

## Pharmacy Residency Program Attendance Policy & Procedures

### Background

The implementation of a Pharmacy Practice Residency Program and “Pharmacotherapist On-Call” has enabled the Division of Pharmacotherapy to provide critical services to the hospital. It is imperative that these services go uninterrupted.

### Policy

1. Pharmacotherapy services will be available 24 hours, seven days a week through the combination of daily clinical activities and the “on-call” program.
2. No personal days will be granted on a scheduled “on-call” day unless extenuating circumstances exist. These requests will be considered on an individual basis.
3. Approval of vacation/annual leave is at the discretion of the Residency Program Director and may only be approved if clinical services are maintained.
4. A resident’s participation in a conference will be treated as vacation time. When multiple residents are expected to attend the same conference, the “on-call” schedule will be modified such that 24 hour service is maintained by either PGY1 or PGY2 residents.
5. In the event of absence due to illness, a contingency plan will go into effect. The first level of contingency will be voluntary. If no volunteers are able to cover the sick call, the next scheduled “on-call” resident will be expected to cover the “oncall” period.
6. The resident already “on-call” will not leave until relieved by another resident or Clinical Pharmacist.
7. A resident covering “on-call” responsibilities for a resident on vacation/conference/personal/sick time may expect reciprocal “on-call” coverage by the resident for whom they are covering.
8. While the hospital provides a generous fringe benefits package of 20 vacation days, 5 personal days, 5 bereavement days, and up to 12 sick days per annum, residents should be cognizant of the negative impact on rotational goals and experiences that excessive absences may cause. As such, the residency program limits time off to 22

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| <b>Policy Name:</b> Attendance Policy  |                         | <b>Date Approved:</b> 11/2004  | <b>Policy #:</b> R-002 |
| <b>Written by:</b> Shaffee Bacchus,<br>PharmD Chief Resident 2004-2005<br><b>Revised by:</b> Christine Ciaramella, PharmD, BCCCP |                         | <b>Approved by:</b> Robert DiGregorio, PharmD,<br>BCACP<br>Chief Pharmacotherapy Officer |                        |
| <b>Replaces:</b> none  | <b>Reviewed:</b> 9/2015 | <b>Revised:</b> 5/2015, 6/2022, 4/2024   | <b>Pages:</b> 3        |

days per year, in total. Vacations should be scheduled to not coincide with core rotations whenever possible. As noted above, travel to conferences is encouraged, but will counted as personal/vacation time. Time used in excess of 22 days will cause the resident’s experience to be extended. Excessive use of personal or sick time, while considered as accrued time for payment purposes, will be considered abusive. Should the Residency Program Director feel that such abuse of leave is proving detrimental to the overall goals of the program disciplinary action may be taken as outlined in the Discipline and Dismissal Policy (R-003)

9. Residents shall be afforded extended leaves of absence consistent with the Family Medical Leave Act. Such absences will not count as time accumulated towards completion of the residency program and residents must return to the program for an equivalent duration of time to successfully complete the program and receive a certificate of completion. Residents opting for this leave of absence must comply with all Hospital Center polices regarding leaves of absence. If the Residency Program Director deems that remedial work is necessary due to changes in the program during such leave of absence, the resident shall undertake the additional training without compensation. No leave of absence shall be granted that exceeds three months. Leaves of absence that exceed the 22 days of paid time off will convert to an unpaid leave. Benefits may be offered under COBRA for leaves of absence that exceed the calendar month in which they were initiated. No combination of leaves of absence, probation, suspension, or extension shall exceed three (3) months. Residents will NOT receive a certificate of completion of the residency if they do not return from a leave of absence within three months, or have a combination of leaves of absence, probation, suspension, or extension that exceeds three (3) months.
  
10. Part-time training as a traditional resident is not permitted.

Procedure

1. Personal Days
  - a. Request day in advance.
  - b. Approval will be made by the rotation preceptor and Residency Program Director depending on overall program impact.
  - c. Arrange voluntary cross-coverage of patient care responsibilities with resident “on-call”, preceptor, or other resident.
2. Vacation Requests
  - a. At least one month in advance of the requested time, submit request to Residency Program Director
  - b. Vacation approvals will be made by the rotation preceptor and Residency Program Director on a first come, first served basis.

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- c. Coverage for patient care responsibilities and “on-call” shifts must be arranged with other residents and documented on the request.
  - d. If approved, the Chief Resident will adjust the “on-call” schedule to reflect the changes.
3. Conference Attendance
- a. At least two months in advance, submit the request to the Residency Program Director.
  - b. All requests must be submitted accompanied by documentation of the resident’s level of participation in the meeting and an estimate of the expenses that the resident wishes to be reimbursed for.
  - c. If approved, the Chief Resident will adjust the “on-call” schedule pattern and notify all involved of the change.
  - d. If more than one resident will be attending the same conference, the residents are responsible for revising the “on-call” schedule. If necessary, the Chief Resident, Residency Program Director(s) and Assistant Residency Program Director will assist in revising the “on-call” schedule accordingly.
4. Illness
- a. Contact your Chief Resident, rotation preceptor, and Preceptor On-Call to alert them of your need for a sick day and “on-call” coverage if necessary.
  - b. Contact other residents to seek voluntary coverage for your “on-call” period.
    - i. If you are able to arrange voluntary coverage, notify the Chief Resident and inform them of the change made in the “on-call” coverage.
      - 1. The Chief Resident shall notify the Preceptor On-Call and inform them of the change made in the “on-call” coverage.
    - ii. If you are unable to arrange voluntary coverage, notify the Chief Resident.
      - 1. The Chief Resident shall notify the next scheduled “oncall” resident that they will be expected to cover the “oncall” period.
      - 2. If the next scheduled resident cannot be reached, the resident scheduled for the second next “on-call” period will be expected to cover the period.
      - 3. This rotation for coverage will continue until an available resident is found.
  - c. During extended periods of illness, the Chief Resident, Residency Program Director, and Assistant Residency Program Director will determine the impact on the “on-call” schedule and revise the schedule accordingly.
  - d. Upon returning from sick leave check the online “on-call” schedule for all schedule revisions enacted during your absence.
5. All adjustments to the “on-call” schedule will be marked in a different color for easy recognition of changes.

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6. All scheduling and/or time off requests are subject to review and approval by the Chief Pharmacotherapy Officer.
7. If a state of emergency is declared by either the hospital (Code D), the governor of New York State, or the president of the United States, all requested time off and scheduling will be suspended pending further review by the Chief Pharmacotherapy Officer. During such time, all schedules are subject to change, including rotation schedules.

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