of six national holidays. Request for “time off” days must be submitted to and approved by the RPD and Director of Pharmacy. Request for “time off” days must not interfere with the ability to complete a rotation or project. The “time off” days may be used as sick time or family time before the resident will be required to make up instructional days missed. This may require the resident staying beyond the end date of the residency to successfully complete the program (See “Resident Leave of Absence” Policy).

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: Requirements for Successful Completion of PGY1 Pharmacy Residency Policy | Policy Manual #R1.11 Revised Date: 12/14; 1/21, 12/21, 3/22, 7/22 Effective Date: 7/1/15 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy practice residents are aware of the graduation requirements for this program. If a resident does not successfully meet and complete all criteria for graduation, the residency certificate will be withheld. The Residency Advisory Council (RAC) will convene and decide on a plan to ultimately help the resident meet criteria for graduation, which may include extra assignments, extending the residency, or other duties as decided by the RAC. Failure to comply with the written plan in the time frame specified will result in dismissal from the program and no certificate will be conferred.

DEFINITIONS:

Acceptance Letter (ASHP Standard): Within 30 days of the Match, the program contacts each matched candidate in writing to conform and document their acceptance of the Match. At that time, the program also provides general information about the hiring process including pre-employment requirements. This “Acceptance Letter” letter is sent and outlines requirements for successful completion of the residency program. The letter is signed and dated by both the resident and the Residency Program Director (RPD). The letter also includes a start date and end date of the residency program, stipend, and benefits.

Performance Indicator Definitions

Needs Improvement (NI)

- The resident is deficient in skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in more than 30% of instances.
- Resident is unable to ask appropriate questions to supplement limitations and/or has a general deficit in this area.
- The resident’s level of skill on the objective does not meet the preceptor’s standards of either “Achieved” or “Satisfactory Progress,” whichever applies.

Satisfactory Progress (SP)

- The resident has adequate skills/knowledge in this area and requires assistance to successfully complete the learning activities associated with the objective in 10-30% of instances. The resident performs associated tasks at an acceptable level, and in a consistent manner.
- This applies to an objective whose achievement requires skill development during more than one learning experience. In the current learning experience, the resident has progressed at the required rate to attain full and independent ability to perform the objective by the end of the program.
- Resident is able to ask questions to acknowledge limitations and/or judgment is not refined.

Achieved (ACH)

- The resident has the skill/abilities in this area and requires assistance to successfully complete the learning activities associated with the objective in less than 10% of the

instances. The resident requires no further developmental work in this area and requires minimal supervision, or

- The resident has fully accomplished the ability to independently perform the learning activities associated with the objective in a consistent manner.

Achieved (ACH-R) for Residency

- An objective may be “Achieved for Residency” (ACH-R) when the resident:
 - Has “Achieved” the objective twice during the residency (or at the discretion of the RPD and Residency Advisory Committee).
 - For objectives that a resident has “Achieved” only once during the year, the RAC group may discuss resident progression and development, and if group agrees, mark as ACHR
- A goal may be “Achieved for the Residency” (ACH-R) when the resident:
 - Has “Achieved for Residency” all the objectives for the specific goal (done automatically by Pharmacademic when all the objectives have been achieved).

PROCEDURE:

In order to graduate with the PGY1 pharmacy residency certificate, all residents must:

- Obtain pharmacist licensure in the State of Ohio
- Complete 12 months of learning experiences, including monthly and longitudinal experiences.
 - A pharmacy resident must complete at least 2/3 (two-thirds) of the residency (8 months) as a licensed pharmacist in Ohio.
 - See program structure Policy R1.19 for further details.
- Complete a self-directed original resident project with a manuscript suitable for publication.
- Complete a medication use evaluation (MUE)
- Complete and present a drug monograph
- Complete all assigned evaluations (in PharmAcademic).
- Complete all required staffing and holiday shifts.
- Complete External On-Call Requirements.
- Join and participate in local and national pharmacy associations (paid by hospital).
 - American Society of Health System Pharmacists (ASHP)
 - Ohio Society of Health System Pharmacists (OSHP)
 - Join and participate in an OSHP Division
 - Akron Area Society of Health System Pharmacists (AASHP)
 - Attend meetings regularly
 - Ohio College of Clinical Pharmacist (OCCP)
- Document all interventions in the pharmacy intervention database.
- Assist in the recruitment of future pharmacy residents (as applicable) via:
 - Attendance at the OSHP Residency Showcase.
 - Participate in the on-site interview process.
 - If applicable, attend the ASHP Midyear Residency Showcase.
 - If applicable, visit one College of Pharmacy Career Fair.
- Participate in the education of pharmacy students, pharmacy staff, healthcare team, and the community via:

- Act as the official preceptor for at least one student.
- Give at least two different formal presentations to healthcare staff:
 - Journal Club
 - Case Presentation
 - Pharmacotherapy review
- Demonstrate effective communication skills, both verbal and written, with other healthcare professionals, preceptors, and patients.
- Each resident will be evaluated throughout the academic year based on ASHP Competency Areas, Goals, and Objectives. There are 33 objectives which must be “taught and evaluated” at least one time throughout the residency. This program sets a requirement that the resident must “Achieve” 80% of the objectives (27/33) by the end of the residency. Additionally, there are a list of ten must “Achieve” objectives listed in Cleveland Clinic Mercy Residency Policy R1.12.

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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|---|---|
| Title/Description: PGY1 Pharmacy Residency “Must Achieve” Objectives Policy | Policy Manual #R1.12 Revised Date: 7/15; 1/21 Effective Date: 7/1/15 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy residents must “Achieve” the following objectives to satisfy the graduation requirement as stated in Cleveland Clinic Mercy Residency Policy R1.11 in conjunction with ASHP Standards and Competency Areas, Goals, and Objectives. For Objectives that are evaluated multiple times throughout the residency, it may be possible that a resident may earn an “Achieved” mark from one preceptor, and then earn “Progressing Satisfactorily” later in the residency from a different preceptor for the same Objective. In this scenario, this will count towards an “Achieved” mark for the residency.

If a resident does not “achieve” each objective listed below by the end of the residency year at least one time, this will result in a remediation plan. Each remediation plan is resident-specific based on objectives needed to satisfy “Achieved” status. These plans may include special projects which would be formatively evaluated, or patient-specific projects that require work-up and presentation to preceptors and/or RPD. If the resident does not satisfy remediation criteria, this will result in the resident not earning their certificate of graduation from an ASHP-accredited residency program.

In addition, 80% of the objectives (27/33) need to be achieved at some point during the residency. The residency advisory council will convene to decide if they are achieved for the residency. In addition, and no objective remains in a “needs improvement” category. If the resident fails to meet the criteria, a remediation plan will be put into place, as above.

PROCEDURES:

1. **Objective R1.1.3:** (Analyzing) Collect information on which to base safe and effective medication therapy.
2. **Objective R1.1.4:** (Analyzing) Analyze and assess information on which to base safe and effective medication therapy.
3. **Objective R1.1.5:** (Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).
4. **Objective R1.1.6:** (Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.
5. **Objective R1.3.1:** (Applying) Prepare and dispense medications following best practices and the organization’s policies and procedures.
6. **Objective R2.2.1:** (Analyzing) Identify changes needed to improve patient care and/or the medication use systems.
7. **Objective R2.2.5:** (Creating) Effectively develop and present, orally and in writing, a final project report.
8. **Objective R3.2.3:** (Applying) Contribute to departmental management.
9. **Objective R3.2.4:** (Applying) Manages one’s own practice effectively.
10. **Objective R4.1.2:** (Applying) Use effective presentation and teaching skills to deliver education.

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: Expectations of the PGY1 Pharmacy Resident Policy | Policy Manual #R1.13 Revised Date: 12/16; 1/21, 12/21 Effective Date: 7/1/15 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy practice residents are aware of the expectations for this program.

PROCEDURES:

1. Each resident will be on-time for all activities related to the residency, including the staffing component.
2. Each resident will be dressed professionally as defined by each preceptor and act professionally at all times.
3. Each resident is expected to complete a self-directed project to be submitted to the RPD at the end of the residency in a manner suitable for publication.
4. Each resident will complete required learning experiences as specified by the program structure.
5. Each resident will prepare for all learning experiences in a manner befitting of a resident, such as topic discussions, rounding experiences, professional presentations, etc.
6. Each resident will attend and participate in various committees, such as P&T, Emergency Management, etc. to get a well-rounded experience in administration.
7. The resident may choose to participate in the teaching certificate program through Northeast Ohio Medical University (NEOMED). This is optional, but strongly encouraged. The resident may also choose to participate in the Cleveland Clinic Leadership Program.

