



Duty Hour Requirements for Pharmacy Residencies

Purpose Statement

Residency program directors and preceptors have the professional responsibility to provide residents with a sound training program that must be planned, scheduled and balanced with concerns for patients' safety and residents' well-being. Therefore, programs must comply with the requirements outlined in this policy to ensure optimal clinical experience and education for their program's residents.

Statement on Well-Being and Resilience

- A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.
- B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.
- C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.
- D. As part of promoting a culture of wellness, pharmacy leaders 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 residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe.

II. Duty Hour Requirements

- A. Duty hours: 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 program.
 - 1. Duty hours **includes**: 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.

2. Duty hours **excludes** 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.

B. Maximum Hours of Work per Week

1. Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

C. Mandatory Duty-Free Times

1. Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks). At-home call cannot be assigned on these free days.
2. Residents must have at a minimum of 8 hours between scheduled duty periods.

D. Continuous duty is defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

1. Continuous duty periods for residents should not exceed 16 hours.
2. If a program exceeds 16 hours of continuous duty periods, the "In House Call Program" limitations apply as described in the corresponding section.

E. Tracking of Compliance with Duty Hours

1. Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy.
 - a. The documentation method used must allow the reviewer to determine compliance with all requirements outlined in this policy including hours worked, hours free of work, and frequency of all call programs. (e.g., attestation of compliance by the resident, hours worked)
2. Review of tracking method must be completed on a monthly basis.
3. Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

III. Moonlighting

- A. Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.
- B. Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor

compromise patient safety. It is at the discretion of the residency program director whether to permit or to withdraw moonlighting privileges.

- C. All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- D. Programs that allow moonlighting must have a documented structured process that includes at a minimum:
 - 1. The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
 - 2. Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
 - 3. A plan for how to proceed if residents' participation in moonlighting affects their performance during scheduled duty hours.

IV. Call Programs

- A. If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:
 - 1. Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.
 - 2. Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
 - 3. Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 - 4. Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs (IV-A-7-c) must be included in the tracking of hours.
 - 5. A plan for how to proceed if residents' participation in the call program affects their performance during duty hours.
 - 6. In-House Call Program
 - a. Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.
 - b. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.
 - i. Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

- c. Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.
- d. Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.

7. At-Home or Other Call Programs

- a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b. The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
- c. At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
 - i. If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
 - ii. Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.