



Children's  
of Alabama

## Pharmacy Resident Dismissal and Disciplinary Policy

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### Approvals

- Committee Approval: Rx Leadership P&P Committee approved on 10/12/2021
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### Revision Insight

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11/06/2019 routine review; part of resident coordinator's 2020 goals; 9/3/2021 updated by Rx ResdCO; feedback closes 9/27/2021

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## Pharmacy Resident Dismissal and Disciplinary Policy

### I. Purpose

As with all Children's of Alabama employees, residents are subject to the Children's of Alabama's Progressive Discipline and Infraction of Health System Rules policies. Violations of these policies are subject to the actions outlined therein, and include immediate termination of employment. Residents are also subject to disciplinary action, up to and including dismissal from the residency program and termination of employment, for failure to meet residency expectations and requirements as outlined below.

### II. Scope

Applies to all current Pharmacy Residents

### III. Policy

Responsibility for judging the competence and professionalism of pharmacy residents enrolled in the Children's Hospital Postgraduate Year One Pharmacy Residency Program rests principally with the residency program director (RPD) and director of pharmacy (DOP). These educators are guided in their judgment of resident performance by the American Society of Health-System Pharmacists (ASHP), by the Alabama Board of Pharmacy, by ethical standards for their professions, and by applicable policies of Children's of Alabama. Residents are associated with the health system in an educational and training relationship and are compensated as employees of the health system. This employment relationship is derivative of and dependent upon the residents continued enrollment in the postgraduate residency training program. This policy governs the qualification of residents to remain in training as well as their completion of residency certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue. Children's of Alabama's Progressive Discipline and Infraction of Health System Rules policies also apply.

### IV. Procedure

#### 1. RESPONSIBILITIES

- a. It is the responsibility of the resident to complete all assigned residency activities in order to receive a residency certificate. Furthermore, it is the responsibility of the resident to comply with all of the organization's policies and procedures as well as conduct oneself in an ethical and professional manner.
- b. It is the responsibility of the RPD and preceptors to monitor each resident's progress, note deficiencies, and provide structure and activities to promote growth and success. Evaluation and documentation of the resident's progress in completing requirements is done as part of the quarterly review process and the program's assessment structure and plan must be in writing.
- c. The RPD in conjunction with preceptors involved with resident training will continually assess the ability of the resident to meet program requirements by established deadlines and work with the resident to assure their individual development and satisfactory completion of these requirements. It is then the RPD's responsibility to award a residency certificate to residents that have successfully completed the program requirements.
- d. It is also the responsibility of the RPD and preceptors to discuss constructive criticism with the resident and develop a customized action plan along with the resident to improve his/her performance as necessary.
- e. It is the responsibility of all pharmacy staff members provide feedback to the RPD regarding resident work ethic and professionalism.
- f. The Residency Advisory Committee (RAC) may assist the RPD in the above monitoring functions and plans for improvement of performance. Where circumstances warrant, the membership of the RAC may be altered to avoid a potential conflict of interest, or to protect the privacy of the resident. The DOP may or may not exercise the option to become a member of the RAC or to serve as the final departmental decision-maker in response to the RAC or RPD's recommendations.
- g. In the event that a corrective action plan or dismissal from the program is warranted, it is the responsibility of the RPD, preceptors, and DOP to follow the organization's policies in all aspects of discipline or dismissal.

#### 2. PERFORMANCE REVIEWS

- a. Each resident receives a summative evaluation of performance within 7 days of the conclusion of each month-long learning experience. Quarterly summative evaluations are provided for longitudinal learning experiences within 7 days of the end of each quarter. All evaluations are completed by the primary preceptor of the learning experience (with input of co-preceptor, if applicable) and are co-signed by the resident and the RPD. It is recommended that a review of the resident's competence in performing clinical procedures be included in the evaluations when

appropriate.