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: PGY1 Pharmacy Residency Competency Areas, Goals, & Objectives Policy | Policy Manual #R1.14 Revised Date: 12/16;1/21 Effective Date: 7/1/15 |
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POLICY:

ASHP has established Competency Areas, Outcomes, Goals, and Objectives associated with accreditation. These will be a foundation of the residency program at Cleveland Clinic Mercy, as a guiding tool that helps residents achieve educational and clinical competency. The required competency areas, including all of the goals and objectives falling under them, must be included in all programs. Programs may add one or more additional competency areas. Programs selecting an additional competency area are not required to include all of the goals and objectives in that competency area. In addition to the potential additional competency areas contained in this document, programs are free to create their own additional competency areas with associated goals and objectives. Each of the goals falling under the program’s selection of program competency areas (required and additional) must be evaluated at least once during the residency year. In addition, elective competency areas may be selected for specific residents only.

PROCEDURES:

The following Competency Areas are required by ASHP for accreditation:

- R1: Patient Care
- R2: Advancing Practice and Improving Patient Care
- R3: Leadership and Management
- R4: Teaching, Education, and Dissemination of Knowledge

There are thirty-three objectives that must be taught and evaluated by preceptors at least one time each throughout the residency. These objectives vary based on the experience, but the resident will be made aware of the objectives and learning activities associated with objectives on each experiences orientation.

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.

Authorized by:

 Director of Pharmacy

 Residency Program Director

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| Title/Description: PGY1 Pharmacy Program Leave of Absence Policy | Policy Manual #R1.15 Revised Date: 12/15; 1/21, 12/21 Effective Date: 7/1/15 |
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Purpose

This document outlines the leave of absence procedures for pharmacy residents. Pharmacy residents must follow Human Resources policies and procedures for Leave of Absence requests.

Procedure

Leave of Absence Requests

1. Per residency year, each resident has 14 “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.
2. Each resident has up to 12 weeks for a 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.
 - b. The resident will need apply to take unpaid leave up to 12 weeks, unless eligible for Short Term Disability pay, per Human Resources Benefits eligibility guidelines.
 - c. If a Leave of Absence is approved, and the resident has used all “time-off” days, the below will be followed to ensure the residency program is a minimum of 12 months 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 needs 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 12 months of residency.
2. Leave of absence time must be completed within 6 months of the date the program was scheduled to be completed, or the resident forfeits the privilege of receiving the Certificate of

Completion of the program 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.

3. When returning from a leave of absence, all Successful Completion Requirements must be met in order 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, hours will be paid and must be: worked under the guidance of a preceptor, equal to the hours missed, and used to complete the 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

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: PGY1 Pharmacy Program External On-Call Policy | Policy Manual #R1.16 Revised Date: 12/15; 1/21, 12/21, 7/22 Effective Date: 7/1/15 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy that all pharmacy residents will fulfill External On-Call (at-home) requirements in addition to other requirements of the residency.

PROCEDURES:

1. External On-Call is required by residents of the program to graduate per Policy R1.11.
2. The resident, when licensed and properly trained, will be placed into the On-Call schedule every other week for 24 hours a day for 7 days, corresponding to their staffing weekend.
3. External On-Call consists of keeping regular access to use of personal or hospital provided telephone device outside the hospital. Responsibilities include:
 - a. Taking call for clinical questions by pharmacist, nurses, or providers. Resident is expected to have access to their device at all hours to be able to respond to any questions during on-call hours.
 - b. Receiving and addressing rapid blood culture identification results.
 - i. Resident is expected to address any results received during off hours. Any results received between hours of 2200-0700 can be addressed on the following day, at 0700.
4. The resident will always have a backup On-Call preceptor listed with them on the schedule. This system will always be in place if the resident needs assistance to complete the responsibilities required.
 - a. During the first quarter of On-Call, the resident must contact the back-call person to confer with before addressing any clinical questions. This timeframe can be adjusted based on the learner's progress.
 - i. During the first quarter of On-Call, after the completion of the call week, the back call preceptor will review the week/discuss feedback with resident. Back call preceptor will also review resident wellness to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue. Any concerns will be discussed with RPD.
 - b. Level of supervision will be adjusted accordingly as resident progresses throughout the year. As the resident progresses, the resident is encouraged to try to answer the clinical question first/address culture results, and if they are unable or do not feel comfortable, they must call the backup On-Call preceptor for guidance.
5. Refer to Resident Duty Hour Policy
 - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - b. 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.

