

## Pharmacy Residency Dismissal Policy

<b>Target Group:</b> Cleveland Clinic Akron General Medical Center - Pharmacy		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 3
<b>Approved by:</b> AGMC Board Policy Committee	<b>Date Last Approved/Reviewed:</b> 03/17/2021	<b>Prepared by:</b> Christopher Ensley (Manager Medication Safety)	<b>Effective Date</b> 03/17/2021

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### Purpose

To define the dismissal procedure for all Cleveland Clinic Akron General 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. Residents will be evaluated according to the ASHP Standard 1 Requirements and Selection of Residents; specifically 1.6) for the PGY1 Standard, 1.7) for the PGY2 Standard, and Standard 2 Responsibilities of the Program to the Resident; specifically 2.7) for the PGY1 and PGY2 Standards “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 Akron General Medical Center:** Includes Akron General Main Campus and any and all Akron General provider-based locations.

### 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 Akron General 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 [Pharmacy Residency Successful Completion Policy](#)), 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: 1) 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 Procedure](#)).

## Workplace Conduct and Performance

Cleveland Clinic Akron General has established standards of behavior and expectations governing performance and conduct as identified in the Cleveland Clinic Akron General Human Resources (HR) [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 Akron General 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), 2016, ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs.

<https://www.ashp.org/search?q=PGY1%20Residency%20Accreditation%20Standard%20-%202016>

- 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.

American Society of Health System Pharmacists (ASHP), 2017, ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs.

<https://www.ashp.org/search?q=PGY2%20Residency%20Accreditation%20Standard%20-%20June2017>

- Standard 1. [1.7] 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.

Cleveland Clinic Akron General HR [Corrective Action Policy](#)

[Pharmacy Residency Successful Completion Policy](#)

## 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.

## Pharmacy Residency Leave of Absence Procedure

<b>Target Group:</b> Cleveland Clinic Akron General Medical Center - Pharmacy		<b>Original Date of Issue:</b> 10/22/2013	<b>Version</b> 3
<b>Approved by:</b> AGMC Board Policy Committee	<b>Date Last Approved/Reviewed:</b> 05/20/2020	<b>Prepared by:</b> Michael Hoying (Director Pharmacy)	<b>Effective Date</b> 05/20/2020

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### Purpose

To support the [Leaves of Absences- Including FMLA, Medical, Worker's Compensation, Personal, Military and Departmental Policy](#), this document outlines the leave of absence procedures for all Cleveland Clinic Akron General Medical Center pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

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

### Definitions

**Cleveland Clinic Akron General Medical Center:** Includes Akron General Main Campus and any and all Akron General provider-based locations.

### Procedure

#### Leave of Absence Requests

1. 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, etc.). Please refer to individual Human Resources Policies and Procedures for specific processes and documentation requirements based on type of leave.
2. Per residency year, each resident has 14 “time-off” days.
  - 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.
3. If a resident has used all “time-off” days and is faced with a situation where additional time off is needed, each case will be reviewed by the Residency Committee and will

follow the criteria below:

- a. Per the American Society of Health-System Pharmacists (ASHP), programs must be a minimum of 12 months and a full-time practice commitment or equivalent (e.g., Residents must complete a 12-month residency). Residents taking leave greater than paid leave allowed (i.e., “time off” days) cannot be awarded a residency certificate unless additional leave is made up.
  - i. 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)].
4. If a resident taking a leave of absence exhausts all of their permitted days off (i.e., 14 days “time off”), they will need to take unpaid leave, unless eligible for Short Term Disability pay per Human Resources Benefits eligibility guidelines.

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

1. Leave(s) of absence 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 missed during the leave of absence would need to be made up upon the residents return.
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 Akron General - Human Resources Policies and Procedures:

- [Bereavement Leave Policy](#)
- [Jury Duty Witness Duty Leave Policy](#)
- [Leaves of Absences- Including FMLA, Medical, Worker's Compensation, Personal, Military and Departmental 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.

## Pharmacy Resident Duty Hours Standard Operating Procedure

<b>Target Group:</b> Cleveland Clinic Akron General Medical Center - Pharmacy		<b>Original Date of Issue:</b> 07/01/2008	<b>Version</b> 3
<b>Approved by:</b> AGMC Board Policy Committee	<b>Date Last Approved/Reviewed:</b> 05/20/2020	<b>Prepared by:</b> Michael Hoying (Director Pharmacy)	<b>Effective Date</b> 05/20/2020

**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 Akron General Medical Center:** Includes Akron General Main Campus and any and all Akron General provider-based locations.

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, and scheduled and assigned activities, such as conferences, committee meetings and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include reading, studying and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the Residency Program Director or a preceptor.

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

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside Cleveland Clinic Akron General (CCAG) (external), or within Cleveland Clinic Akron General (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.



