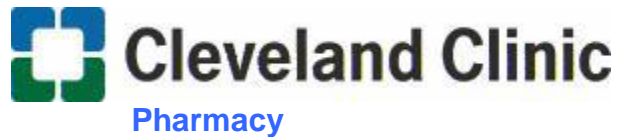




Cleveland Clinic Pharmacy Residency Program
Health System Policies

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



Pharmacy Residency Policy- Licensure in Ohio

Target Group: Cleveland Clinic health system (Ohio only)- Department of Pharmacy Residents		Original Date of Issue: Not Set	Version 5
Approved by: Board of Directors- Main	Date Last Approved/Reviewed: 09/01/2021	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 10/07/2019
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	
CCCHR: 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 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 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 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.
9. 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. Pharmacy manager or designee will contact PGY1 residency program to verify the primary source.
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 May 25, 2017).

NAPLEX- <http://www.nabp.net/programs/examination/naplex> (Accessed May 15, 2017).

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

Target Group: Cleveland Clinic health system locations- Pharmacy residents		Original Date of Issue: Not Set	Version 2
Approved by: Board of Directors- Main	Date Last Approved/Reviewed: 10/20/2023	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 10/07/2019
Avon Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017		Euclid Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017	
Fairview Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017		Hillcrest Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017	
Lutheran Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017		Marymount Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017	
Medina Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017		South Pointe Hospital: Board approval date: 9/20/2017 Effective Date: 9/20/2017	
CCCHR: 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

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
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)	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Main Campus PGY1 Community	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Martin Health	No	Yes	Yes	No	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 style="text-align: center;">*Except where protected by federal law <i>Per ASHP, military reservist hours are counted towards duty hours and included in external moonlighting definition</i> <i>Updated July 2023 for 2023-2024 Academic Year</i></p>						

Pharmacy Residency Early Commitment Standard Operating Procedure

Target Group: Cleveland Clinic- main campus PGY1 Pharmacy Residents		Original Date of Issue: Not Set	Version 1
Approved by: Allison Riffle	Date Last Approved/Reviewed: 10/23/2023	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 10/23/2023

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

Purpose

To describe the application process and early commitment policy for current post-graduate year one (PGY1) Cleveland Clinic residents interested in pursuing a post-graduate year two (PGY2) residency at Cleveland Clinic.

Definitions

Cleveland Clinic - main campus: Includes main campus, 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 this facility.

Early Commitment: Early Commitment Process is where under certain conditions, a position in a PGY2 program can be committed to a current PGY1 resident in advance of the Match process (National Matching Service or NMS).

Instructions

Cleveland Clinic offers and has a process for early commitment and adheres to the rules of the Match.

1. Main Campus will only commit PGY1 Pharmacy, PGY1 Community, and PGY1 Community at Specialty Pharmacy in to Main Campus PGY2 residencies (i.e., Main Campus will not early commit PGY1 residents at CCHS Regional Hospitals).
2. CCHS Regional Hospital PGY2 RPDs and associated Residency Advisory Committees (RAC) will determine on an annual basis if they will early commit PGY1 Pharmacy residents from other CCHS Regional Hospitals in to their PGY2 residency programs and

inform respective programs no later than October 1 or the preceding Friday if October 1 falls on a weekend.

3. PGY1 residents are encouraged to notify the Residency Program Director(s) (RPD) of the respective PGY2 program(s) of their interest in pursuing the residency as early as possible.
4. In order for a resident to be eligible for early commitment, they must be licensed, not be on a corrective action, not actively or previously have been on an improvement plan, and be on track to graduate on time at the time of application. Candidates who do not meet this criteria are welcomed to apply through the match but will not be considered for early commitment.
5. Applications (a letter of intent and CV) must be submitted to the respective RPD by November 15th or the preceding Friday if November 15 falls on a weekend.
6. Interview candidates are determined by the Residency Subcommittee of the specific residency based on: 1) review of letter of recommendations in PhORCAS from PGY1 application; 2) feedback from PGY1 RPD/Advisor; and 3) performance on PGY1 rotations (review of evaluations on PharmAcademic).
7. If the RPD and Residency Subcommittee elect to offer the candidate(s) an interview for early commitment, the rubric from interview and performance will be reviewed and an Early Commitment Rank List will be determined by the Residency-specific Subcommittee. a. Rubric may include: 1) Interview evaluation; 2) Performance on PGY1 rotations; and 3) Case and/or presentation i. The case and/or presentation may be omitted if the RPD and Residency-specific Subcommittee have been able to adequately assess the critical thinking skills of the candidate based on a rotation with residency-specific preceptors or other activities with the candidate.
8. If there are no candidates meeting the expectations of the RPD and Residency-specific Subcommittee as defined by criteria above (#5 and #6), they may elect to not offer an interview for early commitment and enter into the Match. This should be communicated to the resident as soon as it is determined by the Subcommittee.
9. Interviews will be conducted in November and December. Candidates and program directors are encouraged to investigate external opportunities during this time via Midyear, Personal Placement Service (PPS), or other avenues of recruitment during this time.
10. No offers for early commitment can be made before the ASHP Midyear Meeting.
11. The Pharmacy Residency Committee will review and approve all final recommendations for early commitment from the Residency-specific Subcommittees.
12. Early commitments offers will be made at least 96 hours prior to the Match early commit deadline. If this date falls on a weekend, the offer must be made by the preceding Friday.

13. The signing deadline for the PGY2 position is at least 48 hours prior to the Match early commit deadline. If this date falls on a weekend, the offer must be accepted or declined by the preceding Friday.
 - a. The resident accepting a PGY2 position and PGY2 RPD must sign the National Matching Service (NMS) Letter of Agreement. Once signed, each party is then bound to the Terms of Letter Agreement (refer to NMS document for the current year).
 - b. The RPD must close out the position in Pharmacy Online Residency Centralized Application Service (PhORCAS) and the Match prior to the ASHP early commit deadline.
14. If the candidate declines the offer, the position will be offered in order of the Early Commitment Rank List.
15. If the position is not accepted by the early commitment deadline, it will be filled through the Match process.
16. Residents not offered early commitment are still eligible and encouraged to apply for a PGY2 residency position (with the same application materials submitted as external candidates- See Resident Selection SOP) and go through the evaluation and Match process.
17. Resident attendance at Midyear is dependent on departmental need and institutional travel guidance.

Oversight and Responsibility

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

Other Background Information

[ASHP Accreditation Standards for Postgraduate Pharmacy Residency Programs](#)
[ASHP Early Commit Process Requirements](#)
<https://natmatch.com/ashprmp/ecp.html>

Pharmacy Residency Procedure- Leave of Absence

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

Each CCHS Hospital has own Successful Completion Requirements.

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

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: 10/20/2023	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	
CCCHR: MEC approval date: 1/3/2020 Board approval date: 1/3/2020 Effective Date: 1/3/2020		Mercy Hospital: 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 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, 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 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.
2. 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.
3. 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).

4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>

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.