- c. 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:
 - i. If a resident is called into the hospital from at-home, the time spent in the hospital by the resident must count towards the 80-hour maximum weekly hour limit.
 - ii. 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.

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.

Authorized by:

Director of Pharmacy

Residency Program Director

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| Title/Description: Resident Duty Hours | Policy Manual #R1.18 Revised Date: 12/21. 7/22 Effective Date: 12/21 |
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Purpose

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

Definitions

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: 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.

Procedure:

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

- Duty hour attestation form will be completed electronically by each resident on a monthly basis through Pharmacademic.
- 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 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 Advisory 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.
- Refer to Moonlighting Policy

Call Programs

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 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
- At-Home Call
 - 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 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.
- Refer to On-Call Policy R1.16

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, 2022]

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 December 14, 2021.

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

Authorized by:

Director of Pharmacy

Residency Program Director

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|---|---|
| Title/Description: PGY1 Pharmacy Residency Program Structure | Policy Manual #R1.19 Revised Date: 3/1/22 Effective Date: 3/1/22 |
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POLICY:

It is the policy of Cleveland Clinic Mercy Pharmacy to follow the program structure as outlined below.

PROCEDURES:

The PGY1 Pharmacy Residency program’s structure is outlined in the table below. All core experiences (as outlined) are required. Learning experiences are scheduled in such a way that the residents have core clinical rotations prior to the Midyear meeting in December, while taking the residents’ requests into account. This is intended to assist the residents in determining their areas of interest as well as evaluate what opportunities to seek at the Midyear meeting. The learning experiences can be modified throughout the course of the residency year based on the residents’ career goals.

No more than one-third of the residency (four months) may deal with a specific disease state or population. Residents must spend at least two-thirds (eight months) of the residency in direct patient care activities. Elective options include repeating required core experiences with more advanced objectives and/or other elective learning experiences may be developed based on resident interest and preceptor/non-pharmacist preceptor availability. If Cleveland Clinic Mercy Hospital is unable to provide an elective experience in the resident interest area, the RPD will seek out potential off site opportunities at other Cleveland Clinic campuses, if available. Any interest for offsite opportunities should be discussed during Orientation in order to seek availability and coordinate accordingly.

| Learning Experience | Duration | Designation | Sequence during year |
|--------------------------------|----------------------------------|-------------|------------------------------|
| Orientation | 6 weeks | Required | June-July |
| Internal Medicine | 4 weeks | Required | First half of year |
| Critical Care | 4 weeks | Required | First half of year |
| Infectious Disease/Stewardship | 4 weeks | Required | First half of year |
| Emergency Medicine | 4 weeks | Required | First half of year |
| Transitions of Care | 4 weeks | Required | First or second half of year |
| Ambulatory Care Clinic | Longitudinal (1 afternoon/week) | Required | Every other quarter |
| Anticoagulation Clinic | Longitudinal (1 afternoon/week) | Required | Every other quarter |
| Research (month) | 4 weeks | Required | December |
| Research/administration | 2 weeks research + 2 weeks admin | Required | April |
| Research (longitudinal) | Longitudinal, (~2 days/month) | Required | All year |

| | | | |
|---|---|----------|---------------------|
| Precepting | 4 weeks | Required | Second half of year |
| Administration | Longitudinal (~1-2 days/month) | Required | All year |
| Medication Safety | Longitudinal (~1-2 days/month) | Required | All year |
| Staffing | Longitudinal (one weekend every other week) | Required | All year |
| Cardiology | 4 weeks | Elective | Second half of year |
| Ambulatory Care (Ambulatory Care/Diabetes Clinic, Anticoagulation Clinic) | 4 weeks | Elective | Second half of year |
| Internal Medicine II | 4 weeks | Elective | Second half of year |
| Critical Care II | 4 weeks | Elective | Second half of year |
| Infectious Disease/Stewardship II | 4 weeks | Elective | Second half of year |
| Emergency Medicine II | 4 weeks | Elective | Second half of year |
| Transitions of Care II | 4 weeks | Elective | Second half of year |
| Internal Medicine III | 4 weeks | Elective | Second half of year |
| Critical Care III | 4 weeks | Elective | Second half of year |
| Infectious Disease/Stewardship III | 4 weeks | Elective | Second half of year |
| Emergency Medicine III | 4 weeks | Elective | Second half of year |

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.

Authorized by:

Director of Pharmacy

Residency Program Director