


Name of Policy: Inadequate Resident Performance and Corrective Action Policy Number: 3364-133-118 Approving Officer: Senior Hospital Administration Responsible Agent: director of pharmacy Scope: UT Department of Pharmacy		 Effective date: Original effective date: 5/1/2016	
Key words: Pharmacy resident, Residency Program director, Discipline, Academic, Unsatisfactory			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

It is expected that residents of the University of Toledo Medical Center maintain high standards of behavior, conduct, and work performance consistent with our mission and vision. The corrective action process will be utilized if the resident fails to present themselves in a professional manner, follow policies and procedures of the University, Department, or Medical Center, make satisfactory progress on any of the residency goals or objectives, and make satisfactory progress towards the completion of a residency requirement. When implementing discipline as corrective action, the residency program shall undertake disciplinary measures for the purpose of correcting an offending resident's inappropriate conduct/behavior.

~~The University of Toledo Medical Center Department Of Pharmacy must provide residents with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. This policy and procedures minimize conflict of interest by adjudicating parties in addressing: Academic or other disciplinary actions taken against residents that could result in dismissal or other actions that could significantly threaten a resident's intended career development; and, adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.~~

(B) Purpose of policy

To provide Pharmacy Residency Program Directors (RPD) with procedures for implementing fair process and guidelines for remediation and discipline for ~~Residents~~ residents-based on ~~Academic/Nonnon-Academic~~ Academic ~~Deficiencies~~ deficiencies. ~~defined as:~~

Examples of significant/ongoing performance issues include but are not limited to:

1. More than two instances of tardiness
2. Poor time management as described in RP-004 (Timely Reporting of Time Management Concerns)
3. "Needs Improvement" on final rotation evaluation for more than one experience

- 4. Unsatisfactory work quality after preceptor feedback
- ~~2. Two or more missed rotation assignment deadlines~~
- ~~3. One missed Project/MUE/CE deadline~~
- ~~4. "needs Improvement" on final evaluation for more than one experience~~
- ~~5. Unsatisfactory work quality after preceptor feedback~~

Grounds for immediate dismissal

Just cause for dismissal includes failure to perform the normal and customary duties of a resident, substantial or repetitive conduct considered professionally or ethically unacceptable, or which is disruptive of the normal and orderly functioning of the Hospital. ~~Specific concerns, behaviors or actions fulfilling these requirements are listed below.~~ Residents meeting any criteria below will be ~~given a level 4 Corrective action and~~ dismissed from residency program.

1. The resident fails to obtain pharmacy licensure in the state of Ohio by August 1..~~for residents starting in June~~
 - a. A resident who has taken licensure examinations before August 1st and is awaiting results may be granted an extension but may be subject to a lower level corrective action and/or rotation schedule change.
 - b. A resident who fails to obtain licensure by August 1st due to failure of either NAPLEX or MPJE may be granted an extension if they are able to retest and receive results prior to September 1st and are subject to lower level corrective action and/or rotation schedule change.
 - c. A resident who does not obtain licensure in the state of Ohio within 90 days of their start date will be terminated. If the resident can provide proof that passing scores were awarded for both MPJE and NAPLEX prior to this date, they will be placed on leave using PTO days from day 90 until the Ohio State Board of Pharmacy approves licensure.
 - d. Delays in licensure that are out of the resident's control will be reviewed on a case by case basis.
2. The resident knowingly or due to negligence of action places a patient, employee or any other person in danger.
3. The resident displays acts or threats of violence toward any other person including aggressive behavior or stalking.
4. The resident is found to be using alcohol, illegal substances or other recreational substances at any time during work and non-work hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible and safe fashion.
5. The resident is found to carry, ~~possess~~ possess, or use any weapon on medical center property.
6. The resident falsifies information on a document.
7. The resident commits plagiarism determined by a majority decision of the Resident Advisory Committee (RAC) called to review the materials suspected of plagiarism. This committee must consist of the Director of Pharmacy, the resident's program director, and a clinical specialist in the appropriate area of practice.
- ~~8. The resident is absent from work more than 10 days beyond allotted time off and is unwilling to make up this time.~~
- 9.8. The resident sexually harasses a patient, employee or any other person while in performance of their duties as a resident.
9. The resident commits an act vandalism or theft of medical center property.

10. The resident fails to maintain active pharmacist license in good standing in the State of Ohio for the duration of the residency period.