- b. Quarterly reviews of the residents' customized development plans and the additional requirements of the residency, as outlined in the Pharmacy Residency Completion Requirements, are performed by the RPD to assess the residents' overall progress and determine if the development plan needs to be adjusted. The development plan and any adjustments are verbally discussed with the resident and documented in PharmAcademic and shared with all preceptors.

### 3. DISCIPLINARY ACTION

- a. If a resident is failing to make satisfactory progress in any aspect specific to the residency program, including but not limited to failure to meet his/her obligations and responsibilities outlined in the residency program requirements and/or educational goals and objectives of the residency, or failure to adhere to organizational, departmental, or residency policies, disciplinary action will follow.
- b. Prior to disciplinary action, the RPD shall provide the resident verbal coaching, which shall entail discussing the objectives, deadlines, or issues at hand and to provide the resident with suggestions for improvement. Verbal coaching can be conducted during at any time during the year, not limited to the quarterly review. The resident will be told that a verbal coaching is occurring and the coaching will be documented in PharmAcademic.

### 4. PERFORMANCE IMPROVEMENT PLAN

- a. If, after documented verbal coaching, a resident continues to fail in their efforts to meet objectives, requirements, deadlines, or to correct the issues at hand, the resident shall be given a warning in writing and will be counseled on the actions and timelines necessary to rectify the concerns by the RPD. A performance improvement plan will be developed and documented in PharmAcademic which includes the following:
  - i. A statement of the reason for the need for the performance improvement plan, including identified deficiencies or problem behaviors;
  - ii. A plan for remediation and criteria by which successful remediation will be judged;
  - iii. The timeframe in which the remediation should occur;
  - iv. Notice that failure to meet the conditions of the performance improvement plan could result in probation, additional training time, and/or suspension or dismissal from the program;
  - v. Written acknowledgment by the resident of the receipt of the performance improvement plan.
- b. If a resident is making progress, up to three performance improvement plans can be developed and executed in an effort to guide the resident to successful completion of the residency requirements. In the case where the initial or a subsequent plan is not followed or cannot be implemented, improvements are not made as required, or rotations are not repeated as specified, the resident may be subject to probation or immediate dismissal. A decision for termination will be decided upon with input gathered from the DOP, RAC, and the Human Resources department as necessary.
- c. If the RPD determines that the resident shall not complete the residency program in the usual time frame, the RPD will meet with the DOP to develop a performance improvement plan if one has not already been implemented. This plan will specify in detail what goals and objectives need immediate attention, what rotations or experiences must be repeated (if any), what the expectations are, and what actions will be taken if improvement is not seen within a specified time period. The RPD will discuss the plan with the resident and the resident will be asked to sign the plan and will be given the opportunity to provide a rebuttal. The plan will be documented in PharmAcademic.

### 5. PROBATION

- a. Initial Probation: If, after documented verbal coaching and being provided a performance improvement plan, a resident is not performing at an adequate level of competence and or otherwise fails to improve the identified deficiencies or problem behaviors; or if a resident demonstrates unprofessional or unethical behavior, engages in misconduct, or engages in unauthorized/unreported moonlighting activities, the resident may be placed on probation by the RPD.
- b. Residents are entitled to a meeting that includes the RPD, the DOP, and rotation preceptors, if deemed appropriate, to discuss this decision. The resident must be informed in person of this decision and must be provided with a probation document, saved in PharmAcademic, which includes the following:
  - i. A statement of the grounds for probation, including identified deficiencies or problem behaviors;
  - ii. The duration of probation which, ordinarily, will be at least 1 month;
  - iii. A plan for remediation and criteria by which successful remediation will be judged;
  - iv. Notice that failure to meet the conditions of probation could result in extended probation, additional training time, and/or suspension or dismissal from the program during or at the conclusion of the probationary period
  - v. Written acknowledgment by the resident of the receipt of the probation document.
- c. Extended Probation: The status of a resident on probation should be evaluated periodically, preferably weekly, but at a minimum every month. If, at the end of the initial period of probation, the resident's performance remains unsatisfactory, probation either may be extended in accordance with the above guidelines or the resident may be suspended or dismissed from the program.
- d. Dismissal During or at the Conclusion of Probation: Dismissal prior to the conclusion of a probationary period may

occur if the conduct which gave rise to probation is repeated or if grounds for Program Suspension or Summary Dismissal exist. Dismissal at the end of a probationary period may occur if the resident's performance remains unsatisfactory or for any of the foregoing reasons.