## **Instructions**

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**

1. Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and moonlighting.
2. Mandatory time free of duty: Residents 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.
3. 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 Director (RPD). Once the RPDs approve the trade/switch, the schedule can then be updated by responsible party.
4. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
5. Continuous duty periods of residents should not exceed 16 hours. 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, with an additional period of up to two hours permitted for transitions of care or educational activities.

### **At-Home or In-House Call Activities**

1. Cleveland Clinic Akron General Medical Center does not have an at-home call service that our residents support.

### **Moonlighting**

1. At Cleveland Clinic Akron General Medical Center only internal moonlighting (staffing at CCAG) is allowed.
2. The ability of a resident to pursue moonlighting will be decided by the RPD, in concordance with the Residency Advisory Committee.
3. Moonlighting must not interfere with the residents' ability to satisfactorily meet the goals and objectives of the residency program (as assessed by the RPD).
4. Internal third-shift/overnight moonlighting is not permissible.
5. Time spent by residents in internal moonlighting must be counted toward the 80-hour maximum weekly hour limit and will be tracked per our hospital's specific resident duty hour tracking procedure.
6. 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). 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 with decision (approval or denial of extra internal shift).

7. 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 standard operating procedure or the Duty Hours standard.

It is the ultimate responsibility of the RPD that each of the above duty hour requirements is followed by the residents in their program. The RPD must ensure that residents participate in structured handoff process when they complete their shift - to facilitate information exchange and to maintain continuity of care and patient safety.

### **Duty Hour Tracking (see Residency Manual)**

1. The resident will monitor duty hour compliance as outlined in the Residency Manual.

### **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 January 13, 2020.

### **Oversight and Responsibility**

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

## Pharmacy Residency Policy - Licensure in Ohio

<b>Target Group:</b> Cleveland Clinic Akron General Medical Center - Pharmacy		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 2
<b>Approved by:</b> AGMC Board Policy Committee	<b>Date Last Approved/Reviewed:</b> 03/17/2021	<b>Prepared by:</b> Abbi Smith (Manager Pharmacy Operations)	<b>Effective Date</b> 03/17/2021

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### Purpose

This document outlines the Ohio Pharmacy Licensure requirements for all pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

### Policy Statement

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

### Definitions

**Cleveland Clinic Akron General Medical Center:** Includes Akron General Main Campus and any and all Akron General provider-based locations.

**ACPE** - Accreditation Council for Pharmacy Education

**NAPLEX** - North American Pharmacy Licensure Examination

**MPJE** - Multistate Pharmacy Jurisprudence Examination

### Policy Implementation

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 an Ohio Intern License if they 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)
4. Residents must maintain an 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. If a resident has a delayed start that is approved, the resident should complete initial licensure examination within 15 days of their start date, but no later than 30 days from start date.
  - b. For NAPLEX, after a failed attempt, there is a 45 day waiting period for next attempt at the NAPLEX.
  - c. For MPJE, after a failed attempt, there is a 30 day waiting period for next attempt at the MPJE.
  - d. If a resident fails to pass either licensing exam, the Ohio Board of Pharmacy must be contacted ASAP and the process initiated to obtain a new Authorization To Test (ATT) from the board. The resident should schedule their next attempt at the soonest possible opportunity after the waiting period has elapsed.
  - e. Failure to obtain license within the first month of residency 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 [Pharmacy Residency Successful Completion Policy](#).
8. Failure to pass Ohio State Board of Pharmacy Licensure requirements within in first 90 days of start date or two failed attempts of the same examination (i.e., NAPLEX or MPJE) occurring within the 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 and required program extension will be determined by the director of pharmacy (or designee).
9. Managers or designee are responsible for performing primary source verification of a resident's license within first 90 days of start date.

- a. Manager or designee is responsible for performing primary source verification of renewal no later than the expiration of the credentials.
  - b. 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 to Human Resources.
10. PGY2 pharmacy residents must show proof of certificate of completion for a postgraduate 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 postgraduate Year 1 (PGY1) residency (e.g., graduation certificate).
  - b. Pharmacy manager or designee will contact PGY1 residency program to verify the primary source.
11. 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 Oct 08, 2019).

NAPLEX - <https://nabp.pharmacy/programs/naplex/> (Accessed Oct 08, 2019).

[Licensure/Certification/Clinical Competency Policy](#)

### **Oversight and Responsibility**

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

## Pharmacy Residency Successful Completion Policy

<b>Target Group:</b> Cleveland Clinic Akron General Medical Center - Pharmacy		<b>Original Date of Issue:</b> 10/31/2013	<b>Version</b> 3
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### Purpose

To outline the graduation requirements for all Cleveland Clinic Akron General (CCAG) pharmacy residents.

