


<p>Title: Pharmacy Resident Dismissal</p> <p>Policy Number: D-PHA-0049</p> <p>Replaces (supersedes): N/A</p> 	<p>Policy Chronicle:</p> <p>Effective Date: 02/25</p> <p>Date the Original Version of Policy was Effective: 07/17</p> <p>Most Recent Review: 01/25</p> <p>Previous review: 10/20, 11/23, 10/24</p> <p>Owners:</p> <p>Gail M. Sanchez, PGY1 Residency Program Director and Senior Clinical Pharmacist Specialist – Internal Medicine</p> <p>Garrett Lech, PGY2 Residency Program Director and Supervisor, Pharmacotherapy Services</p> <p>Mary E. Regan, Associate Chief Pharmacy Officer, Inpatient Services</p> <p>Monica Akus, Associate Chief Pharmacy Officer, Pharmacotherapy Services</p>
<p>Areas of Operation:</p> <p>Inpatient Pharmacy Pharmacotherapy Services</p>	<p>Regulatory / Accreditation Standards:</p> <p>American Society of Health-System Pharmacists (ASHP) Accreditation Standard for Post Graduate Residency Programs (2023)</p>
<p>Keywords: Dismissal, pharmacy, residency</p>	

Purpose:

To articulate the criteria for dismissal of a Resident from a Pharmacy Residency Program at Cambridge Health Alliance (CHA).

Scope:

This policy applies to the CHA Pharmacy Residents.

Personnel:

The CHA Pharmacy Residents.

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Definitions:

Critical Objectives	Selected objectives deemed essential for a Resident to achieve to be eligible for successful completion of the program.
Rating Scale	The Pharmacy Residency Program will utilize the American Society of Health-System Pharmacists (ASHP) approved rating scale for summative evaluations as follows: <ul style="list-style-type: none">● NI = needs improvement● SP = satisfactory progress● ACH = achieved● ACHR = achieved for residency● N/A = not applicable
Remediation	The initial step in improving performance. It is intended to list specific areas in need of improvement and provide a plan for improvement.

Policy:

The Pharmacy Enterprise has the obligation to consider dismissal of a Resident from the residency program if one or more of the following conditions are met:

1. Violation of the organization's code of conduct. Refer to the administrative policy entitled Code of Conduct/Disruptive and Inappropriate Behaviors (A-EXE-0017) for details.
2. Failure to achieve the objectives of the residency program. Failure is defined as:
 - A. The inability to meet the criteria as outlined in the Residency Certificate Requirements policy (D-PHA-0048) or,
 - B. The inability to achieve the objectives of a remedial plan.
3. Failure to obtain pharmacist licensure in the Commonwealth of Massachusetts (MA) either prior to or within 120 days of the start date of the residency program.
4. The Resident exceeds 37 days away from the 52-week training program.
5. Scientific misconduct as defined in the Pharmacy Residency Handbook and CHA Policy #A-COM-0005.

Remediation:

A remedial plan will be used when addressing areas of Resident performance and/or behavior requiring improvement. The plan is intended to initiate action that will assist the Resident in correcting problems and improving performance including behavior. The Residency Program Director (RPD) and designated preceptor(s) will have oversight of the plan. Failure of the Resident to improve performance as addressed by the remedial plan within the specified time frame may result in the RPD lengthening training beyond the traditional 52-weeks, and/or the Resident not receiving a Certificate of Successful Completion of the residency program, and/or Resident dismissal.

Procedures:

1. A Resident is evaluated for dismissal in the following manner:

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- A. The RPD regularly monitors MA pharmacist licensure status. Residents must spend two-thirds of the training program as licensed pharmacists in MA. Failure to obtain pharmacist licensure in MA within 120 days of starting the program will result in extension of or dismissal from the residency program. The RPD will evaluate the circumstances on a case-by-case basis to determine if an extension to the program will be granted up to a maximum of 4 additional weeks.
- B. A Resident exceeding 37 days away from the 52-week training program will result in extension of or dismissal from the residency program. The RPD will evaluate the circumstances on a case-by-case basis to determine if an extension to the program will be granted up to a maximum of 4 additional weeks.
- C. At the end of each quarter of the residency training program, the RPD will conduct a summative evaluation of each Resident.
 - 1) The Resident must demonstrate competence with the selected critical objectives. Please refer to Appendix A (Selected Critical Objectives for the PGY-1 Pharmacy Residency Program) for details for the PGY1 Pharmacy Residency Program. See Appendix B, 'Selected Critical Objectives for the PGY2 Ambulatory Care Pharmacy Residency Program' for details for the PGY2 Ambulatory Care Pharmacy Residency Program. An appropriate level of competence is defined as a ranking of "achieved" or "achieved for residency" on the quarter 4 evaluation. The Residency Advisory Committee will determine if Residents are making sufficient progress during the year toward the achievement of the selected critical objectives.
 - 2) If a Resident fails to achieve the required competence or progression of competence as outlined above, the RPD in conjunction with the preceptor(s) and Resident, will develop a remedial plan which will include a reasonable time frame for completion, to allow the Resident to meet the objectives of the learning experience. Once the remedial plan is accomplished, the Resident will proceed to the next rotation.
 - 3) If the Resident fails to complete the remedial plan, he/she will be referred to the RPD for evaluation and further action up to and including dismissal.
- 2. Any violation of the hospital code of conduct policy will result in disciplinary action up to and including termination.
- 3. In addition to the above, any termination will follow the Conclusion of Employment policy (A-HRS-0005).

Reference: N/A

Reviewed by:

Committee Name / Content Expert	Chairperson / Name	Date
Residency Advisory Committee	Gail M. Sanchez, PGY1 Residency Program Director	2.5.25

This policy has been reviewed and approved electronically by:

Approver	Title	Initials	Date
Monica Akus	Associate Chief Pharmacy Officer, Pharmacotherapy Services	MA	02-06-25
Steven Cano	Chief Pharmacy Officer	SC	02-05-25

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Garrett Lech	PGY2 Residency Program Director and Supervisor, Pharmacotherapy Services	GL	02/05/25
Mary E. Regan	Associate Chief Pharmacy Officer, Inpatient Services	MER	02-05-25
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Appendix A. Selected Critical Objectives for the PGY-1 Pharmacy Residency Program:

Selected critical objectives must be achieved for the Pharmacy Resident to be eligible to graduate from the residency program. These objectives are as follows:

1. (R1.1.3) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.
2. (R1.1.5) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.
3. (R1.2.1) Collaborate and communicate with healthcare team members.
4. (R2.1.5) Assess potential or future changes aimed at improving pharmacy practice, improvement of clinical care, patient safety, healthcare operations, or specific question related to patient care.
5. (R3.2.1) Apply a process of ongoing self-assessment and personal performance improvement.
6. (R3.2.2) Demonstrate personal and interpersonal skills to manage entrusted responsibilities.
7. (R3.2.3) Demonstrate responsibility and professional behaviors.
8. (R4.1.2) Create written communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.
9. (R4.1.3) Develop and demonstrate appropriate verbal communication to disseminate knowledge related to specific content, medication therapy, and/or practice area.

Appendix B. Selected Critical Objectives for the PGY2 Ambulatory Care Pharmacy Residency Program

1. (R1.1.1): Interact effectively with health care teams to collaboratively manage ambulatory care patients' medication therapy.
2. (R1.1.4): Analyze and assess information to ensure safe and effective medication therapy for ambulatory care patients.
3. (R1.1.7): Document direct patient care activities appropriately in the medical record, or where appropriate.
4. (R1.1.8): Demonstrate responsibility to ambulatory care patients for patient outcomes.
5. (R2.1.2): Contribute to the development of a new ambulatory care pharmacy service or the enhancement of an existing service.
6. (R3.1.1): Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership
7. (R3.1.2): Apply a process of ongoing self-evaluation and personal performance improvement.
8. (R3.3.1): Effectively manage ongoing operational functions of the service.
9. (R4.1.2): Use effective presentation and teaching skills to deliver ambulatory care related education to pharmacy or interprofessional attendees, including complex topics to expert drug therapy audiences.
10. (R4.1.3): Use effective written communication to disseminate knowledge related to ambulatory care.