

## RESIDENCY: CORRECTIVE ACTION/DISMISSAL

Date Effective: July 1, 2015

Date Revised: April 26, 2023

Programs Covered: PGY1, PGY2 Emergency Medicine

### PURPOSE:

The director of pharmacy, residency program director, and preceptors will follow a corrective action process based on counseling and warning systems when a serious deficiency in a resident's performance is noted. Corrective action will be utilized when addressing areas of resident performance and/or behavior requiring improvement. Failure to improve performance as addressed by the corrective action process within the specified schedule will result in the resident not receiving a certificate of successful completion of the training program and may result in dismissal. However, certain behaviors as outlined in the Employee handbook will be considered immediate grounds for dismissal and the residency corrective action policy will not apply.

### PROCEDURE:

- The corrective action process may be initiated by any preceptor, Residency Advisory Committee, or the Residency Program Director when a serious deficiency in a resident's performance is noted that may result in the resident being unsuccessful in practicing independently as a pharmacist or in obtaining the residency certificate.
- The corrective action process will automatically be initiated when a single preceptor evaluates a resident as NI for a single objective in 3 consecutive evaluations or when 3 separate preceptors evaluate a resident as NI for a single objective during the second half of the residency year.
- The Residency Program Director, prior to initiating corrective action, will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem.
- Following an investigation, the Residency Program Director and the Residency Advisory Committee will review the results of the investigation to determine the need to initiate a corrective action process. The Residency Program Director shall inform the resident of the results of the review regardless of the final decision.
- The corrective action process consists of the following (see Pharmacy Resident Performance Improvement Plan Form):
  - Verbal and written counseling including specific expectations for improved performance or behavior.
  - Issuance of verbal and written warnings of the duration of the probationary period associated with the corrective action process.
  - The Employee Disciplinary Report will be utilized according to the Aultman Hospital process for verbal and written warnings.

- A verbal and written statement will be issued at the end of the probationary period associated with the corrective action process stating the final evaluation of the resident's performance. The final evaluation shall fall into one of three categories:
  - Successful improvement and achievement of required program performance and/or professional behavior by a resident/fellow.
  - Partial, yet inadequate improvement in, or unsuccessful achievement of, required performance or behavioral expectations. If this applies to an inability of the resident to successfully complete any requirement for completion of the residency training, this is to be accompanied by a request for resident voluntary termination.
  - Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter.
- When corrective action is determined to be complete, written notification will be provided by the program director and residency advisory committee. All documents from the corrective action process will be maintained in the resident's file.

#### GROUNDS FOR IMMEDIATE DISMISSAL

Grounds for dismissal includes failure to perform the normal duties of a pharmacy resident, substantial or repetitive conduct considered professionally or ethically unacceptable, or behavior which is disruptive of the normal and orderly functioning of the hospital. Additionally, the following behaviors or actions are also grounds for dismissal:

- For Postgraduate Year 1 (PGY1) residents:
  - The resident fails to obtain intern licensure from the State of Ohio by the first scheduled day of the residency.
  - The resident fails to schedule the NAPLEX and the Ohio MPJE by July 10 or within 1 week of receiving the ATT.
  - The resident fails to obtain pharmacy licensure from the State of Ohio within 90 days of starting the residency.
- For Postgraduate Year 2 (PGY2) residents:
  - If the PGY2 resident is not licensed in Ohio at time of matching and the resident fails to submit an application for licensure by reciprocity to the Board of Pharmacy within 30 days of acceptance of the position.
  - If the PGY2 resident is not licensed in Ohio at time of matching and the resident fails schedule attendance at their reciprocity hearing with the Board of Pharmacy before the scheduled New Employee Orientation day.
  - The resident fails to obtain pharmacy licensure from the State of Ohio within 30 days of starting the residency.
  - If the PGY2 resident fails to provide proof of successful completion of PGY1 program before starting the residency. It is up to the resident to provide verification of successful completion of their PGY1 program.

Options for verification include direct communication from their PGY1 Residency Program Director, or the original, signed copy of their PGY1 certificate of completion. If the latter is used, a copy will be made and the original returned to the resident.

- The resident commits plagiarism determined by a majority decision of the residency advisory committee called to review the materials suspected of plagiarism.
- The resident fabricates information for any assignments.
- The resident is absent from work more than the allotted personal time off or outside of the leave of absence eligibility requirements and is unwilling to make up this time.
- The resident commits gross misconduct as defined by a violation of the Rules of Conduct set forth in the Employee Handbook.
- Two successive unsatisfactory summative preceptor evaluations.

Subsequent to receiving notification of an occurrence as listed above, the Director of Pharmacy and/or the Residency Program Director will conduct a thorough investigation, including meeting with the resident to investigate the concern and offer the resident to provide feedback that is relevant. After an investigation of the above, the Residency Program Director and the Residency Advisory Committee will review the results and recommend one of the following: 1) Need for immediate dismissal or 2) Need immediate corrective action, in which involuntary dismissal may result. The Director of Pharmacy and/or the Residency Program Director shall inform the resident of the results of the review.