## 6. SUSPENSION

- a. Recommendations for suspension of a resident may be proposed by residency preceptors and/or departmental supervisors to the RPD. This action may be taken in any situation in which continuation of clinical activities by the resident is deemed potentially detrimental or threatening to health system operations, including but not limited to patient safety or the quality of patient care, or suspension or loss of licensure.
- b. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, non-compliant with health system policies and procedures, or that is threatening to the well-being of patients, other residents, faculty, staff, or the resident.
- c. Unless otherwise directed, a resident suspended from clinical activities may participate in other program activities.
- d. A decision involving suspension of a resident must be approved by the DOP and Human Resources prior to action being taken. Suspensions must be reviewed within three to seven working days by the DOP (or designee) to determine if the resident may return to clinical activities and/or whether further action is warranted (including, but not limited to, counseling, probation, fitness for duty evaluation, or summary dismissal). Decisions as to length of suspensions and as to whether suspensions are with or without pay are made by the DOP and follow all applicable human resources policies.

## 7. DISMISSAL

- a. Just cause for immediate summary dismissal from the residency program includes:
  - i. Failure to obtain pharmacist licensure as outlined in the Pharmacy Resident Licensure policy
  - ii. Absence from work more than the number of days allotted in the Pharmacy Residency Leave Policy with unwillingness to make up this time on a voluntary basis
  - iii. The resident commits plagiarism, determined by a majority decision of an ad-hoc committee called to review the materials suspected of plagiarism. This committee must consist of the RPD, DOP, and others as deemed appropriate by the RAC.
  - iv. Serious acts of incompetence, impairment, unprofessional behavior, unethical behavior, negligence, violence, falsifying information, noncompliance, vandalism, theft, sexual harassment, or lying
  - v. A resident is discovered to have been convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a) (an "excludable crime", i.e. criminal offenses related to governmentally financed health care programs, including health care fraud; criminal abuse or neglect of patients; or felony controlled substance convictions related to the provision of health care)
  - vi. Any violation of Children's of Alabama policies that would otherwise result in immediate termination
- b. For the above causes, the DOP may immediately suspend a resident from all program activities and duties for a minimum of 3 days and, concurrently, issue a notice of dismissal effective at the end of the suspension period. The resident does not need to be on probation, nor at the end of a probationary period, for this action to be taken. Summary dismissals must be approved by Human Resources prior to action being taken. The DOP will inform such licensing or regulatory bodies as necessary regarding the details of the event(s).
- c. The resident must be notified in writing of the reason for and terms of dismissal and have an opportunity to respond to the action before the dismissal is effective. If the resident does not agree with the reasons and action taken, they may file an appeal through the established Human Resources grievance procedure.

## **V. Definitions**

**ASHP:** American Society of Health System Pharmacists

**DOP:** Director of Pharmacy

**RPD:** Residency Program Director

**RAC:** Residency Advisory Council

## **VI. Processes**

Not Applicable.

## **VII. References/Regulation**

[www.ashp.org](http://www.ashp.org)

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[Pharmacy Resident Applicant Evaluation and Selection Procedures](#)  
[Pharmacy Resident Duty Hours Policy](#)  
[Pharmacy Resident Leave Policy](#)  
[Pharmacy Resident Leave Policy](#)  
[Pharmacy Resident Preceptor Requirements](#)  
[Pharmacy Resident Program Completion Requirements](#)  
[Pharmacy Resident Program Completion Requirements](#)  
[www.ashp.org](http://www.ashp.org)

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