

Yale New Haven Health Department of Pharmacy Pharmacy Residency Program Residency Duty Hour/Moonlighting Policy

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ASHP Duty Hour Standard

Yale New Haven Health-system (YNHHS) residency programs adhere to the [ASHP Duty Hour Standard](#).

The processes and policies below are intended to facilitate adherence to the Duty Hour Standard and promote the health and well-being of all pharmacy residents.

Definitions:

Duty Hours: 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 program. Duty hours must be addressed by a well-documented, structured process.

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.

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); inactive periods of at-home call program (i.e., time between receiving calls or utilizing the electronic health record); and hours that are not scheduled by the residency program director or a preceptor.

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

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: Any voluntary, compensated, 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. Continuous duty periods for residents should not exceed 16 hours.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Duty Hour Education

All residents are educated on the ASHP Duty Hour Standard and YNHHS Duty Hour Policy during orientation. The ASHP Duty Hour Standard and YNHHS Duty Hour Policy are reviewed at least annually during a preceptor meeting. Residents and preceptors receive annual education that includes recognizing signs of burnout syndrome and mitigation strategies. Additional education is provided throughout the year as needed.

Moonlighting

The resident must inform the Residency Program Director (RPD) of any off-site job responsibilities. Due to concerns about fatigue and prioritization of learning opportunities, regular moonlighting is discouraged. The resident may volunteer to work additional shifts for pay under the following conditions:

- Both internal and external moonlighting is allowed. External moonlighting must be disclosed to the RPD and the Office of Corporate Compliance to determine if there is a conflict of interest.
- All moonlighting hours, including both internal and external, must be reviewed and approved by the RPD
- No more than four 8-hour shifts per month, inclusive of all moonlighting (internal, external, remote-on call shifts)
- Double shifts may not be covered on sequential days
- The resident consistently meets all project deadlines and is achieving residency goals at the expected rate. If residents' participation in moonlighting affects their performance during scheduled duty hours, the RPD will meet with the resident individually to assess the impacts. The RPD reserves the right to withdraw moonlighting privileges.
- The additional shifts do not violate any component of the ASHP Duty Hour Standard
- 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 in PharmAcademic

Tracking of Duty Hours

All YNHHS Residency programs will utilize the PharmAcademic Duty Hour Tracking form to track compliance with

duty hours. If a violation is identified, the form will be co-signed by the RPD, and an action plan will be identified with the resident and the manager.

On Call Responsibilities

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. If a resident is required to come on-site within the course of their at home on-call duties, the resident will send a communication to the RPD/PC notifying them of any on-site hours immediately following the shift. For residents with on-call duties, the rotation preceptor, formulary preceptor (as applicable) and RPD/PC will regularly assess the resident for signs and symptoms of fatigue.

Please refer to the Residency Handbook for additional details on at-home call programs for individual programs including level of supervision and escalation process.

Resident Responsibilities

The resident has a professional responsibility to be appropriately rested and fit for duty when they report for their shift. The resident shall self-evaluate their fitness for duty before assuming patient care responsibilities. Any concerns about their fitness for duty shall be immediately communicated to their preceptor and RPD. During this time, patient care responsibilities shall be assumed by the preceptor or other clinical pharmacist staff.

Residents must obtain RPD approval for any shift swaps or moonlighting. The requested changes must adhere to the Duty Hour Standard. These requests shall be made in writing (via email) and do not go into effect until approved by the RPD.

Preceptor Responsibilities

Preceptors schedule rotation hours and any other learning experience obligations according to the Duty Hour Standard. If a resident works an evening shift, the resident may report for rotation no earlier than eight hours following the shift (e.g. if the resident works until 11:30pm Sunday evening, they may arrive for rotation no earlier than 7:30am on Monday morning).

All preceptors provide guidance to the resident to promote well-being and assess the resident for signs and symptoms of fatigue throughout the learning experience. The preceptor shall immediately communicate any concerns about fatigue and fitness for duty to the RPD.

RPD Responsibilities

The RPD collaborates with the department scheduler and proactively reviews the resident schedule and, if applicable, the formulary pager schedule to ensure adherence to the ASHP Duty Hour Standard.

The RPD discusses the ASHP Duty Hour Standard, YNHHS duty hour policy, and assesses the resident for signs and symptoms of fatigue at each quarterly meeting at a minimum. RPD utilizes PharmAcademic duty hour tracking form to monitor duty hour compliance.

Additionally, the RPD regularly assesses the resident for fitness of duty. If the resident is not fit for duty, the RPD will excuse the resident to allow time for them to rest and recover. The RPD will evaluate each incident and determine if a performance action plan or modification of program structure is needed to address resident performance.

Emergency Situations 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. During an emergency incident, upon activation of the hospital incident command structure (HICS) and/or the hospital's Emergency Operations Plan, residents and staff may remain on-duty until released by a supervisor. Hours spent responding to an emergent situation will be included in the resident's duty hours and will be tracked in PharmAcademic.