Purpose:
Define the guidelines for pharmacy resident dismissal from a program

Applies to:
All pharmacy residents within the Inova Health System (IHS). This applies to both Post Graduate Year 1 and 2 (PGY1&2).

Definitions:
Dismissal – termination from the residency program.

Policy Description:

1. While every effort is made to ensure the success of a resident throughout the residency program, the resident must meet minimum standards and complete certain tasks in order to remain within the program.

2. Pharmacy residents are expected to comply with the terms of their residency contract. Any violations of the contract may subject the resident to dismissal from the program. In addition, the following criteria must be met or it will result in dismissal:

   a. Virginia Board of Pharmacy licensure by September 1

   b. Proof of the following training:
      i. Certificate of PGY-1 completion (for incoming PGY-2 residents only) by first Friday in July (will be verified by PGY-2 program director via graduate tracking in PharmAcademic).
c. Completion of orientation (dates subject to modification due to extenuating circumstances)
   i. Pharmacy orientation by September 1
   ii. Sterile compounding by August 1 (excluding PGY2 Ambulatory Care and PGY1 Community)

d. Progression through the program as outlined below:
   i. The resident is expected to improve and progress throughout the residency year
   ii. The resident is expected to meet the minimum requirements that have been established for each ASHP goal/objective assigned to the residency program as outlined in their program-specific residency manual
   iii. If the resident is not progressing within the standards as outlined in the program-specific “evaluation strategy” (found in the program’s residency manual), a specific plan for improvement must be developed
   iv. This plan should include specific activities and outcomes to be measured (see Addenda)
   v. Failure to demonstrate compliance with the improvement plans will result in dismissal

e. Completion of all scheduled staffing shifts, including make-ups secondary to unscheduled PTO occurrences.

f. Compliance with all hospital, pharmacy department and residency policies. All policies may be found on InovaNet.
Addenda: Resident Action Plan

Resident Name: Date:

As outlined in the residency program manual, a specific action plan should be developed for any objective for which the residency is deemed to be severely deficient, failing to progress, or at risk of not achieving as defined in the residency manual.

Based on your current scores, you meet the above criteria with respect to the following objectives:

**GOAL/OBJECTIVE # 1**

- **R.X.X: Write the objective**

  **Situation:**
  - xxx

  **Background:**
  - xxxx

  **Plan:**
  - xxxxx

  **Timeline:**
  - xxxx

**GOAL/OBJECTIVE # 2 (IF NEEDED)**

- **RX.X**

  **Situation:**
  - xxx

  **Background:**
  - xxx

  **Plan:**
  - xxx

  **Timeline:**
  - xxx
Per the Inova Health System Policy, “Pharmacy Resident – Requirements for Certificate,” each resident must successfully complete core requirements of the program and achieve the required evaluation standards as defined in the most updated program specific Residency Manual to receive a residency certificate. This action plan will serve as notification, that you are at risk for failing to meet select requirements of this policy.

Furthermore, no more than 2 action plans will be developed for a resident. If you fail to satisfactorily comply with the action plan outlined above, a second plan may be developed. If you continue to fail to meet completion criteria outlined in a second action plan, you are at risk of not being eligible to continue with the program.

OR

This is your second action plan. As outlined in our residency manual, no more than 2 action plans will be developed for a resident. Any subsequent indications of inadequate performance or failure to comply with the outlined plan/timeline for any of the above listed goals/objectives outlined in this final action plan will result in initiation of the process to dismiss you from the residency program.

Resident Signature  Date

Residency Program Director’s Signature  Date