Standard 2 (Responsibilities of the Program to the Resident), number 2.8 of the American Society of Health-System Pharmacists (ASHP) Pharmacy Residency Standards states, “a Residency Program Director (RPD) awards a certificate of residency only to those who complete the program’s requirements.”

### Policy Statement

A Resident must meet all program requirements in order to receive a residency certificate.

### Definitions

**Cleveland Clinic Akron General Medical Center:** Includes Akron General Main Campus and any and all Akron General provider-based locations.

**Acceptance Letter (ASHP Standard Principle 2.4a):** A letter that is sent to the resident candidate after the National Matching Service results or early commitment that 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. The letter will be postmarked no later than 30 days following receipt of the Match results or acceptance of an early commitment offer by the applicant.

### Policy Implementation

A resident must meet the following in order to successfully complete the residency and be awarded a residency certificate. A resident must:

1. Obtain pharmacist licensure in the State of Ohio (as described in the CCAG Pharmacy Resident Licensure Policy).
2. Complete all required residency Learning Experiences as outlined by the specific residency program (as outlined in Acceptance Letter).
3. Have all assigned resident evaluations (in PharmAcademic) completed.
4. Meet the following:
  - a. PGY1 Pharmacy (includes first year Health System Pharmacy Administration and Leadership): A resident must achieve for the residency (ACHR) all goals in domain R1. A resident may have only 1 goal in any one of the following domains R2, R3, and R4 that is not achieved for the residency (ACHR). By the end of the residency there can be no objectives that are rated as Needs Improvement that have not been specifically addressed in the resident's Development Plan followed by evaluation demonstrating at least Satisfactory Progress.
  - b. PGY2 (includes all PGY2 programs except Health System Pharmacy Administration and Leadership): A resident must achieve for the residency (ACHR) all goals in R1 (or specific "R" domain for patient care). A resident may have 2 goals in other domains that are not achieved for the residency (ACHR). By the end of the residency there can be no objectives that are rated as Needs Improvement that have not been specifically addressed in the resident's Development Plan followed by evaluation demonstrating at least Satisfactory Progress.
  - c. PGY2 Health System Pharmacy Administration and Leadership: A resident may have 2 goals that are not achieved for the residency (ACHR). No domain(s) specified. By the end of the residency, there can be no objectives that are rated as Needs Improvement that have not been specifically addressed in the resident's Development Plan followed by evaluation demonstrating at least Satisfactory Progress.
5. Complete research or project(s) as outlined by the specific residency program (as outlined in Acceptance Letter).
6. Complete a project manuscript that is suitable for publication.
7. Present a project (poster or podium) at assigned conferences (e.g., Ohio College of Clinical Pharmacy (OCCP), ASHP Midyear, Regional Residency Conference, CCAG Scientific Session, or others as assigned).
8. Complete all staffing requirements (as outlined in Acceptance Letter); including on-call program if applicable. The staffing component may vary from year-to-year but will be no more frequent than every other weekend and will include up to three (3) national holidays.
9. Complete all presentation requirements (e.g., case presentations, pharmacotherapy conference, research project/Medication Use Evaluation (MUE) proposal and findings) (as outlined in Acceptance Letter). Presentations may be repeated if necessary to demonstrate proficiency.
10. Complete assigned certificate program (e.g., Teaching Certificate, Leadership Certificate), as outlined in Acceptance Letter.
11. Participate in required hospital committees (e.g., Pharmacy and Therapeutics Committee, Pharmacy Residency Subcommittee, others meetings as determined by the RPD) as outlined in the acceptance letter.

12. The following deliverables, specific to the PGY2 HSPAL resident will be required for graduation:
- a. Precepts all Cleveland Clinic Akron General pharmacy residents to guide their completion of their MUE projects.
  - b. Performs an annual evaluation of our internship program by surveying all interns and develops a plan for continuous quality improvement.
  - c. Attends all House Staff Senate meetings and/or provides the necessary follow-up required (when attendance not possible).
  - d. Completes leadership/Secretary Position responsibilities for a Pharmacy and Therapeutics Committee meeting.
  - e. Creates two 8-week pharmacy operations schedules and is responsible for primary management of one of the 8-week schedules.
  - f. Pharmacy Administrator at-home on-call coverage (for off-hours and weekends) 1 out of 8 weeks.

The RPD and the resident's advisor will collaborate throughout the year to determine if the resident is on target to graduate. Resident progress toward accomplishing specific requirements and the resident's Development Plan will be presented quarterly to the Residency Advisory Committee by the resident's advisor or designee.

### **Regulatory Requirement/References**

American Society of Health System Pharmacists (ASHP) Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs.

Accessed at:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-PGY1-standards.ashx>.

American Society of Health System Pharmacists (ASHP) Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs.

Accessed at:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-guidance-document>.

### **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.