## EMPLOYEE DISCIPLINARY REPORT

<u>Name</u> Employee Name	<u>Employee Number</u> Employee Number	<u>Department</u> Department	<u>Date</u> Date
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Send completed form to: Department of Human Resources

The following type of action was issued today and it is to be made part of the official personnel record.

Please check the type of action:

Verbal Warning     Written Warning     Suspension     Termination

Please check type of suspension  1 day or  3 day or  5 day

### POLICY/PROCEDURE VIOLATION

- |  |  |
|--|--|
| <input type="checkbox"/> Excessive Absenteeism<br><input type="checkbox"/> Excessive Tardiness<br><input type="checkbox"/> Defective and Improper Work<br><input type="checkbox"/> Malicious Practical Joking/- Horseplay<br><input type="checkbox"/> Insubordination<br><input type="checkbox"/> Inefficient/Careless Job Performance<br><input type="checkbox"/> Extension of Lunch or Breaks<br><input type="checkbox"/> Violation of Safety Rules<br><input type="checkbox"/> Other: Click here to enter text. | <input type="checkbox"/> Carelessness<br><input type="checkbox"/> Destruction of Hospital Property<br><input type="checkbox"/> Fighting on Hospital Premises<br><input type="checkbox"/> Leaving Work Area Without Permission<br><input type="checkbox"/> Absence/Tardiness Without Reasonable Cause<br><input type="checkbox"/> Discussion of Confidential Material<br><input type="checkbox"/> Reporting to or Working under the Influence of Alcohol or Narcotics or Having Possession of, on Hospital Property |
|--|--|

Details:

[Click here to enter text.](#)

**REMARKS: (Set Forth All Facts In Detail On Back Or Attach Report)**

**FAILURE TO IMPROVE OR TO ABIDE BY HOSPITAL POLICIES MAY RESULT IN FURTHER DISCIPLINARY ACTION OR DISMISSAL.**

I have read and understand the above:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

*Employee may respond on back of this form.*

PGY1 RAC Approved Policy/PGY2 RAC Approved Policy

**PHARMACY RESIDENT PERFORMANCE IMPROVEMENT PLAN**

<u>Name</u> Resident Name	<u>Employee Number</u> Employee Number	<u>Department</u> Department	<u>Date</u> Date
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Plan Time Period:

An immediate and sustained improvement in the following areas must occur.

- [Area(s) of Deficiency]

Associated Residency Objective(s):

- [Associated Residency Objective Criteria]

As part of this plan, [Resident Name] will meet [weekly] with [preceptor, RPD] to submit and discuss documentation of progress. The resident is expected to bring evidence of progress for each metric to every meeting. At the end of this plan the resident will be evaluated for success and the final report will be submitted to the Residency Advisory Committee.

Required Metrics with Timeline for Success:

*Specific, Measurable, Achievable, Relevant, Timely/Time-based - What specifically must the resident do to improve performance, what relevant criteria will be used to demonstrate the expected standards have been met, when will progress be reviewed/collected?*

1. [SMART goal(s)]

Failure to comply with this action plan or discussion of this plan with other staff causing disruption of the work of the Department will result in further disciplinary action up to and including termination. Improved performance must be sustained to continue employment.

**FAILURE TO IMPROVE OR TO ABIDE BY HOSPITAL AND PHARMACY RESIDENCY POLICIES MAY RESULT IN FURTHER DISCIPLINARY ACTION OR DISMISSAL.**

I have read and understand the above:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Residency Program Director

\_\_\_\_\_  
Date

*Employee may respond on back of this form.*

**PHARMACY RESIDENT PERFORMANCE IMPROVEMENT PLAN PROGRESS REPORT**

Metric	Documented Timely Progress (Yes, No, Not Applicable, Achieved)	Comment/Documentation of progress or fall outs since last meeting	Date/Preceptor Initial

**PHARMACY RESIDENT PERFORMANCE IMPROVEMENT PLAN FINAL REPORT**

Name

Resident Name

Employee Number

Employee Number

Department

Department

Date

The Pharmacy Resident Corrective Action Plan issued to [Resident Name] on [Date] requiring an immediate and sustained improvement in the area(s) below was concluded on [Date].

[Area(s) of Deficiency]

[Associated Residency Objective(s) and Criteria]

Through the documented action plan progress the resident [Met / Did Not Meet] all the required metrics.

Through the documented action plan progress the resident [Demonstrated / Did Not Demonstrate] an immediate and sustained improvement in the area(s) of deficiency listed above.

Based on the above statements, upon the conclusion of the action plan period the resident showed:

- Successful improvement and achievement of required program performance and/or professional behavior by a resident.
- Partial, yet inadequate improvement in, or unsuccessful achievement of, required performance or behavioral expectations. If this applies to an inability of the resident to successfully complete any requirement for completion of the residency training, this is to be accompanied by a request for resident voluntary termination.
- Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter.

Date of Residency Advisory Committee Review:

I have read and understand the above:

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Residency Program Director

\_\_\_\_\_  
Date