I. GENERAL STATEMENT

The pharmacy residency at Houston Methodist Hospital is an organized, directed, 12-month or 24-month postgraduate training program designed to produce pharmacy practitioners who can individually and confidently provide pharmaceutical care as a member of a multidisciplinary team. A major component of the program is the clinical rotations, during which the resident participates in direct patient care and indirect patient care (in administrative or drug information settings). While it is fully expected that every resident will successfully achieve the goals and objectives of each rotation, a policy is necessary to state the effect of failing a rotation on the resident’s educational program.

II. DEFINITIONS

A. Required Rotation: A rotation determined by the residency program director and members of the Residency Advisory Council to be essential in meeting the program’s goals and objectives in practice foundation skills, patient care, and practice management. For example, in the Postgraduate Year One (PGY1) Residency Program, required rotations include management/medication safety, critical care, drug information, infectious diseases, cardiology and internal medicine.

B. Elective Rotation: A rotation that is selected by the resident based on his/her interests and needs. Elective rotations augment the required rotations in meeting the program’s goals and objectives in practice foundation skills, patient care, and practice management and help the resident to achieve his/her own personal goals.

C. Failure of a Rotation: The inability of a resident to meet the goals and objectives of a rotation as determined by the rotation preceptor(s) and residency program director.
III. **PROCEDURE**

A. Each resident must successfully complete the minimum number of rotations (required and elective) specified in the programs manual to graduate. A resident who fails any required rotation must repeat that rotation until he/she is able to meet its goals and objectives.

B. In order for a resident to fail a rotation, the preceptor must document specific examples of the resident’s failure to meet the rotation goals and objectives at both the midpoint and final evaluations. If there are “Needs Improvements” in four or more objectives in the final evaluation, this results in an automatic failure of the rotation. If the preceptor feels the resident is in jeopardy of failing a rotation, the resident should receive a midpoint evaluation (even if not required in the particular rotation) and the residency program director must also be present at the midpoint evaluation.

C. Whenever possible, required rotations will not be scheduled for the last month of the program so that it is available for repeating a required rotation that was failed earlier in the year.

D. If all required and a sufficient number of elective rotations cannot be completed before the residency period is over, the residency can be extended for up to a 45 day period, unless there are extenuating circumstances present so that the resident is able to successfully complete all residency requirements. The definition of extenuating circumstances is at the sole discretion of the program director and Residency Advisory Council or pharmacy management team.

E. Failure of any rotation (required or elective) will initiate performance management as per policy HR-01. See also Pharmacy Services Procedure H.1.5 (Termination of a Pharmacy Resident) H15 Termination of a Pharmacy Resident.doc. Failure of two or more rotations shall result in immediate termination unless the Residency Program Director and Residency Advisory Council or Pharmacy Management team determine this is not appropriate at the time.

F. Off-site rotations are considered to be a privilege the resident can select to gain additional experience and knowledge in a specialty not offered at Houston Methodist Hospital or to broaden his or her exposure in one area. Off-site privileges are limited to two rotations during the residency year and may be revoked if the resident is negligent in maintaining all of his or her responsibilities during the year, including but not limited to: meeting project timelines and goals, staffing responsibilities, and longitudinal rotation responsibilities.

G. The residency certificate will only be provided to the resident after he or she has successfully completed and turned in all requirements of the program as indicated in the residency program manual. These requirements should be completed by the last day of the residency program. Under special circumstances determined by the Program Director and Residency Advisory
Council or Pharmacy Management team, the resident may be granted up to a 3-month extension to complete all requirements. After this 3-month period of time, the resident may lose the opportunity to receive his or her residency certificate.

H. Paid Time Off (PTO)
Residents accrue PTO as a standard employee benefit. PTO may be used for vacation, HMH observed holidays, personal reasons, severe weather emergencies, family illnesses and short-term personal illness. Requests for use of PTO must be submitted as outlined in hospital policy and approved by the Residency Program Director (RPD) and manager after reviewing the PTO request with the appropriate preceptor. 4 or more days of consecutive PTO can significantly hinder a resident's ability to meet the expectations of a rotation. For this reason, these requests may only be granted after providing an explanation of the extenuating circumstances and receiving approval from the RPD. (Note: Residents are encouraged to limit the number of scheduled PTO days to 5 during each half of the program year for a total of 10 days for the entire year.)

In the event that an unexpected situation causes a resident to be unavailable for work without proper notice, this time would be covered by unscheduled PTO consistent with hospital policy. Residents are expected to accrue no more than 3 incidents of unscheduled PTO during their residency year. Unscheduled PTO incidents of 5 or more may result in release from employment and the program.

IV. NAME OF APPROVING DIRECTOR: Alex Varkey, PharmD, MS, FAPhA
TITLE: Director of Pharmacy

Signed Original on File
Signature of Approving Director Date Signed

V. NAME OF APPROVING EXECUTIVE: Daniel Metzen, Pharm.D. MBA
TITLE: System Director Pharmacy Services

Signed Original on File
Signature of Approving Executive Date Signed

Revision History As required by ISO9001, document the
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<td>David Putney</td>
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