



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, personal reasons, interviews, etc. At the end of the residency year any unused amount of the 15 days will NOT be paid out to residents.

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.

The resident is allotted the following time away from residency the total of which cannot exceed 37 days.

PTO	15 days
Holidays	No more than 6 days
Discretionary Leave*	Determined by RPD
Total	Cannot exceed 37 days

* **Discretionary leave:** If a resident has used all 15 days of PTO, additional leave may not exceed 22 days (in addition to 15 days of PTO above). 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 but exceeding 37 days, the resident must "make up" time missed in a paid extension of their residency initiated after the original program end date. If a leave of absence of greater than 3 months is necessary, the RPD and Resident will work with the Director of Pharmacy and Human Resources to determine a plan for the leave and may consider dismissal (see below). A leave of absence of greater than 12 months 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 are documented by the resident using the PharmAcademic attestation statement monthly.
- 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. No more than one 8-hour internal moonlighting shift will be permitted per week. Moonlighting must be APPROVED by the RPD 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 and in the Pharmacademic attestation. 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

Pharmacy residents are expected to be licensed pharmacists in the state of Michigan no later than 120 days from their residency start. After the 120 day mark a resident will be removed from their current learning experience and residency placed on hold until licensure is obtained. Any time away from residency while on hold with licensure will be added to the end of scheduled residency as paid extension of residency training once licensure is obtained. **If a resident is not licensed by November 30th, termination is required per Henry Ford Human Resource Policies. Alteration will not be an option after this date.**

PGY2 Certificate of PGY1 Completion

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. If the resident is unable to produce a certificate by the end of orientation (or July 31, whichever is sooner) due to extenuating circumstances, the RPD may verify completion of PGY1 through communication with former program until copy of certificate can be obtained. If a determination is made that the resident did not complete their PGY1 residency program, dismissal and termination from the program is required.

Remediation and Grounds for Dismissal

Pharmacy residents are employees of the Henry Ford Health. 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 [link to Termination of Employment policy](#) below) or unacceptable work performance.

Violation(s) in the Standards of Conduct will be addressed and corrected according to Henry Ford Health HR policy.

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.

Resident Performance Improvement Plan (PIP)

A PIP is a plan mutually agreed upon by resident, RPD and advisor that will be documented and tracked in Pharmacademic to correct or address issues related to poor residency work performance. A PIP for a struggling resident will be initiated by Advisor and RPD when and if at least one of the following criteria are met:

- Resident failing to meet multiple agreed upon deadlines according to the “Important Date List”.
 - 1st Failure = Verbal warning from Residency Program Director
 - 2nd Failure = Written warning from Residency Program Director
 - 3rd Failure = PGY1 Residency Advisory Committee, in consultation with the Director of Pharmacy will create a PIP

- Resident receiving an evaluation of “Needs Improvement” on one or more learning objectives.
- Resident failed to achieve one of the R1 patient care objectives after the final scheduled experience where that objective is taught and evaluated

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 Henry Ford Health Standards of Conduct. In these cases, after further consultation with the Residency Advisory Committee, Director of Pharmacy Services and Human Resources, the RPD and Human Resources may dismiss the resident from the program and terminate employment with Henry Ford Health.

References:

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

Tier 1: Termination of Employment: <https://henryford.policystat.com/policy/13586165/latest>

Henry Ford Health Vaccine Requirements

Residents must comply with the [Henry Ford Health Tier 1: Mandatory Vaccines Policy](#). Henry Ford Health requires proof of vaccination for seasonal influenza, Tetanus, Diphtheria, and Pertussis. In addition, proof of immunity and/or vaccination is required for Measles, Mumps, and Rubella.