



**Henry Ford Hospital
Pharmacy Residency Program
Policies on Leave, Duty Hours, Licensure, and Dismissal**

Resident Leave Policy

Residents are allowed *up to* 15 days of paid time off (PTO) from the residency program. This leave is to be used for illness, attendance of professional meetings other than those required by the residency program, personal reasons, etc.

All planned leave *MUST* be approved. Approval must be obtained by sending an email requesting the day off to ALL of the following: **the affected rotation preceptor, the RPD for your program, and the monthly and weekly schedule writers (Lerlean Brown and Pat Long)**. Failure to follow this process for requesting time off may result in denial of your request.

For unplanned leave (due to illness, etc), the resident *MUST* call into Central Pharmacy (16-5087) and tell a pharmacist. **This must occur for unplanned leave during BOTH rotation days and weekend staffing days.** If unplanned leave is occurring on rotation days, the resident must also notify his/her preceptor and the weekly schedule writer (Pat Long) via email.

Resident Sign-in: Similar to other staff, residents are required to sign in on the weekly schedule in central pharmacy each day in order to appropriately communicate to other staff that they are present at the hospital. This requirement applies to both weekdays and weekends.

Professional Leave: Residents may take leave from the residency for attending professional meetings other than those required by the residency program (i.e., Pharmacy Residency Trip, ASHP Midyear Meeting, and the Great Lakes Pharmacy Residency Conference) or interviewing for a position. This leave *MUST* be approved by the RPD and the resident's current preceptor *at least 2 weeks prior to the dates requested*.

Personal/Leave due to illness: In extraordinary circumstances, residents may request a leave of absence for illness or personal reasons. For leave of 3 months or less, the resident will be permitted to "make up" time missed after the original end of the residency. If a leave of absence of greater than 3 months is necessary, the RPD and resident will work the director of pharmacy to determine a plan for the leave and may consider dismissal. A leave of absence greater than 1 year will not be permitted.

Duty Hours

Duty Hours: Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours do not include: reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

- 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.

- Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
- Continuous duty periods of residents should not exceed 16 hours.

Work Outside of the Residency Program

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.

Internal Moonlighting is the only type of Moonlighting that is permitted for PGY1 or PGY2 Henry Ford Hospital Residents. In general, no more than one 8-hour internal moonlighting shift will be permitted per week. Moonlighting must be APPROVED by the resident's residency program director prior to being scheduled and must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. Any moonlighting must be counted towards total duty hours (see above).

Internal Moonlighting – Reporting Hours

- Internal moonlighting hours worked by a resident will be monitored during the biweekly Kronos payroll approval process. The RPD will be notified if the resident is moonlighting greater than one shift per week.

External Moonlighting – NOT PERMITTED

The RPD will ensure that discussion of the potential impact of moonlighting on resident performance is part of the monthly review of each resident at the PGY1 or PGY2 Residency Advisory Committee (RAC) meetings. If moonlighting impacts performance, the RAC will determine whether internal moonlighting hours should be limited or eliminated for the resident.

Licensure and Grounds for Resident Dismissal

Pharmacy residents are required to be licensed pharmacists in the state of Michigan by no later than September 1st. Failure to obtain a pharmacist and a controlled substance license may result in alteration of the residency program structure at the discretion of the RPD and director of pharmacy. Alterations may include modification or removal from current learning experience until licensure is obtained, extension of residency training program duration, or dismissal. Minimum of 2/3 of residency is to be completed as a pharmacist licensed to practice in the program and program extension will occur to meet this 2/3 requirement. If resident is not licensed by November 30th, termination is required per Henry Ford Human Resource Policies. As such, alteration will not be an option after this date.

Entering PGY2 pharmacy residents who completed a PGY1 Pharmacy Residency at another institution are required to provide a certificate of PGY1 completion by no later than the end of orientation. The PGY1 certificate will be uploaded in Pharmacademic under resident files. Failure to produce a certificate may result in alteration of the residency program structure at the discretion of the RPD and director of pharmacy. Alterations may include removal from learning experiences until the certificate is provided, or dismissal.

Pharmacy residents are employees of the Henry Ford Health System (HFHS). Similar to pharmacists and other exempt (overtime ineligible) professional staff, pharmacy residents are considered "at will" employees and may be subject to termination based on violation of the Standards of Conduct (See attached policy) or unacceptable work performance.

Violation(s) in the Standards of Conduct (depending on the nature and severity of) and poor work performance can generally be corrected quickly, based on the resident's goals and objectives and plan to meet them (co-developed and mutually agreed upon by the residency program director [RPD] and resident) established at the beginning of the residency, monthly rotation evaluations, and other ongoing evaluations which are used to judge the resident's performance and progress. For example a mutually agreed upon plan can be set in place early to correct the identified problem. Generally, these remediation measures are successful in helping the resident "get back on track" to allow successful completion of the residency and allow certification. However, there may be instances where the resident has progressively failed to meet expectations outlined by the mutually agreed upon plan or has seriously violated the HFHS Standards of Conduct (See Attached). In these cases, after further consultation with the Residency Advisory Committee, Director of Pharmacy Services and Human Resources (if appropriate), the RPD may dismiss the resident from the program and terminate employment with HFHS.

Reference:

Duty Hour Requirements for Pharmacy Residencies (ASHP; 8 March 2020): <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

HFHS Vaccine Requirements

Residents must comply with the HFHS Tier 1: Mandatory Vaccines Policy. HFHS requires proof of vaccination for seasonal influenza and COVID-19. In addition, proof of immunity and/or vaccination is required for Measles, Mumps, Rubella, Tetanus, Diphtheria, and Pertussis.