Cleveland Clinic
Akron General
PHARMACY

Pharmacy Residency Remediation and Dismissal Policy

Target Group: **Cleveland Clinic Akron General Medical Center - Pharmacy**		Original Date of Issue: Not Set	Version 6
Approved by: AGMC Board Policy Committee	**Date Last Approved/Reviewed:** 11/12/2025	**Prepared by:** Christopher Ensley (Manager Inpatient Pharmacy)	**Effective Date** 11/12/2025

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Purpose

To define the remediation and 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 PGY1 and PGY2 residents must meet all the requirements set forth by the Pharmacy Residency Program. Additionally, ASHP Residency Accreditation Standards state: A residency-specific remediation/diciplinary policy is documented and includes actions taken for residents who fail to progress and any resident-specific behaviors that trigger the organization's disciplinary process.

Definitions

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

Policy Implementation

1. Failure to pass Ohio State Board of Pharmacy Licensure requirements within in first 90 days of start date will result in dismissal from the residency program. Exceptions (e.g., medical leave of absence in accordance with Pharmacy Residency Leave of Absence Procedure) 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 Leave of Absence Procedure) to ensure that the resident completes 52 weeks of training and completes two-thirds of the residency as a licensed pharmacist.

2. If a resident is not licensed as a pharmacist in Ohio, failure to obtain an Ohio intern license by the residency start date will result in dismissal from the residency program.

3. 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.

4. 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). Examples include consistent failure to meet deadlines for resident projects and assignments (e.g., research, semiar, conference presentations), or 2 or more Needs Improvement (NI) on same objective on different learning experiences with qualitative supporting evidence documented (e.g., PharmAcademic).

5. 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 the resident to create a plan to achieve the program's successful completion requirements.

6. If the resident continues to not progress towards meeting the program's successful completion requirements, 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.

7. 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.
    a. All programs will use the standardized template for Resident Improvement Plans (see Appendix)

8. 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.

d. The original or a copy of the signed plan should be stored in the resident's employee file.

9. 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.

10. 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.

11. During the Resident Improvement Plan period, the resident will meet with the RPD once a week (or more frequently as needed), to review progress of the plan.

12. If the resident is not successful in meeting the requirements outlined in the Resident Improvement Plan, the resident will be terminated from the residency program.

13. Resident will 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).

14. Other behavior and/or actions triggering dismissal from the program are, but not limited to:

    a. Noncompliance with Cleveland Clinic Akron General policies
        i. Social Media Use Policy
        ii. Professional Conduct Policy – including disruptive and unprofessional behavior
        iii. HIPAA Legal Compliance Policy 505
        iv. Corrective Action Policy
    b. Plagiarism
    c. Unapproved use of Artificial Intelligence (AI)
        i. Use of company or patient data
        ii. Lack of disclosure regarding the use of AI
        iii. AI platform other than Cleveland Clinic Akron General approved (Internal ChatGPT)

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, Professional Conduct 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) Accreditation Standard for Postgraduate Pharmacy Residency Programs 2025

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.