

**Policy/Procedure: DUH Durham Campus Only: Pharmacy Residency Program: Residency Completion and Graduation**

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**Applicability:**

- |  |   |
|--|---|
| <input type="checkbox"/> Ambulatory Surgery Center Arrington     | <input type="checkbox"/> Duke University Hospital (DUH) (both campuses) |
| <input type="checkbox"/> Davis Ambulatory Surgery Center (DASC)  | <input checked="" type="checkbox"/> Durham Campus Only                  |
| <input type="checkbox"/> Duke Health Integrated Practice (DHIP)  | <input type="checkbox"/> Duke Raleigh Campus Only                       |
| <input type="checkbox"/> Duke Health Lake Norman Hospital (DLNH) | <input type="checkbox"/> Patient Revenue Management Organization (PRMO) |
| <input type="checkbox"/> Duke Health Technology Services (DHTS)  | <input type="checkbox"/> Population Health Management Office (PHMO)     |
| <input type="checkbox"/> Duke HomeCare & Hospice (DHCH)          |   |
| <input type="checkbox"/> Duke Primary Care (DPC)                 |   |
| <input type="checkbox"/> Duke Regional Hospital (DRH)            |   |

**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 30<sup>th</sup> 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:

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- 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 deliverables to department online platform and/or PharmAcademic
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 Residency Programs 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 via a Counseling Conference Summary in the personnel file by the RPD and in the Resident Quarterly Progress Report.
  - b) If the resident continues to not meet deadlines or objectives, they shall be given a warning in writing via a Corrective Action Notice and will be counseled on the actions necessary to meet objectives and potential consequences (including progressive disciplinary action) for failure to do so.
  - c) If the resident continues to not meet deadlines or objectives, they shall be given a final warning in writing (via a Corrective Action Notice) and will be counseled on the actions necessary to to meet objectives and potential consequences (including dismissal) for failure to do so.
  - d) Resident will be given remediation in at least two learning experiences to show adequate progress during the corrective action period.
  - e)
  - f) 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.

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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 by October 31st
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  - If resident is not progressing in each learning experience, they may undergo/be placed in remediation (individualized plan developed with RPD and Director of Pharmacy Residency Programs as described above). Resident may undergo remediation experiences at the discretion of the RPD/RAC. 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 Residency Programs and the Research Primary Investigator. Failure to show progression during remediation will result in dismissal.
  - Failure to maintain professional integrity in the conduct of research
  - 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 Residency Programs and Human Resources.
  - Accidental or intentional plagiarism (copied text and/or ideas without proper citation)
6. The resident will be awarded a certificate of completion once the RPD and Director of Pharmacy Residency Programs 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 RPD or the Resident Coordinator may present to the RAC for the decision on approval as

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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