

Policy/Procedure: DUH Pharmacy Residency Program: Residency Completion and Graduation		
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POLICY

Residents will complete the residency program and be permitted to graduate when they meet programmatic outcomes, goals, and objectives.

All residents are full-time employees of Duke University Hospital (DUH), therefore all residency programs shall adhere to the DUH Human Resources policies and procedures for employee corrective action.

DEFINITIONS

Residents are full-time employees of DUH with a 1-year contract agreement.

ACH = Achieves

ACHR = Achieves for Residency

NI = Needs Improvement

RESPONSIBILITY

PGY1 and PGY2 Pharmacy Residents

OTHER APPLICABLE POLICIES

None

PROCEDURE

1. The residency concludes on June 30th of the residency year. This date may be extended as needed for extenuating circumstances. Residents must make up time when substantial losses of time occur.
2. The residency will be complete and the resident permitted to graduate when the Residency Program Director (RPD) affirms successful completion of the following:
 - a. Required learning experiences for the residency;
 - b. Elective learning experiences for the residency;
 - c. Research/ Quality Improvement project as described by the Pharmacy Research Committee, as applicable
 - d. Major required presentations such as Grand Rounds and Case Presentation;
 - e. Elective presentations and experiences as agreed upon with the RPD;
 - f. Pharmacy practice (Staffing) component;
 - g. All instructional experiences conducted by the resident;

- h. Submission of residency binder
3. Evaluation of the resident's progress in completing requirements is conducted monthly or quarterly for longitudinal experiences, and as part of a more formal quarterly review process. The RPD and/or Coordinator shall assess the ability of the resident to meet the requirements by established deadlines and work with the resident to assure satisfactory completion. If a resident is failing to make satisfactory progress in any aspect of the residency program, Director of Pharmacy Education will be notified and the following steps shall be taken:
 - a) Residents shall be given verbal counseling by their RPD. Counseling shall entail suggestions for improvement in meeting requirement deadlines. This counseling shall be documented in the personnel file by the RPD and in the Resident Quarterly Progress Report.
 - b) If the resident continues to fail in his/her efforts to meet deadlines or objectives, s/he shall be given a warning in writing and will be counseled on the actions necessary to rectify the situation as well as the potential consequences (including dismissal) for failure to do so.
 - c) If the RPD determines that the resident may not complete the residency program in the usual time frame, a plan to satisfactorily complete the requirements shall be presented and reviewed by the Residency Advisory Committee and sent to the Director of Pharmacy Education for approval.
 - d) If the Director of Pharmacy Education agrees that the action recommended by the Residency Advisory Committee (RAC) is appropriate, the action will be implemented. Action may include remedial work or termination.
 - e) In the event that a resident requires an extended period of leave due to personal or family illness or other need, please refer to the Resident Leave of Absence policy.
4. Lists of requirements to complete Duke Pharmacy Residency programs have been developed for each residency program and are included with the resident's offer letter. Residents are made aware that the staffing requirements outlined in the provided documents and the Duke Residency Manual are interpreted as minimum expectations, and, as such, may be increased as organizational or departmental needs change over time. If increases are deemed necessary by pharmacy administration and the RPDs, appropriate notice which meets the requirements of DUH Human Resources will be given for such staffing schedule increases.
5. The resident will be subject to corrective action up to and including dismissal for failure to comply with the following:
 - Failure to act responsibly and ethically in the provision of pharmaceutical care as defined by the Duke University Health System (DUHS) Standards of Conduct & Performance/Corrective Action Policy
 - Failure to obtain pharmacist licensure in the state of North Carolina
 - failure to obtain an active pharmacist license in the state of North Carolina by October 31st
 - If resident is not progressing in each learning experience, he/she may undergo/be placed in remediation (individualized plan developed with RPD and Director of Pharmacy Education as

- described above). Resident may undergo remediation experiences for 2 learning experiences. Failure to show progression during remediation will result in dismissal.
- If resident is not progressing in the research experience, remediation for the research experience will be determined on case by case basis by the RPD in collaboration with the Director Pharmacy Education and the Research Primary Investigator. Failure to show progression during remediation will result in dismissal.
 - Failure to adequately participate in the educational program as defined by:
 - failure to establish individualized rotation goals/objectives with the preceptor, or
 - failure to be present at the established/scheduled times, or
 - failure to complete assignments according to established deadlines
 - An extended leave of absence or failure to make up the time missed where the resident is unable to complete the residency program requirements within an amount of time agreed upon by the RPD, Director of Pharmacy Education and Human Resources.
 - Accidental or intentional plagiarism (copied text and/or ideas without proper citation)
 - Failure to maintain professional integrity in the conduct of research
6. The resident will be awarded a certificate of completion once the RPD and Director of Pharmacy Education affirm requirements for successful completion of the residency year have been met. Successful completion means that the resident has earned an ACHR for > 75% of learning goals and objectives set forth by the residency program and that there are no goals and objectives marked as Needs Improvement at the conclusion of the residency year. PGY1s have an additional requirement of earning an ACHR for > 80% of clinical goals and objectives. Clinical goals and objectives are evaluated during monthly and longitudinal learning experiences. Substantial achievement for goals and objectives requires the designated number of ACHs, as stated in the resident progress report summary, without a NI between or after, are eligible to be marked as ACHR at the discretion of the RAC and RPD. In cases where the resident has consistently received a rating of Satisfactory Progress and the final evaluation is marked as ACH, the Resident Coordinator will present to the RAC and RPD for the decision on approval as ACHR status. Definition of *clinical rotation* goals and objectives for the PGY1 Residency Program will be highlighted on the PGY1 Residency Progress summary excel spreadsheet and reviewed with the resident at the beginning of the year, at all quarterly meetings and on an as-needed basis.

EXCEPTIONS: None

REFERENCES: None

APPENDICES: None

Authoritative Source: DUH Pharmacy Senior Management Group/Pharmacy Residency