



**PGY1 AND PGY2 PHARMACY RESIDENCY PROGRAMS
DUTY HOUR POLICY**

Purpose:

St. Louis College of Pharmacy Residency Programs are committed to both quality resident training and patient care. As described in the ASHP policy, it is the responsibility of residents, preceptors and program directors that residents are fit to provide patient care services in a way that promotes patient safety. These policies and procedures will help ensure that the resident work schedule is in compliance with ASHP Work Duty Hour policies.

General

It should be understood that the residency is a full-time position and should be considered the resident's primary work responsibility. The resident must abide by current duty hour standards set by ASHP (<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>). (See appendix).

Residents should adhere to policies and procedures established by their employer and each practice site during all learning experiences. The employer will review policies with the resident during their orientation. Similarly, residents with learning experiences at off-site locations should be oriented to relevant policies by their preceptor. For residents directly employed by St. Louis College of Pharmacy a copy of the STLCOP Faculty and Staff Handbook can be found on the MYSTLCOP page of the College's website.

Learning Experiences should be structured to be in compliance with the duty hour policy. For situations in which the resident may have responsibilities to multiple learning experiences concurrently, it is the Residency Program Director's responsibility to make sure that the resident's schedule does not violate this policy. For example, if a resident has pharmacy staffing responsibilities in the evening or on weekends, accommodations may need to be made with their rotation to ensure adequate time off.

Residents are required to self-monitor duty hours. Residency Program Directors will identify one of the following processes for tracking duty hours. This may include:

1. Completing Resitrak evaluation of duty hours

The resident needs to track the hours worked at each practice site or at the College. At the end of each month, the resident will complete the Resitrak evaluation on duty hours. Each question should be answered and work hours reported.

2. Documentation of hours via email

The resident will create an email using the site email account for tracking duty hours. By replying to their own email each day at arrival and departure will capture the each time worked. At the end of each month, this email trail should be forwarded to Erin Manott (Erin.Manott@stlcop.edu). A monthly report will be generated for the residency program director.

Residents will notify their Residency Program Director in writing immediately if they are approaching maximum duty hours allowed within a week (within 10 hours of limits) or if they identify a scheduling issue that may conflict with the duty hour policy.

Work outside the scope of Residency Learning Experiences

To promote the well-being of the resident and the patients they serve, “moonlighting” or working outside the scope of the residency program learning experiences is prohibited throughout the residency program. This applies to additional work at the residency learning site or outside sites. Residents who are determined to be working outside the scope of the residency program may be subject to dismissal from the program.

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APPENDIX: ASHP DUTY HOUR POLICY

Residents, program directors and preceptors have the professional responsibility to ensure they are fit to provide services that promote patient safety. The 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 patient safety and resident's well-being. Therefore, programs must comply with the following duty hour requirements:

I. Personal and Professional Responsibility for Patient Safety

- A. Residency program director must educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by the patients and health care.
- B. Residency program directors must educate residents and preceptors to recognize signs of fatigue and sleep deprivation, and adopt processes to manage negative effects of fatigue and sleep deprivation to ensure safe patient care and successful learning.
- C. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. At times, it may be in the best interest of the patient to transition the care to another qualified, rested provider.
- D. If the program implements any type of on-call programs, there must be a written description that includes:
 - The level of supervision a resident will be provided based on the level of training and competency of the resident and the learning experiences expected during the on-call period
 - Identification of a backup system, if the resident needs assistance to complete the responsibilities required of the on-call program.
- E. The residency program director must ensure that residents participate in structured handoff processes when they complete their duty hours to facilitate information exchange to maintain continuity-of-care and patient safety.

II. Maximum Hours of Work per Week and Duty Free Times

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. ASHP Duty Hours 3
- 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.
 1. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
 2. Programs that allow moonlighting must have a documented structured process to monitor moonlighting that includes at a minimum:
 - a. The type and number of moonlighting hours allowed by the program.
 - b. A reporting mechanism for residents to inform the residency program directors of their moonlighting hours.
 - c. A mechanism for evaluating residents overall performance that may affect residents' judgment while on scheduled duty periods or impact their ability to achieve the educational goals and objectives of their residency program and provide safe patient care.
 - d. A plan for what to do if residents' participation in moonlighting affects their judgment while on scheduled duty hours.

- C. Mandatory time free of duty: 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.
- D. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- E. If a program has a 24 hour in-house call program, residents must have at least 14 hours free of duty after the 24 hours of in-house duty.

III. Maximum Duty Period Length

- A. Continuous duty periods of residents should not exceed 16 hours. 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, with an additional period of up to two hours permitted for transitions of care or educational activities.
- B. In-House Call Programs
 - 1. Residents must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
 - 2. Programs that have in-house call programs with continuous duty hours beyond 16 hours and up to 24 hours must have a well-documented structured process that oversee these programs to ensure patient safety, resident well-being, and provides a supportive, educational environment. Well-documented, structured process must include at a minimum:
 - a. How the program will support strategic napping or other strategies for fatigue and sleep deprivation management for continuous duty beyond 16 hours. ASHP Duty Hours 4
 - b. A plan for monitoring and resolving issues that may arise with residents' performance due to sleep deprivation or fatigue to ensure patient care and learning are not negatively affected.
- C. At-Home or other Call Programs
 - 1. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
 - 2. Program directors must have a method for evaluating the impact on residents of the at home or other call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
 - 3. Program directors must define the level of supervision provided to residents during at home or other call.
 - 4. At-home or other call hours are not included in the 80 hours a week duty hour's calculation, unless the resident is called into the hospital/organization.
 - 5. 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.
 - 6. 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.

Approved by the ASHP Commission on Credentialing on 3/4/2012

Approved by the ASHP Board of Directors on 4/13/12