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**References:**  
**Applicability:** University of Rochester - Strong Memorial Hospital

## Duty Hours and Moonlighting

### Policy

The Pharmacy Department adopts a policy of resident duty hours in accordance with those set forth by ASHP Accreditation Standards for Pharmacy Residencies. The resident may obtain internal or external employment (or moonlighting) after receiving written approval from the residency program director provided it is not during scheduled residency duty hours. Resident hours (including moonlighting, all time off requests, and sick days) will be tracked using the departmental scheduling system. The residency program is considered the primary priority of the pharmacy resident. Any work outside of residency requirements, if desired, must not interfere with the resident's responsibilities or requirements of the pharmacy residency program. If the moonlighting is perceived as interfering with the resident's responsibilities, the resident will be asked to discontinue or reduce their moonlighting hours.

### Scope

This policy applies to all current pharmacy residents of the Department of Pharmacy at UR Medicine, doing business as Strong Memorial Hospital.

### Implementation

The implementation of this policy is the responsibility of the program directors, director of pharmacy, residency coordinator, preceptors, and residents.

If a resident plans to moonlight, he/she must first request approval from the residency program director in writing via email. Failure to obtain written approval for moonlighting activities will result in termination of moonlighting privileges. The resident is responsible for informing the program director of their moonlighting activities, including the anticipated number of hours per month and predicted duration of moonlighting activities. The resident will be responsible to upload a copy of these emails showing written approval from the program director to moonlight into their PharmAcademic files.

Internal and/or external moonlighting is permitted but generally discouraged. If at any time the program director perceives that moonlighting activities are interfering with the resident's quality of care or educational responsibilities, he/she will be asked to discontinue or reduce moonlighting employment.

Any hours worked at UR Medicine, Strong Memorial Hospital (outside of the residency program) for compensation must be included in the reported resident work hours. Total work hours must not exceed the duty hour limits set forth by the ASHP. The resident will need to request time off directly in the departmental

scheduling system. Additionally, the resident must email their program director to alert them that they have requested time off. The program director will then notify the resident and program coordinator of their decision and any approved time off will be reflected in the scheduling system. Any sick days will also be tracked in the scheduling system by the program director or program coordinator. The resident is also required to complete a duty hour attestation in Pharmacademic at the end of each month.

ASHP Duty Hours Policy: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>.

The malpractice insurance provided by the UR Medicine, Strong Memorial Hospital does not cover any moonlighting opportunities outside of UR Medicine.

## ASHP Accreditation Standards:

**Duty Hours:** Duty hours are defined as all scheduled clinical activities related to the pharmacy residency program and moonlighting hours. 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 must be addressed by a well-documented, structured process.

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.

**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:** 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.

**Continuous Duty:** Assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

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

## Duty Hours:

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.
- B. Moonlighting is generally discouraged and 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 shall be reported and tracked in PharmAcademic.
    - 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 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.
  - 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 resident's 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.

## **Attachments**

No Attachments

## Approval Signatures

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Step Description	Approver	Date
Pharmacy Administrator	Travis Dick	12/15/2020
Policy Owner	Linda Thomas	12/15/2020

## Applicability

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