

EFFECTIVE DATE: 12/08/2025

POLICY & PROCEDURE TITLE:

Pharmacy Residency Remediation and Disciplinary Policy

REVIEW BY: 12/08/2027

As with all St. Mary Medical Center (SMMC) policies, we strive to advance our mission: “We, St. Mary Medical Center and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. As a community of caring people, we are committed to extending and strengthening the healing ministry of Jesus.” By so doing, we live out our values of Reverence, Commitment to those who are Poor, Justice, Stewardship, Integrity and Excellence. As a Catholic Health System, we are also guided by the Ethical and Religious Directives for Catholic Healthcare Services as promulgated by the U.S. Conference of Catholic Bishops.

PURPOSE

The purpose of this Policy is to establish a procedure for all Residents in the Pharmacy Residency Program (“Residents”) at St. Mary Medical Center (the “Program”) who fail to progress (as described below) and define resident-specific behaviors that trigger the organization’s disciplinary process.

SCOPE/APPLICABILITY

All Residents in the Program.

POLICY

The Residency Program Director (RPD), Residency Program Coordinator (RPC), and members of the Residency Advisory Committee (RAC) will follow the remediation process set forth in this Policy when a Resident fails to progress (as described in this Section). The remediation process is intended to facilitate improvement in performance and behavior with the goal of retaining the Resident in the Program. Failure to improve performance and/or behavior as addressed by the remediation process within the specified schedule(s) will result in the Resident being subject to disciplinary action, up to and including dismissal from the Program. Certain behaviors or actions will be considered immediate grounds for dismissal and the remediation process may not apply. If the Resident is dismissed from the Program, they will not be eligible to receive a certificate of successful Program completion.

For purposes of this Policy, “fail(s) to progress” refers to a Resident failing to progress towards achieving the educational goals and objectives of the Program as outlined by the American Society of Health System Pharmacists. This includes but is not limited to:

1. Failure to progress toward achievement of Program goals and objectives based on evaluation ratings defined as:

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- a. Needs improvement “NI” rating assigned to more than one objective; or
- b. Not advancing to satisfactory progress “SP” rating on an objective on subsequent evaluations after being assigned NI previously
2. Lack of adherence to health-system, hospital, pharmacy, and/or residency policies.

PROCEDURE

Remediation Procedure

1. A member of the RAC identifies that a Resident fails to progress (as described above).
2. The RPD will conduct a thorough investigation, including meeting with the preceptor(s) and the Resident to investigate the concern. The preceptor(s) and the Resident will be offered an opportunity to provide information relevant to the identified problem.
3. A RAC meeting will be convened to review the investigation and vote on whether the remediation process should be initiated.
4. If a majority of the RAC members present vote in favor of remediation, a Performance Improvement Plan (PIP) will be developed. The timeline and PIP components will be agreed upon by the RAC.
 - a. The PIP consists of the following:
 - i. Defined duration
 - ii. Clearly outlined areas for improvement in performance and/or behavior utilizing the Program objectives
 - iii. Clearly outlined goals of the PIP
 - iv. Clearly outlined timeline of activities designed to achieve the goals of the PIP and address the areas of unsatisfactory performance and/or behavior
 - v. A plan for scheduled status updates with the RPD to review PIP progress
 1. The PIP document will be updated following each status update meeting. Following each meeting, the Resident will be provided one business day to review and provide comments to the updated PIP. Once comments are added, or after the opportunity to comment is declined, the Resident will sign the document to acknowledge understanding of and willingness to comply with the expectations and/or activities as set forth in the PIP.
 2. The RPD will sign the document following each update.
 2. Following the PIP development, the Resident will be offered one business day to review and provide comments to the PIP. Once comments are added, or after the opportunity to comment is declined, the Resident will sign the document to acknowledge understanding of and willingness to comply with the expectations and/or activities as set forth in the PIP.
 - a. The RPD will also sign the initial document.
 3. If at a status update meeting, it is identified that insufficient progress toward completion of the PIP is being made, so as to make it not possible for the Resident to meet the requirements of the PIP at the conclusion of the defined timeframe, the concerns will be brought to an emergency RAC meeting and the PIP may be ended early and the Resident will be deemed to have been unsuccessful in completing the PIP (see 4b below).

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4. **PIP Conclusion-** The final update at the end of the defined PIP period will include the final evaluation of the Resident's performance during/completion of the PIP. The final update shall fall into one of two categories as voted on by the RAC:
 - a. Successful completion of the PIP- the Resident achieved all requirements of the PIP, improving their Program performance and/or professional behavior.
 - i. The Resident will be allowed to remain in the Program.
 - b. Unsuccessful completion of the PIP- the Resident did not achieve all requirements of the PIP as defined by an insufficient improvement in performance and/or behavior requiring corrective action.
 - i. The Resident will be subject to further corrective action, up to and including dismissal from the Program.
5. When the PIP is completed, the RPD will provide a final update letter or memo to the Resident. All documents regarding the corrective action process will be provided to the Resident.
6. If a Resident is identified as needing remediation by the RAC, but remediation is not feasible within the remaining term of the Pharmacy Resident Agreement, the Resident will be dismissed from the Program.

Grounds for Immediate Dismissal

Just cause for suspension and/or immediate dismissal are defined in the Pharmacy Resident Agreement as well as SMMC policies and procedures. These actions are not subject to the grievance procedure and include failure to perform the normal and customary duties of a pharmacy resident, substantial or repetitive conduct considered professionally or ethically unacceptable, or conduct which is disruptive to the normal and orderly functioning of the pharmacy department and/or hospital. Though not all-inclusive, listed below are specific concerns, behaviors, or actions fulfilling these requirements:

1. The Resident fails to obtain pharmacy licensure in the Commonwealth of Pennsylvania in accordance with the terms of the Pharmacy Resident Agreement.
2. The Resident knowingly or due to negligence of action places a patient, employee, or any other person in danger.
3. The Resident acts violently or threatens 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, or use any weapon on SMMC property.
6. The Resident falsifies information on a document.
7. The Resident commits intentional or unintentional plagiarism as determined by a majority decision of the RAC called to review the materials suspected of plagiarism.
8. The Resident sexually harasses a patient, employee, or any other person while in performance of their duties as a Resident.

Suspension and/or Dismissal Procedure

1. The time limits referred to in this Policy do not include Saturdays, Sundays, and holidays recognized by Trinity Health.
2. Prior to instituting any corrective action, an emergency RAC meeting will be held to determine if corrective action is warranted, and if so, what corrective action will be instituted.

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3. If the RAC determines that suspension or dismissal shall be issued, a written notification of suspension or dismissal is required. The notice shall be delivered via hand delivery to the Resident with a signature acknowledging receipt, email with read receipt acknowledgement, or by overnight courier service.
 - a. The written notification will include:
 - i. An explanation from the RPD or their designee of the reason(s) for such suspension/dismissal.
 - ii. A statement advising the Resident of the right to file a grievance within five business days of written notification. A copy of the Pharmacy Residency Grievance Policy will be included with the correspondence.
 - b. Following receipt of written notification of suspension/dismissal, the Resident may request a hearing before the RAC, as outlined in the Pharmacy Residency Grievance Policy.
 - i. The request shall be submitted to the RPD via email with a read receipt, certified mail, or overnight courier service within three business days of the date on the written notice.
 - ii. Failure of the Resident to request a hearing as outlined in the Pharmacy Residency Grievance Policy shall constitute a waiver by the Resident of their right to the hearing.
4. The Resident will not be allowed to participate in any Program activities (rotations, service commitment, etc.) after receiving the written notification of suspension or dismissal until the suspension/dismissal proceedings, including RAC review if requested, are completed.
5. The process described herein will be immediately concluded if the Resident submits his/her resignation from the Program.

DEFINITIONS

- 1) RPD- Residency Program Director
- 2) RPC- Residency Program Coordinator
- 3) RAC- Residency Advisory Committee
- 4) Corrective action- Documented verbal or written warning, suspension, termination of employment

RESPONSIBLE DEPARTMENT

Further guidance concerning this Policy may be obtained from the PGY1 Pharmacy Residency Program.

RELATED PROCEDURES AND OTHER MATERIALS

Trinity Health Human Resources Ministry-Wide Policy No. 1038 Termination of Employment