

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: 08/05/2020	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	
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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	
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Purpose

To support the [FMLA- Family and Medical Leave of Absence Policy](#)[FMLA- Family and Medical Leave of Absence Policy](#)[FMLA- Family and Medical Leave of Absence Policy](#)[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 post-graduate 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. 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.
2. Per residency year, each resident has 14 “time off” days.
 - 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.
3. If a resident has used all “time off” days and are faced with a situation where additional time off is needed, each case will be discussed by the Residency Committee and will follow criteria below:
 - a. Per the American Society of Health-System Pharmacists (ASHP), programs must be a minimum of 12 months and a full-time practice commitment or equivalent (e.g., Residents must complete a 12-month residency). Residents taking leave greater than paid leave allowed (i.e., “time-off” days) cannot be awarded a residency certificate unless additional leave is made up.
 - i. 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)].

4. If a resident taking a leave of absence exhausts all of their permitted days off (i.e., 14 days “time off”), they will need to take unpaid leave, unless eligible for Short Term Disability pay, per Human Resources Benefits eligibility guidelines.

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 the Certificate of Completion of the program 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 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 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: 08/05/2020	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 09/30/2019
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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, 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. 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.
2. 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).
3. 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.
4. 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.

5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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/pgy1-residencyaccreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB>

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.

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: 08/05/2020	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 10/07/2019
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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: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process.

Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

Scheduled duty periods: Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Continuous Duty: Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss

Moonlighting: Voluntary, compensated, pharmacy-related work performed outside Cleveland Clinic (external), or within Cleveland Clinic (internal), or at any of its related participating sites. These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

Instructions

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

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
2. Mandatory time free of duty: 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.
3. 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 RPDs approve the trade/switch, the schedule can then be updated by responsible party.
4. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.

5. Continuous duty periods of residents should not exceed 16 hours. 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, with an additional period of up to two hours permitted for transitions of care or educational activities.

At-Home or In-House Call Activities

1. Residents are required to provide limited hour in-house call coverage on days they are assigned an on-call shift (if hospital has an on-call program/shift).
2. At-home call (or pager call)
 - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - b. At-home call is not included in the 80 hours a week duty hour's calculation, unless the resident is called into the hospital. The hours the resident spends in-house are counted toward the 80-hour weekly maximum (averaged over a 4-week period).
 - c. At-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over 4 weeks. No at-home call will occur on the day free of duty.

Moonlighting (See Appendix for each hospital's specific internal and external moonlighting requirements/permmissibility.)

1. The ability of a resident to pursue moonlighting will be decided by the RPD, in concordance with the Residency Committee.
2. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
3. Time spent by residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly hour limit and will be tracked per each hospital's specific resident duty hour tracking procedure.
4. 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).
5. 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.

It is the ultimate responsibility of the RPD that each of the above duty hour policy followed by the residents in their program. The RPD must ensure that residents participate in structured handoff process when they complete their shift - to facilitate information exchange and to maintain continuity of care and patient safety.

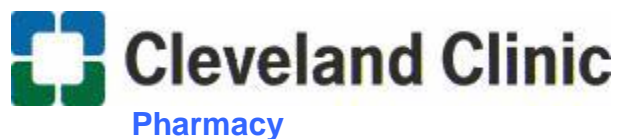
Duty Hour Tracking (Each CCHS hospital has a residency program specific method for tracking duty hours).

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/professionaldevelopment/residencies/docs/duty-hourrequirements.ashx?la=en&hash=5AB546BE4986F74D01BA73A8A89ADDB164AA7635> Accessed February 4, 2020.

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.



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: 08/05/2020	Prepared by: Mandy Leonard (Senior Director Pharmacy)	Effective Date 10/07/2019
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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

Procedure

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 in first 90 days of start date or two failed attempts of the same examination (i.e., NAPLEX or MPJE) occurring within in first 90 days of start date of the residency will result in termination from the residency program. Exceptions (e.g., medical leave) will be considered on an individual basis and required program extension will be determined by the Chief Pharmacy Officer (or designee).
9. 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.
10. 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.
11. 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 procedure to maintain compliance with regulatory or other requirements.