

# Pharmacy Residency Program

## Resident Duty Hours Policy & Procedures

### Policy

Duty hours are defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the pharmacy residency program.

Duty hours **include**: inpatient and outpatient patient care (resident providing care within a facility, a patient’s home, or from the resident’s home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master’s degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

Duty hours **do not** include: reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor

Residents, program directors, and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The residency program director (RPD) must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise their fitness for duty and endanger patient safety. Providing residents with a sound training program must be planned, scheduled and balanced with concerns for patients’ safety and residents’ well-being.

It is the policy of The Brooklyn Hospital Center and the Department of Pharmacy, Division of Pharmacotherapy Services to prohibit residents from working in excess of those hours permitted under NYCRR Part 405.4 (b) 6 and to provide residents with supervision pursuant to 405.4 (f) 3, and consistent with the standards of the American Society of Health-System Pharmacists (ASHP). The policy of the Department of Pharmacy, Division of Pharmacotherapy Services is consistent with The Brooklyn Hospital Center’s and ASHP’s “*Duty-Hour Requirements for Pharmacy Residencies*”. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

<b>Policy Name:</b> Resident Duty Hours Policy – R-004		<b>Date Approved:</b> June 2005	<b>Policy #:</b> R-004
<b>Written by:</b> Robert DiGregorio, PharmD., FNAP Chief Pharmacotherapy Officer		<b>Approved by:</b> Robert DiGregorio, PharmD., FNAP Chief Pharmacotherapy Officer	
<b>Revised by:</b> Justin Andrade, PharmD, BCIDP; Robert DiGregorio, PharmD., FNAP, Maria Longo, PharmD, AAHIVP, BCACP			
<b>Replaces:</b> none	<b>Revised:</b> February 2, 2008 <b>Reviewed:</b> October 29, 2009 <b>Revised:</b> June 23, 2015 <b>Revised:</b> January 2016 <b>Revised:</b> June 2022 <b>Revised:</b> December 2023	<b>Page:</b> 1 of 3	

*The following definitions apply to this policy:*

- **Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.
- **Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.
- **Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.
- **Strategic napping:** Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Procedure

1. Pharmacotherapy services will be available 24 hours, seven days a week through the combination of daily clinical activities and the “pharmacotheapist on-call” program.
2. The Residency Program Director/Pharmacotherapy Service Director is responsible for ensuring that residency duty hours include limits on the assigned responsibilities of residents, including but not limited to assignment of care for new patients. Such responsibilities may change over the course of the on-duty assignment. The Residency Program Director/Pharmacotherapy Service Director will maintain copies of resident schedules for no less than three years.
3. All residents shall have a post-call period of at least 14 hours prior to their next scheduled assignment. Any resident covering less than a 14-hour “on-call” period will not be eligible for the standard post-call leave.
4. Duty hours are limited to 80 hours per week averaged over a four-week period, inclusive of all in-house on-call activities. This is tracked in Pharmacademic and monitored by the Residency Program Director.

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5. All residents are provided with at least one 24-hour non-working period per week.
6. Residents are on 24-hour call no more frequently than every third night, averaged over a four-week period.
7. Continuous on-site clinical duty, including in-house call will not exceed 24 consecutive hours.
8. Residents shall employ strategic napping, whenever possible. An on-call room with appropriate sleeping accommodations is provided. Meals and refreshments are provided.
9. Residents may stay for up to an additional two (2) hours after completion of a 24-hour on-call period for transition time and administrative tasks. Such transition time is for the transfer of patient information and specifically not for new patient care responsibilities.
10. Residents are prohibited from moonlighting (working) as pharmacists outside of The Brooklyn Hospital Center's residency training program. Residents may moonlight as pharmacists internally, up to a maximum of 10 hours/ month, with permission from the RPD and Director of Pharmacy. If granted, the RPD reserves the right to revoke such permission if the resident's performance so warrants such action.
11. Unlicensed residents shall be supervised by licensed pharmacists. Licensed pharmacists are available 24 hours per day at The Brooklyn Hospital Center.
12. Licensed and unlicensed residents are monitored by a Pharmacotherapist 24 hours per day. Pharmacotherapists are available by cellular phone on a predetermined call schedule if the resident needs assistance to complete the responsibilities required of the on-call program.
13. The Preceptor On-Call shall report any behavior indicative of fatigue to the Residency Program Director. Such behavior may include errors, incomplete work, complaints and/or observations of other providers or residents, or changes in personality.
14. The Residency Program Director/Pharmacotherapy Service Director shall be responsible for taking disciplinary action and other corrective measures against any individual providing service in violation of the limits set above.

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