(C) Procedure

1. The RPD or designee, prior to initiating corrective action, will conduct a thorough investigation. This includes meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem.
2. Following an investigation, the RPD will review the results of the investigation to determine the need to initiate a corrective action process. The RPD shall inform the resident of the results of the review regardless of the final decision.
3. The corrective action process consists of the following:
 - a. Verbal and written counseling including specific expectations for improved performance or behavior.
 - b. Issuance of verbal and written warnings explaining the duration of the probationary period.
 - c. Issuance of a schedule for any additional verbal and written reviews and performance/behavior expectations during the probationary period.
 - d. A verbal and written statement 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:
 - i. Successful improvement and achievement of required program performance and or professional behavior by the resident.
 - ii. 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 certification of completion of residency training, this is to be accompanied by a request for resident voluntary termination.
 - iii. Continued demonstration of performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter.
4. When the RPD determines that corrective action is completed, ~~he/she will write a letter or memo~~ they will provide written documentation to the resident. All such documents will be kept in the resident personnel file, and a copy of each document must be given to the resident, and a copy submitted to Graduate Medical Education (if termination).
5. Any disciplinary action that may result in probation or termination will involve an impartial representative to assist the resident through the disciplinary action process as well as act as an advocate on their behalf.
 - a. This representative will be appointed by the Director of Pharmacy, and will be:
 - i. A licensed pharmacist employed by the University of Toledo College of Pharmacy or University of Toledo Medical Center
 - ii. Not a direct preceptor of the resident in question (defined by an evaluating preceptor in PharmAcademic for a rotational or longitudinal experience)
 - iii. Not involved in the disciplinary investigation or occurrence in question (if applicable)

<p>Approved by:</p> <hr/> <p>Lindsey Eitnienar, PharmD, BCPS, AAHIVP Director of Pharmacy, Acute Care Services</p> <hr/> <p>Date</p> <hr/> <p>Russell Smith, PharmD, FACHE Senior Hospital Administrator</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Director, Inpatient Pharmacy</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>none</i> <p>Initial effective date: 5/1/2016</p> <p>Review/Revision Date:</p> <p>5/2016 8/2016 3/2019 5/2022</p> <p>Next review date:</p>
--	--



Resident Corrective Action / Performance Improvement Form

Name:
Job Classification:

Date:
Department:

Check One:

- | | |
|---|--|
| <input type="checkbox"/> Coaching
<input type="checkbox"/> Verbal/Written Counseling | <input type="checkbox"/> Verbal/Written Counseling with Probation
<input type="checkbox"/> Termination |
|---|--|

Reason Behavior

- | | |
|---|--|
| 1 <input type="checkbox"/> Abandonment of Job / No Call No Show
2 <input type="checkbox"/> Absenteeism/Tardiness/Lateness
3 <input type="checkbox"/> Failure to Timely Report Off / Late Call In
4 <input type="checkbox"/> Irregular / Patterned Attendance
5 <input type="checkbox"/> Dishonesty/Theft/Falsification
6 <input type="checkbox"/> Failure to Document Work Time
7 <input type="checkbox"/> Loafing/Sleeping on the Job/Quitting Early
8 <input type="checkbox"/> Failure to Perform Duties / Unsatis. Performance
9 <input type="checkbox"/> Failure of Good Behavior / Unprofessional
10 <input type="checkbox"/> Away from Job Station/Neglect of Duties | 11 <input type="checkbox"/> Harassment / Fighting / Threatening Behavior
12 <input type="checkbox"/> Breach of Confidentiality / HIPAA
13 <input type="checkbox"/> Immoral / Unethical Conduct
14 <input type="checkbox"/> Insubordination / Failure to follow a direct order
15 <input type="checkbox"/> Alcohol Use / Abuse and/or Chemical Use/Abuse
16 <input type="checkbox"/> Unsafe Practices
17 <input type="checkbox"/> Failure to maintain licensure / Dept. Requirements
18 <input type="checkbox"/> Unauthorized / Improper use of MUO Property
19 <input type="checkbox"/> Failure to follow safety / infection control protocols
20 <input type="checkbox"/> Other Just Cause (detail below or in a letter) |
|---|--|

Brief Description of the Facts:

Relevant Articles/Policies that have been Violated:

Prior Warnings/Coachings/Feedback:

Probationary Period and Follow-up Meetings:

Management's Statement of Future Expectations:

How the Resident will be Evaluated:

Employee's Statement (may attach written rebuttal:)

- | | |
|---|---|
| <input type="checkbox"/> I agree with above | <input type="checkbox"/> I disagree with above (explanation attached) |
|---|---|

I understand that if I disagree, I may appeal using various options including: 1) file a written rebuttal that will be attached to this document; or 2) arrange to speak to the next level of management.

My signature below only indicates that I have received this information and understand it. I also understand that future instances may result in corrective action up to and including dismissal.

Resident Signature:

Date:

Residency Program Director Signature:

Date:

